



Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

8/F, Golden Peak Tower, Genardo Ave., cor. Escario St., Cebu City 6000  
 (032) 233 7407 (032) 233 7523 (032) 233 3267 (fax) (032) 233 3281 (032) 233 7871  
[www.phichealth.gov.ph](http://www.phichealth.gov.ph)



**MEMBER DATA RECORD**

**MEMBER BASIC INFORMATION**

**PhilHealth Identification Number (PIN)** : **12-251263745-9**      Policy Number : N/A

Member Type : DIRECT CONTRIBUTOR - SELF      NHS Coverage : N/A  
 EARNING INDIVIDUAL -      Validity Period : N/A  
 INDIVIDUAL

**CATADMAN, KATE ALERTA**

495 ML QUEZON ST CODDY, CASUNTINGAN, MANDAUE CITY, CEBU - 6014

Foreign Address : N/A      Sex : FEMALE  
 Date of Birth : 06/10/2002  
 Place of Birth : DANAO CITY, CEBU

Contact No. (Foreign) : N/A      Civil Status : SINGLE  
 (Local) :      Tax Identification Number :

**ENTITY INFORMATION**

PhilHealth Number (PEN/POGN) : N/A  
 Name of Entity/Organized Group : N/A  
 Business Address : N/A  
 Telephone Number : N/A      Employment Status : N/A  
 Tax Identification Number : N/A      Date : N/A

**DEPENDENT INFORMATION**

File	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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\*\*\* NO DECLARED DEPENDENTS \*\*\*

**MARJORIE A. CARRIETO**

REGIONAL VICE PRESIDENT

PHIC - VI Cebu City

**Palatka:** Batarin ang nakamamang MDR. Kung may kulang o mali, i-ack agad using malawast. Ingatan ang pribad na kopya ng Purog Ekray sa kahoy. Kung silaking gapanat sa makinabang ng benepisyo, magbigay ng kopya sa kasali.

**(Reminder:** Read the contents of the MDR. Should there be any data discrepancies, return it back to origin or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and treatment of beneficiary.)

This is a system-generated report. Signature is not required. **Printed At:** Mandaue - **Whisper Pass, Upper Jantar corner against Shell, Boholgate, 6014, Mandaue City**  
 0322337407 - 032337523 032333267 / 032337871



# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY

Pag-IBIG MIDAS

T21336847435

REGISTRATION TRACKING NO.

924051836703

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY		Please specify			
PERSONAL DETAILS					
NAME	FIRST NAME	MIDDLE NAME	INITIALS	LAST NAME	NO. VOUCHER
MEMBER	CATADMAN	KATE		ALERTA	<input type="checkbox"/>
FATHER	CATADMAN	ROEL		BARAÑO	<input type="checkbox"/>
MOTHER ( Maiden Name)	ALERTA	HELEN		LARBITO	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	CATADMAN	KATE		ALERTA	<input type="checkbox"/>
DATE OF BIRTH	06/10/2003	MARRIAGE STATUS	Single/Unmarried		EMPLOYER IDENTIFICATION NUMBER (TIN)
PLACE OF BIRTH	DARAO CITY, CEBU		CITY/TOWN/SHIP		SSS NUMBER
			FILIBINO		QDS NUMBER
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING / FACIAL FEATURES		EMPLOYEE NUMBER
FEMALE	158.00	47.00			For All-in-One Employee, Senior/Student
COMMERCIAL/ORDER NUMBER (FORM)			FREQUENCY OF MEMBERSHIP BUSINESS JOURNALS		No.
					For Capital Employee, Division Code-Status Code

