





Republic of the Philippines  
 Province of Cebu  
 Municipality of Liloan  
**BARANGAY SAN VICENTE**



**OFFICE OF THE BARANGAY CAPTAIN**

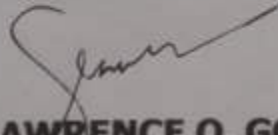
**CERTIFICATION**

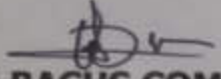
This is to certify that **IRISH LAWRENCE O. GOMEZ**, 23 years of age, single, resident of Purok Villa Divina, San Vicente, Liloan, Cebu and who is personally known to the undersigned to be a law-abiding citizen of good moral standing in the community and to this date has **NO PENDING CASES** whatsoever.

This certification is issued upon the request of the above-mentioned name person in connection with his/her application for:

- \_\_\_\_\_ / **Employment**
- \_\_\_\_\_ NBI Clearance
- \_\_\_\_\_ Police Clearance
- \_\_\_\_\_ Postal Identification
- \_\_\_\_\_ Request for Mayor's clearance/Recommendation
- \_\_\_\_\_ Other Purposes:

Issued this 25<sup>th</sup> day of July, 2024 at Barangay San Vicente, Municipality of Liloan, Province of Cebu, Philippines.

  
**IRISH LAWRENCE O. GOMEZ**  
 Signature over printed name of Applicant

  
 Hon. **VICTOR BACUS COMENDADOR**  
 Barangay Captain

Community Tax Certification Number: \_\_\_\_\_  
 Place Issued: San, Vicente, Liloan, Cebu  
 Date Issued: June 25, 2024  
 OR No. \_\_\_\_\_



**FREE EYE CHECK-UP**

Beside Cashier Counter

RIGHT EYE: *OU: +0.00 = -0.75*

LEFT EYE: *OU: +0.00 = -0.75*

Polyclinics & Diagnostic Center, Inc.  
M Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City  
32-2273/266-3245  
arealpha.ph

**SERVICE ORDER**



Priority No.	0004
SO No.	469437
S.O Date	07/29/2024
Terms	30 Days
Amount Due	P800.00

[000160] IPLOY STAFFING SOLUTIONS  
CEBU CITY, CEBU PHILIPPINES 6000, Cebu City (Capital), Cebu

**PATIENT INFORMATION**

PATIENT ID : 103501  
 PATIENT NAME : GOMEZ, IRISH LAWRENCE, ORBOC  
 PATIENT ADDRESS : San Vicente, Liloan, Cebu  
 MOBILE NO. : 0928 221 9686  
 EMAIL ADDRESS : irishlawrenceorbocgomez@gmail.com  
 REQUESTING PHYSICIAN :  
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS  
 RESULT DELIVERY : DELIVERY

GENDER : Female  
 BIRTHDATE : 10/28/2000  
 AGE : 23  
 CIVIL STATUS : Single  
 SC/PWD ID :  
 HMO CARD NO. :  
 PATIENT STATUS : FOR EMPLOYMENT

**PRIME CARE**  
ALPHA

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME → PE, CHEST PA, CBC, UA, SE DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAIL MFMT.)		800.00	800.00

**BIOMETRICS DONE**  
DATE: JUL 29 2024

SUMMARY OF CHARGES	
TOTAL SALES	800.00
VARIABLE SALES	0.00
V-A-T	0.00
SC/PWD DISCOUNT	0.00
AMOUNT DUE	800.00

PREPARED BY:

Arissa Marie L. Armenion

ACKNOWLEDGED BY:

Signature Over Printed Name

VERIFIED BY:

**VALIDATED**  
Signature Over Printed Name

I acknowledge that I was duly informed by Prime Care Alpha employee to pay the above mentioned tests. I have reviewed the prices listed on the (SO) and agree to the changes associated with the products and services.

BY: *[Signature]* Date Created: 07/29/2024 07:28 AM



(Copy for OCRG)

