

LCR Form No. 1A
(Birth-available)

114



REPUBLIC OF THE PHILIPPINES
PROVINCE OF NEGROS OCCIDENTAL
MUNICIPALITY OF MOISES PADILLA
LOCAL CIVIL REGISTRY OFFICE
-ooOoo-

March 31, 2015
(Date)

TO WHOM IT MAY CONCERN:

We certify that among others, the following facts of births appear in our Register of Births on page 154 of book 08.

LCR Registry Number	:	2000-137	PRN:4519-B00BU01-5
Date of Registration	:	02-23-2000	
Name of Child	:	ANA MARIE LABINOY BOELES	
Sex	:	FEMALE	
Date of Birth	:	JANUARY 28, 2000	
Place of Birth	:	BRGY. INOLINGAN, MOISES PADILLA, NEG. OCC.	
Name of Father	:	JUAN RABOR BOELES	
Citizenship of Father	:	FILIPINO	
Name of Mother	:	ANIOLETA SELVERIO LABINOY	
Citizenship of Mother	:	FILIPINO	
Date of Marriage of Parents	:	APRIL 9, 1985	
Place of Marriage of Parents	:	MOISES PADILLA, NEG. OCC.	

This certification is issued to JUAN BOELES upon his/her request.

Verified by:
MA. CECILIA L. BULARON
Mun. Civil Registrar

MA. CECILIA L. BULARON
Mun. Civil Registrar

Paid under O.R. No. : 7545990
Amount Paid : Php. 40.00
Date : 03-30-2015

2024/07/15 17:47

Note: A mark, erasure or alteration of any entry invalidates this certification.



Philippine Statistics Authority
Mandatory Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

Page 1 of 1, 1 Copy

(Copy for DCRG)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

REMARKS/ANNOTATION

Province <u>Negros Occidental</u>		Registry No. <u>207-137</u>	<p>4519-5006401-5</p> <p>0000137</p> <p>1</p> <p>2 28013022</p> <p>45195</p> <p>1</p> <p>07 2994</p> <p>07 06 01</p> <p>220 36</p> <p>45195</p> <p>1 1</p> <p>07 06 01</p> <p>220 36</p> <p>611 38</p> <p>1</p> <p>4</p>
City/Municipality <u>Moises Padilla</u>			
1. NAME (First) (Middle) (Last) <u>Ma Maria</u> <u>Leonor</u> <u>Moises</u>			
2. SEX <input type="checkbox"/> 1 Male <input checked="" type="checkbox"/> 2 Female			
3. DATE OF BIRTH (day) (month) (year) <u>26 January 2000</u>			
CHILD BIRTH	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Bitio Cuyavaco, Barangay Inolingon, Moises Padilla, Neg. Occ.</u>		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		
	b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input checked="" type="checkbox"/> 3 Others, Specify <u>Seventh</u>		
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>Seventh</u>		
d. WEIGHT AT BIRTH <u>2994</u> grams			
6. MAIDEN NAME (First) (Middle) (Last) <u>Aniolata</u> <u>Salverio</u> <u>Leonor</u>			
7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>	
9a. Total number of children born alive: <u>07</u>		b. No. of children still living including this birth: <u>06</u>	
c. No. of children born alive but are now dead: <u>01</u>			
10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>36</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Bitio Cuyavaco, Barangay Inolingon, Moises Padilla, Neg. Occ.</u>			
FATHER	13. NAME (First) (Middle) (Last) <u>Juan</u> <u>Rabor</u> <u>Borles</u>		
	14. CITIZENSHIP <u>Filipino</u>		
	15. RELIGION <u>Roman Catholic</u>		
16. OCCUPATION <u>Farming</u>		17. Age at the time of this birth: <u>38</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>April 9, 1985, Moises Padilla, Negros Occidental</u>			
18a. ATTENDANT <input type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Heil (Traditional Midwife) <input checked="" type="checkbox"/> 5 Others (Specify) <u>husband</u>			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>11:00</u> o'clock <u>am</u> on the date stated above.			
Signature <u>Juan Borles</u> Name in Print <u>JUAN BORLES</u> Title or Position <u>Int. Ailot</u>		Address _____ Date _____	
20. INFORMANT Signature <u>Aniolata Borles</u> Name in Print <u>ANIOLATA BORLES</u> Relationship to the child <u>Mother</u>			
Address _____ Date _____			
21. PREPARED BY Signature <u>M. Cecilia L. Bularo</u> Name in Print <u>M. CECILIA L. BULARO</u> Title or Position <u>MUN. CIVIL REGISTRAR</u> Date <u>Feb. 22, 2000</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>M. Cecilia L. Bularo</u> Name in Print <u>M. CECILIA L. BULARO</u> Title or Position <u>MUN. CIVIL REGISTRAR</u> Date <u>2-23-2000</u>	