## ADDRESS AND CONTACT DETAILS

PERMANENT HOME ADDRESS						COUNTRY + AREA CODE + TELEPHONE NUMBER	
Address No., Floor	Building Name		Name				
888	CABANCALAN		CABANCALAN				
Lot No.	Block No.	Phase No.	House No.	Street Name		Cell Phone	
888	888	888	888	ML QUEZON STREET		+63 (0)75 270687	
Subdivision	Barangay		Business (Direct Line)				
COODY COMPOUND	CABANCALAN		Business (Toll-free Line)				
Municipality/City	Province/State/Country		Email Address				
MARIGAE CITY	CEBU, PHILIPPINES		cabancalan42@gmail.com				
ZIP Code							
8014							
PRESENT HOME ADDRESS							
Address No., Floor	Building Name		Lot No.	Block No.	Phone No.		
888	CABANCALAN		888	888	888		
Street No.	Street Name		Subdivision		Barangay		
888	ML QUEZON STREET		COODY COMPOUND		CABANCALAN		
Municipality/City	Province/State/Country						
MARIGAE CITY	CEBU, PHILIPPINES						
PREFERRED MAILING ADDRESS	PRESENT HOME ADDRESS						

THIS FORM MAY BE REPRODUCED, NOT FOR SALE.



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation

41500148

This is to certify that the person whose name, picture, signature and thumbprint appearing herein, qualified for SOG Clearance and the results is as follows:

NRID NO.  
**C335FKJE20-ND4700158**

VALID UNTIL  
**July 25, 2025**

FAMILY NAME  
**CATADMAN**

FIRST NAME  
**KATE**

MIDDLE NAME  
**ALERTA**

HUSBAND'S SURNAME  
**AMAYA**

ADDRESS  
**CODOY COMPOUND BRGY CASUNTINGAN MANDAUE CITY CEBU**

DATE OF BIRTH  
**June 10, 2002**

PLACE OF BIRTH  
**DANAO CITY CEBU**

CITIZENSHIP  
**FILIPINO**

CIVIL STATUS  
**MARRIED**

PURPOSE  
**MULTI-PURPOSE CLEARANCE**



SIGNATURE

GENDER  
**FEMALE**

REMARKS  
**NO RECORD ON FILE**



C335FKJE20-ND4700158

JUDGE JAMES B. SANTIAGO (RET.)  
Director

Day Printed: Thursday, 25 July 2024 01:06 pm

Agency	ND4	DATE	request
CASE	request	SOCD	request
DR. No.	FREDDYKARAJ	FILED	
O.R. Date	07/24/2024 1:03:18 pm	NRID	
DST PAID		PRTR	request

# CERTIFICATE OF MARRIAGE

Province: **CEBU** Registry No: **2023-29**  
City/Municipality: **ALCOY**

1. Name of Contracting Parties		HUSBAND		WIFE	
First Name	<b>EMUEL CARMO AMAYA</b>	First Name	<b>KATE ALEXA CATADMAN</b>		
Last Name		Last Name			
2. Date of Birth	<b>19 OCTOBER 1998</b>	<b>24</b>	<b>10 JUNE 2002</b>	<b>28</b>	
3. Place of Birth	<b>DALAGUETE, CEBU</b>	<b>PHILIPPINES</b>	<b>DANAO, CEBU</b>	<b>PHILIPPINES</b>	
4a. Sex	<b>MALE</b>	<b>FELPINO</b>	<b>FEMALE</b>	<b>FELPINO</b>	
4b. Citizenship	<b>CATHOLICAN DALAGUETE, CEBU PHILIPPINES</b>		<b>ETA ROSA, DANAO CITY, CEBU PHILIPPINES</b>		
5. Religion	<b>ROMAN CATHOLIC</b>		<b>ROMAN CATHOLIC</b>		
6. Name of Father	<b>SINGLE</b>	<b>N/A</b>	<b>SINGLE</b>	<b>N/A</b>	
7. Name of Mother	<b>N/A</b>	<b>N/A</b>	<b>ROEL BINARAO</b>	<b>CATADMAN</b>	
8. Citizenship	<b>N/A</b>	<b>N/A</b>	<b>FELPINO</b>	<b>FELPINO</b>	
9. Religion	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	
10. Name of Spouse at Death	<b>ALIBELA</b>	<b>CARMO</b>	<b>AMAYA</b>	<b>HELEN LAURITO</b>	<b>ALEXA</b>
11. Citizenship	<b>FELPINO</b>	<b>FELPINO</b>	<b>FELPINO</b>	<b>FELPINO</b>	
12. Religion	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	
13. Citizenship	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	