Municipal Form No. 102 (Revised January 1993)		(To be accomplished in quadruplicate)		REMARKS/ANNOTATION		
Republic of the Philippines <b>OFFICE OF THE CIVIL REGISTRAR GENERAL</b> <b>CERTIFICATE OF LIVE BIRTH</b> (Fill out completely, accurately and legibly. Use ink or typewriter. Place X before the appropriate answer in items 2, 5a, 5b and 18a.)						
Province <u>CEBU</u> City/Municipality <u>CEBU CITY</u>			Registry No. <u>2000 29514</u>			
CHILD	1. NAME (First) (Middle) (Last) <u>IRISH LAWRENCE ORBOC GOMEZ</u>		For OCRG USE ONLY: Population Reference No. <u>3217-800VU00-9</u>			
	2. SEX <u>1</u> Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>28</u> <u>OCTOBER</u> <u>2000</u>			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>PERPETUAL SUCCOUR HOSPITAL CEBU CITY CEBU</u>			TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR		
	5a. TYPE OF BIRTH <u>X</u> 1. Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify		60 <u>1</u> 61 <u>2</u> <u>9</u> <u>1</u> <u>0</u> <u>3</u> <u>0</u>	
MOTHER	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>second</u>		d. WEIGHT AT BIRTH <u>3400</u> grams			
	8. MAIDEN NAME (First) (Middle) (Last) <u>MARY ANN NUREZ ORBOC</u>			62 <u>2</u> <u>2</u> <u>1</u> <u>7</u> <u>8</u>		
	7. CITIZENSHIP <u>FILIPINO</u>		8. RELIGION <u>ROMAN CATHOLIC</u>			
	9a. Total number of children born alive: <u>2</u>		b. No. of children still living including this birth: <u>2</u>		c. No. of children born alive but are now dead: <u>0</u>	
FATHER	10. OCCUPATION <u>ACCTG. CLERK</u>		11. Age at the time of this birth: <u>32</u> years			
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>#10 EUSEBIO CPD. H. CORTES ST. BANILAD, MANDAUE CITY</u>					
	13. NAME (First) (Middle) (Last) <u>FLORENTE MARBOADA GOMEZ</u>			63 <u>1</u> <u>1</u>		
	14. CITIZENSHIP <u>FILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>			
16. OCCUPATION <u>SELF EMPLOYED</u>		17. Age at the time of this birth: <u>32</u> years				
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>JANUARY 20, 1994 - MANDAUE CITY</u>						
19a. ATTENDANT <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Hilos (Traditional Midwife) <input type="checkbox"/> 5. Others (Specify)						
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>5:18 am</u> o'clock am/pm on the date stated above.						
Signature <u>Dr. Doris M. [Signature]</u> Name in Print <u>LORNA DIORICO M.D.</u> Title or Position <u>ATTENDING PHYSICIAN</u>		Address <u>c/o PERPETUAL SUCCOUR HOSPITAL, CEBU CITY</u> Date <u>OCTOBER 30, 2000</u>				
20. INFORMANT Signature <u>[Signature]</u> Name in Print <u>FLORENTE N. GOMEZ</u> Relationship to the child <u>FATHER</u>		Address <u>#10 EUSEBIO CPD. H. CORTES ST. BANILAD, MANDAUE CITY</u> Date <u>October 30, 2000</u>				
21. PREPARED BY Signature <u>[Signature]</u> Name in Print <u>RELISA A. LIROSADA</u> Title or Position <u>MEDICAL RECORD CLERK</u> Date <u>OCTOBER 30, 2000</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>AGNES C. DENALI</u> Name in Print <u>CLERK</u> Title or Position <u>NOV 03 2000</u> Date				