039
117)

2024/07/15 17:47



Republic of the Philippines
SOCIAL SECURITY SYSTEM
PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID
(UMID) CARD APPLICATION (E-1/E-6)

Transaction Number: MO0369IW202101061520 Date/Time Generated: 06 January 2021 04:44:12 PM

SS NUMBER 34-9967451-0					
NAME					
(LAST NAME) BOELES	(FIRST NAME) ANA MARIE	(MIDDLE NAME) LABINOY	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 01282000	PLACE OF BIRTH (CITY/MUNICIPALITY) MOISES PADILLA (MAGALLON)	(PROVINCE/STATE) NEGROS OCCIDENTAL	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) BOELES	(FIRST NAME) JUAN	(MIDDLE NAME) RABOR	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) LABINOY	(FIRST NAME) ANIOLETA	(MIDDLE NAME) SILVERIA	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) (STREET NAME) (SUBDIVISION)					
(BARANGAY/DISTRICT/LOCALITY) TABOK	(CITY/MUNICIPALITY) MANDAUE CITY	(PROVINCE) CEBU	POSTAL CODE 6014	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 152	WEIGHT (IN KILOGRAMS) 50	DISTINGUISHING FEATURE/S		

OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0905) 933-5992	EMAIL ADDRESS anamarieboeles@gmail.com			
DEPENDENT(S)/BENEFICIARY/IES					
SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILDREN (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
1					
2					
3					
4					
5					
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased)					
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP	DATE OF BIRTH (MMDDYYYY)
1 BOELES	RICD	LABINOY		Brother	01281999

FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE		
SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P)

PURPOSE OF APPLICATION		
PURPOSE FOR EMPLOYMENT	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY
UMID CARD APPLICATION WITH ATM OPTION		
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)	(BANK BRANCH)	

CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION

- I certify that the information provided are true and correct.
- I hereby consent to:
 - the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating of my CRN, card production and delivery, further processing and payment of my loans and SSS benefits;
 - sharing of these data with SSS service providers to carry out the purposes stated above; and
 - disposal of this application in the manner consistent with the Data Privacy Act.
- I trust that all these data shall be kept confidential by SSS and its service providers and my bank.
- I further give my consent to SSS to share necessary data with my chosen bank for the generation of bank account number, crediting of loan and benefit proceeds to the account number and payment of said loan and benefit proceeds. For this purpose, I consent for the sharing of my bank account number with SSS.

2024/07/15 17:48



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000
(032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871
www.philhealth.gov.ph

MDR

MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **120259243578**
Member Category : FORMAL ECONOMY
Sub-Category : PRIVATE
NHTS Coverage :
Effectivity Period :

BOELES, ANA MARIE LABINOY
TABOK, MANDAUE CITY, CEBU 6014

Foreign Address : N/A
Sex : Female
Date of Birth : 01/28/2000
Place of Birth : MOISES PADILLA (MAGALLON), NEGROS OCCIDENTAL
Contact No. (Foreign) : N/A
Civil Status : SINGLE
(Local) :
Tax Identification Number :

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN) : 202622300243
Name of Employer/Organized Group : ASO PHILIPPINES INC
Business Address : 4TH ST BLK D-5 MEPZ I, LAPU-LAPU CITY (OPON), CEBU
Telephone Number : 3402991
Tax Identification Number : 002242129

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NO DECLARED DEPENDENT/S ***

*** NOTHING FOLLOWS ***

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MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MID NUMBER