15. Place of Marriage: **San Isidro Labrador Parish, Alcoy, Cebu**  
 16. Date of Marriage: **21 JANUARY 2023** Time of Marriage: **1:00 PM**

18. CERTIFICATION OF THE CONTRACTING PARTIES TO THIS MARRIAGE: **EMUEL CARMO AMAYA** and **KATE ALEXA CATADMAN**, both of legal age, of our own free will and accord, and in the presence of the persons mentioned, this marriage will be solemnized before me and my assistants in accordance with the provisions of the Civil Code of the Philippines and the pertinent provisions of the Family Code of the Philippines. Witnessed on this **21st** day of **JANUARY**, 20**23**.

19. CERTIFICATION OF THE SOLEMNIZING OFFICER: **FRANCIS DELA CRUZ**, that before me, on the date and place above-mentioned, personally appearing the above-mentioned parties, with full mental capacity, lawfully joined together in marriage which was solemnized by me in the presence of the witnesses named herein, all of legal age, in accordance with the provisions of the Civil Code of the Philippines and the pertinent provisions of the Family Code of the Philippines.

X In Marriage License No. **258021** issued on **DECEMBER 05 2022** at **DALAGUETE CEBU**  
 In accordance with the provisions of the Family Code of the Philippines, the marriage being solemnized under the provisions of Article 10 of the Family Code of the Philippines.

**REV. FR. JERARD M. PINAY** PARISH PRIEST CATHOLIC PRIEST/2021 - 2024/2024  
**EMUEL M. TONOLING** **PETER TONOLING** **JASMINE ALEXA** **JERRY ALEXA**

Signature: **FERNANDO EDUARDO A. MERCADO, JR.** Municipal Civil Registrar  
 Date: **FEB 1 2023**



Republic of the Philippines <b>OFFICE OF THE CIVIL REGISTRAR GENERAL</b> <b>CERTIFICATE OF LIVE BIRTH</b> <small>For all territories, provinces and cities, see law in Appendix          and 2. Note the appropriate number 1, 2 or 3, in the title.</small>		To be accompanied by government registration fee <b>2002 1091</b>	CITY CIVIL REG. OFFICE <b>BAHAG 2 CITY</b>
Province: <b>0000</b> City/Municipality: <b>00000000</b>		No. 1000 1000 0000 Population Reference No.	
<b>1. NAME</b> First Middle Last <b>2. SEX</b> Male Female <b>3. DATE OF BIRTH</b> Year Month Day <b>4. PLACE OF BIRTH</b> (Township, City, District, Province)		<b>5. DATE OF BIRTH</b> Year Month Day <b>6. PLACE OF BIRTH</b> (Township, City, District, Province)	
<b>7. CITIZENSHIP</b> Filipino Foreign <b>8. RELIGION</b>		<b>9. TYPE OF BIRTH</b> 1. Single 2. Twin 3. Multiple <b>10. BIRTH ORDER</b> (For twins and multiple births, including胎產)	
<b>11. OCCUPATION</b>		<b>12. DATE AND PLACE OF MARRIAGE OF PARENTS</b> (If not married, accept for effect of common-law marriage, if applicable, specify in the facts)	
<b>13. ATTENDANT</b> (Name, Address, Telephone)		<b>14. CERTIFICATION OF BIRTH</b> (Date, Time, Place)	
<b>15. SIGNATURE OF REGISTRAR</b>		<b>16. SIGNATURE OF WITNESSES</b>	