07699-HD-991SCB-00854-BI001

BEST POSSIBLE IMAGE



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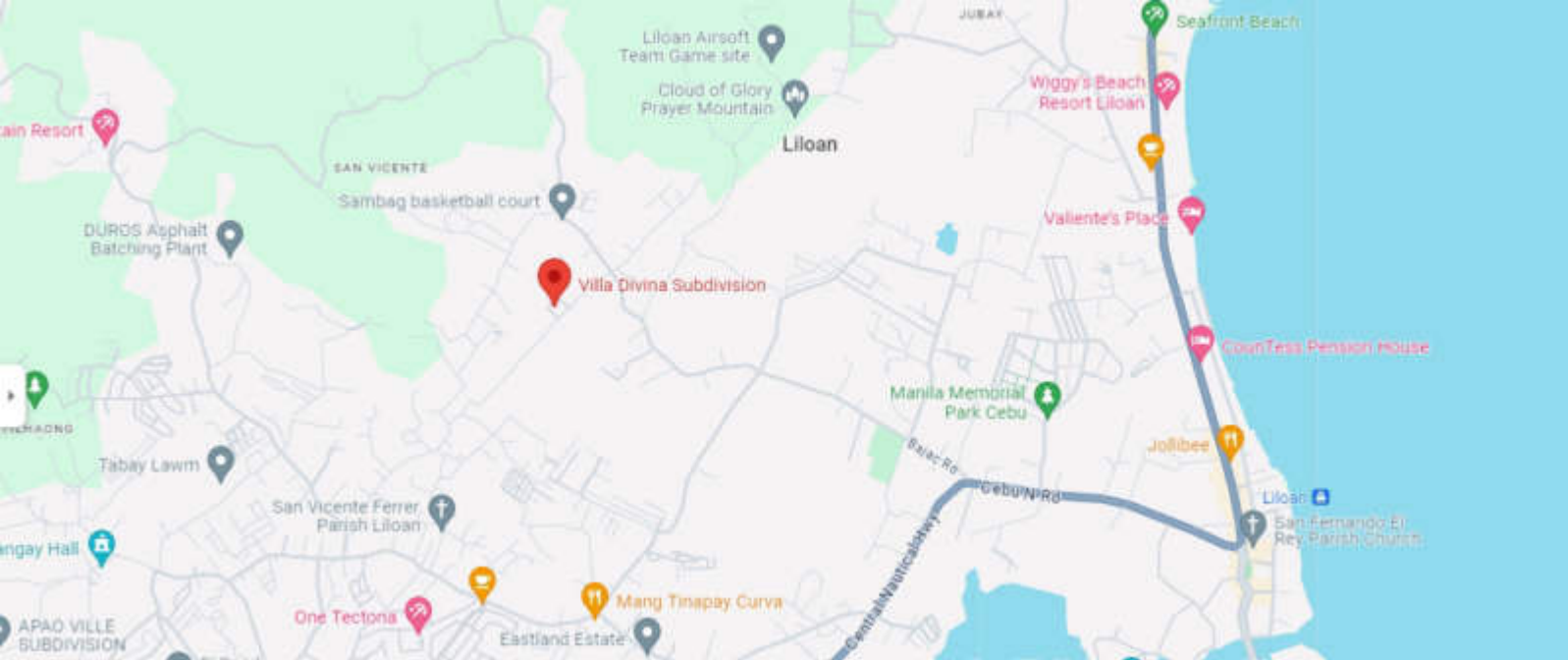
R0000037700

BReN  
02217-800VU0M-9

Documentary  
Stamp Tax Paid

*CSM*  
 CLAIRE DENNIS S. MAPA, Ph. D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority







Fee Class	Description	Amount	Total
TUITION & LABORATORY FEE	LABORATORY FEE	1,950.00	
	TUITION	21,114.72	23,064.72
MISCELLANEOUS AND OTHER FEES	APPTOPUS SUBSCRIPTION	325.00	
	ATHLETICS FEE	470.00	
	COMPUTER FEE (MS)	160.00	
	CULTURAL FEE	170.00	
	ENERGY FEE/UNIT	2,590.77	
	GUIDANCE & COUNSELLING	385.00	
	IMC FEE	800.00	
	LIBRARY FEE	1,000.00	
	MATRICULATION	400.00	
	MEDICAL-DENTAL	250.00	
	PAASCU / CEAP	10.00	
	PRISAA FEE	100.00	
	PUBLICATION	65.00	
	REAP	50.00	
	RESEARCH FEE	300.00	
	SSC FEE	50.00	
	STUDENT ACTIVITY FEE	200.00	
ETC FEES	WIFI FEE	300.00	7,625.77
	ALUMNI FEE	200.00	
	EXAMINATION BOOK	48.00	
	NSTP FEE	800.00	1,048.00
<b>TOTAL</b>			<b>31,738.4</b>





E-1

# 22

Republic of the Philippines  
SOCIAL SECURITY SYSTEM  
PERSONAL RECORD  
FOR ISSUANCE OF SS NUMBER

SS NUMBER

0040485187

COV-01214 (09-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.

PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND USE BLACK INK ONLY.

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME) <b>GOMIZ</b>		(FIRST NAME) <b>IRISH LAWRENCE</b>		(MIDDLE NAME) <b>ORBOL</b>	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) <b>10/28/2000</b>	
SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others				TAX IDENTIFICATION NUMBER (IF ANY)		
NATIONALITY <b>FILIPINO</b>	RELIGION <b>ROMAN CATHOLIC</b>	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) (CITY, COUNTRY, if born outside the Philippines) <b>CEBU CITY, CEBU</b>					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG NAME) <b>BRGY. SAN VICENTE, LILUAN</b>		(HOUSE/LOT & BLK NO.) <b>BLK 5LOT 4</b>	(STREET NAME) <b>VILLA DIVINA MBD.</b>	(SUBDIVISION)	ZIP CODE <b>6002</b>		
(BARANGAY/DISTRICT/LOCALITY)		(CITY/MUNICIPALITY)	(PROVINCE)	(COUNTRY)	TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL NO.) <b>(032) 824-9762</b>		
MOBILE/CELLPHONE NUMBER <b>09782210681</b>	E-MAIL ADDRESS <b>irishlawrenceorbolgomiz@gmail.com</b>		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL NO.) <b>(032) 824-9762</b>				
FATHER (LAST NAME) <b>GOMIZ</b>	(FIRST NAME) <b>FLORENTE</b>	(MIDDLE NAME) <b>NARPADIA</b>	(SUFFIX)				
MOTHER'S MAIDEN NAME (LAST NAME) <b>ORBOL</b>	(FIRST NAME) <b>MARY ANN</b>	(MIDDLE NAME) <b>NUMET</b>	(SUFFIX)				

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet.