1212 7737 3745

REGISTRATION TRACKING NUMBER

921006413370

INSTRUCTIONS

1. Accomplish this form in one (1) copy only. If registration is thru online, the form should be printed back to back on one single sheet of paper.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All fields marked with asterisk (*) are mandatory.
4. On the "OCCUPATIONAL STATUS" portion, if without employment or purpose is pre-employment or never been employed, select "UNEMPLOYED/NOT YET EMPLOYED".
5. The "NAME EXTENSION" shall refer to JR., II, III and the like.
6. Indicate the full name of your FATHER and MOTHER as they appear in your birth certificate.
7. On the "OCCUPATION" portion, indicate your job, profession, or type of work to earn a living.
8. On the "HEIRS" portion, the provision on the Laws on Succession, as provided in the New Civil Code of the Philippines, as amended by the New Family Code, shall be observed.
9. For any subsequent change of information, please secure and accomplish Member's Change of Information Form (MCIF, HQP-PFF-049) and submit to any Pag-IBIG Branch nearest you.

*OCCUPATIONAL STATUS EMPLOYED UNEMPLOYED/NOT YET EMPLOYED

*MEMBERSHIP CATEGORY

MANDATORY

- EMPLOYED PRIVATE
 EMPLOYED GOVERNMENT
 OVERSEAS FILIPINO WORKER (OFW)
- SELF-EMPLOYED (SE)
 PROFESSIONAL/BUSINESS OWNER
 JOB ORDER PERSONNEL
 OTHER EARNING GROUPS (OEGs)

VOLUNTARY

- EMPLOYED FOREIGN GOVERNMENT
 BARANGAY OFFICIAL/EMPLOYEE
 NON-WORKING SPOUSE
 MEMBER OF RELIGIOUS GROUP
 PENSIONER/INVESTOR/LESSOR
- MEMBER OF COOPERATIVE/TRADE UNION
 OVERSEAS FILIPINO IMMIGRANT
 OTHERS, Please specify

PERSONAL DETAILS

NAME	LAST NAME	FIRST NAME	NAME EXTENSION (e.g. Jr., II)	MIDDLE NAME	NO MIDDLE NAME (check if applicable only)
*MEMBER	BOELES	ANA MARIE		LABINOY	<input type="checkbox"/>
FATHER	BOELES	JUAN		RABOR	<input type="checkbox"/>
*MOTHER (Maiden Name)	LABINOY	ANIOLETA		SILVERIA	<input type="checkbox"/>
*SPOUSE (If Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	BOELES	ANA MARIE		LABINOY	<input type="checkbox"/>

*DATE OF BIRTH

0	1	2	8	2	0	0	0
m	m	d	d	y	y	y	y

*MARITAL STATUS

- Single/Unmarried Widow/er Annulled
 Married Legally Separated

TAXPAYER IDENTIFICATION NUMBER (TIN)

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*PLACE OF BIRTH (City/Municipality/Province/Country)
(Please indicate country if born outside the Philippines)

MOISES PADILLA, NEGROS OCCIDENTAL

*CITIZENSHIP

FILIPINO

SSS/GSIS NUMBER

--	--	--	--	--	--	--	--	--	--

EMPLOYEE NUMBER

--	--	--	--	--	--	--	--	--	--

For AFP/PNP Employee, Serial/Badge No.

--	--	--	--	--	--	--	--

For DepEd Employee, Division Code-Station Code

--	--	--	--	--	--	--	--

*SEX

- Male
 Female

HEIGHT

152 (cm)

WEIGHT

50 (kg)

PROMINENT DISTINGUISHING FACIAL FEATURES
(Ex. Moles, Scars, etc.)COMMON REFERENCE NUMBER (CRN)
(If Available)

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FREQUENCY OF MEMBERSHIP SAVINGS (MS)
PAYMENT (If payment of MS is not thru payroll deduction)

- Monthly Semi-Annually
 Quarterly Annually

ADDRESS AND CONTACT DETAILS

*PERMANENT HOME ADDRESS

Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name

Subdivision

Barangay
TABOKMunicipality/City
MANDAUE CITYProvince/State/Country (if abroad)
CEBUZIP Code
6014

(Indicate country code if abroad)

COUNTRY + AREA CODE TELEPHONE NUMBER
Home

--	--	--	--	--	--	--	--

Cell Phone

0905	335992
------	--------

Business (Direct Line)

--	--	--	--	--	--	--	--

Business (Trunk Line)

Local

*PRESENT HOME ADDRESS

Unit/Room No., Floor Building Name Lot No., Block No., Phase No. House No. Street Name

Subdivision

Barangay

Municipality/City

Province/State/Country (if abroad)

ZIP Code

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CERTIFICATE OF EMPLOYMENT

This is to certify that Ms. Ana Marie L. Boeles was employed by this company, ASO PHILIPPINES, INC., from August 11, 2021 to October 24, 2023, and voluntarily resigned effective October 25, 2023, as Packaging Operator.

This certification is issued upon the request of Ms. Boeles for whatever legal purpose it may serve her best.

Done this on 24th day of October 2023 in the City of Lapu-lapu, Cebu, Philippines.

A handwritten signature in black ink, appearing to read "m", enclosed within a decorative, loopy flourish.

Mercy M. Doroon
HR Supervisor

2024/07/15 18:31

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province **CEBU** Registry No. **2023 - 3076**
City/Municipality **LAPU-LAPU CITY**

CHILD	1 NAME (First) CHIARA KIRSTEN (Middle) BOELES (Last) CABANAG	
	2 SEX (Male / Female) FEMALE	3 DATE OF BIRTH (Day) 29 (Month) APRIL (Year) 2023
	4 PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No. St., Barangay) LAPU-LAPU CITY HOSPITAL, LAPU-LAPU CITY CEBU	
	5a TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) N.A.
MOTHER	5c BIRTH ORDER (Order of the birth to parents including miscarriage) (First, Second, Third, etc.) FIRST	
	6 WEIGHT AT BIRTH 2,700 grams	
	7 MAIDEN NAME (First) ANA MARIE (Middle) LABINOY (Last) BOELES	
	8 CITIZENSHIP FILIPINO	9 RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
	10a Total number of children born alive 1	10b No. of children still living including this birth 1
10c No. of children born alive but are now dead 0	11 OCCUPATION PRODUCTION OPERATOR	
12 AGE at the time of the birth (completed years) 23		
13 RESIDENCE (House No., St., Barangay) CANJULAO, LAPU-LAPU CITY CEBU PHILIPPINES		
FATHER	14 NAME (First) JULIE NIÑO (Middle) NUÑEZ (Last) CABANAG	
	15 CITIZENSHIP FILIPINO	16 RELIGION/RELIGIOUS SECT AGLIPAY
	17 OCCUPATION SALESMAN	18 AGE at the time of the birth (completed years) 21
	19 RESIDENCE (House No., St., Barangay) CANJULAO, LAPU-LAPU CITY CEBU PHILIPPINES	

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

20a DATE (Month) (Day) (Year) **NOT MARRIED** 20b PLACE (City/Municipality) (Province) (Country)

21a. ATTENDANT

1 Physician 2 Nurse 3 Midwife 4 Hilot (Traditional Birth Attendant) 5 Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.)

I hereby certify that I attended the birth of the child who was born alive at **05:15 P.M.** am/pm on the date of birth specified above

Signature _____
Name in Print **RUBI, DOUGLAS JR., C., M.D.** **LAPU-LAPU CITY HOSPITAL**
Title or Position **MEDICAL OFFICER III** **LAPU-LAPU CITY**
Date **APRIL 29, 2023**

22. CERTIFICATION OF INFORMANT

I hereby certify that all information supplied are true and correct to my own knowledge and belief

Signature _____
Name in Print **ANA MARIE L. BOELES**
Relationship to the Child **MOTHER**
Address **CANJULAO, LAPU-LAPU CITY**
Date **APRIL 29, 2023**

23. PREPARED BY

Signature _____
Name in Print **MARIA ELENA C. RICAFLAZA**
Title or Position **RECORDS IN-CHARGE**
Date **APRIL 29, 2023**

24. RECEIVED BY

Signature _____
Name in Print **WANNEL R. PACUAN, JR.**
Title or Position **ASSISTANT REGISTRATION OFFICER**
Date **MAY 17 2023**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature _____
Name in Print **YOLANDA PANGATUNGAN**
Title or Position **CITY CIVIL REGISTRAR**
Date **MAY 17 2023**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)



CERTIFICATE OF EMPLOYMENT

This is to certify that **Ms. ANA MARIE BOELES** was an employee of Results Manila, Inc. from **October 27, 2023** to **November 22, 2023** and held the position of **Results Associate**.

This certification is being issued upon the request of **Ms. BOELES** for whatever legal purpose it may serve.