SPOUSE (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)	
CHILD/REN (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)
<b>GOMIZ</b>	<b>MARY ANN</b>	<b>ORBOL</b>		<b>MOTHER</b>	<b>11/13/1967</b>
<b>GOMIZ</b>	<b>IVONNE MARI</b>	<b>ORBOL</b>		<b>SISTER</b>	<b>11/03/2002</b>

C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings P	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings P	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P) I agree with my spouse's membership with SSS. SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE
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D. CERTIFICATION

I certify that the information provided in this form are true and correct.  
(If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.



PRINTED NAME

SIGNATURE

DATE

PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS) P	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) SIGNATURE OVER PRINTED NAME DATE & TIME	RECEIVED & PROCESSED BY (MSS, BRANCH/SERVICE OFFICE/FOREIGN OFFICE) SIGNATURE OVER PRINTED NAME DATE & TIME
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	REVIEWED BY (MSS, BRANCH/SERVICE OFFICE) SIGNATURE OVER PRINTED NAME	<b>SOCIAL SECURITY SYSTEM</b>
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		

APR 04 2019

ANGIE R. TARIAD

RECEIVED / CERTIFIED TRUE COPY



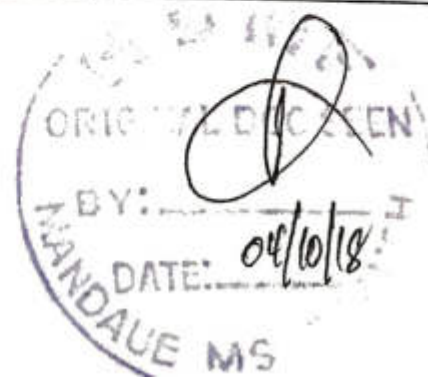
# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121221868659
REGISTRATION TRACKING NUMBER	918093252232

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	GOMEZ	IRISH LAWRENCE		ORBOC	<input type="checkbox"/>
FATHER	GOMEZ	FLORENTE		NARBOADA	<input type="checkbox"/>
MOTHER (Maiden Name)	ORBOC	MARY ANN		NUÑEZ	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	GOMEZ	IRISH LAWRENCE		ORBOC	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
10/28/2000	SINGLE		SSS NUMBER		
PLACE OF BIRTH	CITIZENSHIP		GSIS NUMBER		
CEBU CITY, CEBU, PHILIPPINES	FILIPINO		EMPLOYEE NUMBER		
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		For AFP/PNP Employee, Serial/Badge No. For DepEd Employee, Division Code-Station Code
FEMALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT			

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS					COUNTRY + AREA CODE + TELEPHONE NUMBER
Unit/Room No., Floor		Building Name			HOME
Lot No.	Block No.	Phase No.	House No.	Street Name	+63 (032) 4243762
Subdivision		Barangay			BUSINESS (DIRECT LINE)
Municipality/City		Province/State/Country			BUSINESS (TRUNK LINE)
LILOAN		CEBU, PHILIPPINES			E-MAIL ADDRESS
ZIP Code		6002			
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Lot no.	Block no.
House No.		Street Name		Subdivision	Barangay
Municipality/City		Province/State/Country		SAN VICENTE	
LILOAN		CEBU, PHILIPPINES		Zip Code	
6002					
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.



10 April 2018

Member Name : **GOMEZ , IRISH LAWRENCE ORBOC**  
Member Address : **BLK 3 LT 4 VILLA DIVINA SUBD SAN VICENTE, LILOAN, CEBU 6002**  
Member Category : **INFORMAL ECONOMY INFORMAL SECTOR**

We are glad that you are now registered with the National Health Insurance Program (NHIP), a program being administered by the Philippine Health Insurance Corporation (PhilHealth).

Your lifetime PhilHealth Identification Number (PIN) is : **1225-1600-6828**

In order for you or any member of your family be entitled to the benefits of the NHIP especially during hospitalization, you or with your employer, or local government or sponsor should have paid the required number of monthly contributions to the Program.

It is important that you always use your PIN in paying your contributions and when you or any member of your family avail of NHIP benefits during hospitalization.

We would like to give you and your family continued protection on health.

Respectfully,

**WILLIAM O. CHAVEZ**  
Regional Vice President  
PRO - VII Cebu City

*This is a system generated document, signature is not required*