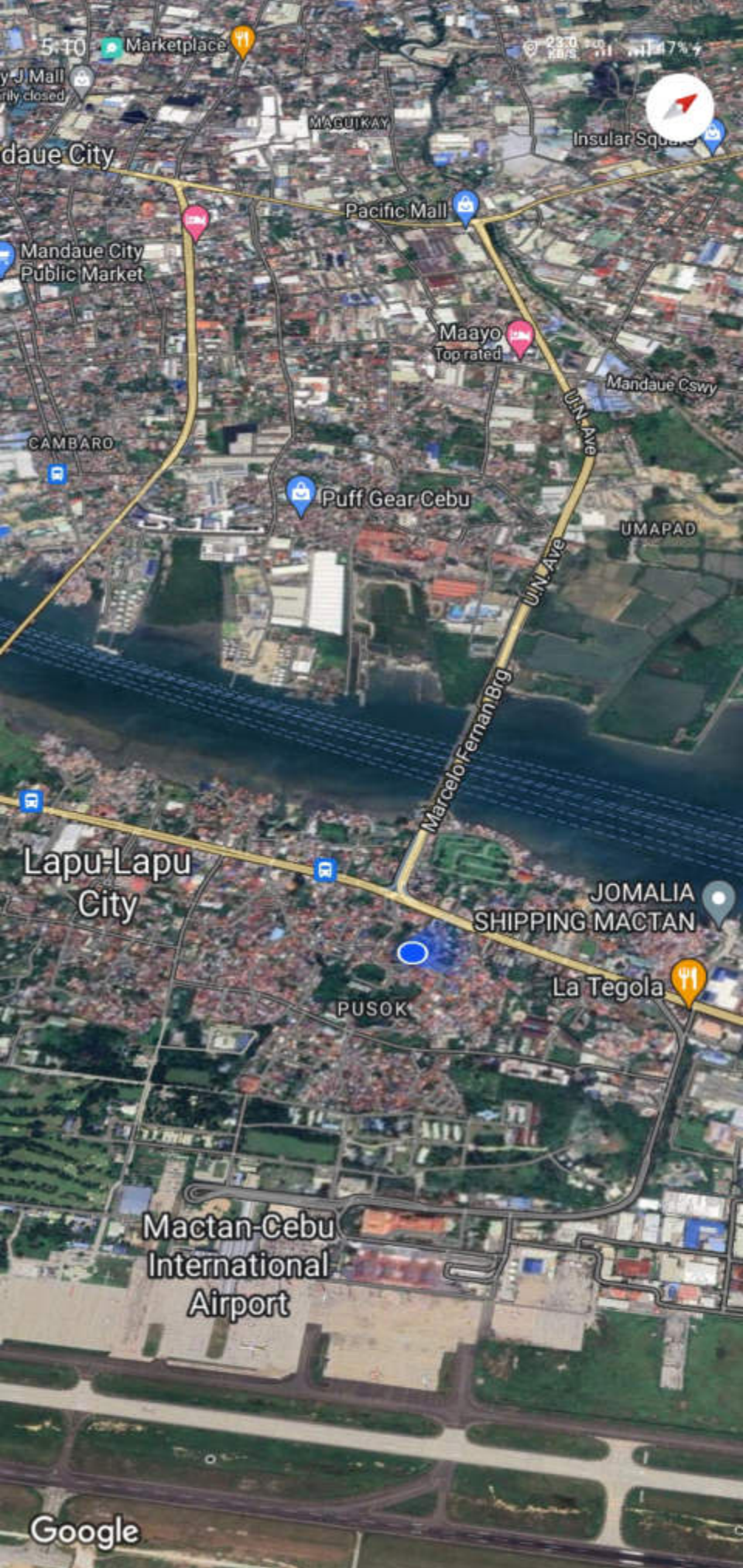
Issued this **18th** day of **December 2023** at Cebu City, Philippines.

Results Manila, Inc.,

A handwritten signature in black ink, appearing to read 'REH'.

Renan O. Elfante
Director, Human Resources





5:10

Marketplace

23.0 MB/s 17%

y J Mall
rily closed

MAGUKAY

Insular Square

daue City

Pacific Mall

Mandaue City
Public Market

Maayo
Top rated

Mandaue Cswy

CAMBARO

Puff Gear Cebu

UMAPAD

Lapu-Lapu
City

JOMALIA
SHIPPING MACTAN

PUSOK

La Tegola

Mactan-Cebu
International
Airport

Google