TO BE FILED UP AT THE OFFICE OF THE CIVIL REGISTRAR

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

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10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

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10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

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19915-CJ-450420-00182 3021

NOT POSSIBLY MADE



CSM

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





Republic of the Philippines  
**CEBU TECHNOLOGICAL UNIVERSITY-MAIN CAMPUS**  
M.J. Cuenco Avenue Cor. R. Palma St., Cebu City, Philippines  
Tel. No. 402-4960 local 1120  
**COLLEGE OF EDUCATION**



# CERTIFICATE OF RECOGNITION

is proudly given to:

*Kate A. Catadman*

for a commendable academic performance as **MAGNA CUM LAUDE** in the  
**Bachelor of Early Childhood Education** during the **Academic Year 2023-2024**.

Given this 22nd day of **July 2024** during the **109th Commencement Exercises** at  
**Waterfront Hotel and Casino**, Salinas Drive, Lahug, Cebu City, Philippines.

  
**RAYMOND C. ESPINA, Ph. D., Dev. Ed. D.**  
OIC-Dean, College of Education



Republic of the Philippines  
 Province of Cebu  
 CITY OF MANDAUE  
**BARANGAY CASUNTINGAN**  
 Tel. No. (032) 345.09.85/507.00.89



**OFFICE OF THE PUNONG BARANGAY**  
**BARANGAY CLEARANCE**

This is to certify that the person whose name, picture and signature appeared herein has requested a BARANGAY CLEARANCE from this office.

COMPLETE NAME: **KATE ALERTA CATADMAN** SEX: **Female**  
 ADDRESS: **Codley Compound Brgy. Casuntingan, Mandaue City, Cebu** DATE OF BIRTH: **June 10, 2002**  
 CIVIL STATUS: **Single** PLACE OF BIRTH: **Davao City, Cebu**  
 PURPOSE: **FOR FIRST TIME JOB SEEKER**



Date Taken: 02/25/2024



Left Thumb



Right Thumb

**KATE ALERTA CATADMAN**

Signature over printed name

It is further certified that the above person is a law-abiding citizen of good moral character and has no pending case filed against her in this office.

Issued this 25th day of July, 2024 at Barangay Casuntingan, Mandaue City, Cebu, Philippines.

**JOSE RONNIE S. RAHILE**  
 Punong Barangay

GR. Number:  
 Amount Paid: 0.00  
 Doc. Stamp: 0.00



Certificate No. 2220020-25/2024  
 Control No. 2524-2520

Not valid if there is no official dry seal.



iPlay, OPC



Codoy compound, BWWJ+XPM, Man...



17 min

16 min

54 min

1 hr 22 min



1 hr 22 min (5.9 km) Mostly flat

via F. Cabahug St and Hernan Cortes St

Start

Live Track

Share

Steps



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

MO0626W201406260474 Date-Time Generated: 26 Jun 2024 11:19:12 AM

SS NUMBER <b>06-4899284-2</b>		
NAME		
LAST NAME <b>CATADMAN</b>	FIRST NAME <b>KATE</b>	
MIDDLE NAME <b>ALERTA</b>		
SEX <b>FEMALE</b>		
FACTS OF BIRTH		
DATE OF BIRTH (MM/DD/YYYY) <b>06/10/2002</b>	PLACE OF BIRTH <b>MANDAUE CITY CEBU PHILIPPINES</b>	
FATHER'S NAME <b>CATADMAN</b>	MOTHER'S NAME <b>ALERTA</b>	
MARRIAGE		
CIVIL STATUS <b>MARRIED</b>	DATE OF MARRIAGE <b>185</b>	
AGE <b>51</b>	HEIGHT IN CENTIMETERS <b>51</b>	
GETTING FEATURES	RELIGION <b>CHRISTIAN</b>	
OTHER CARILAPPLICANT DATA		
TELEPHONE NUMBER (landline / mobile) <b>(0995) 510-7499</b>	EMAIL ADDRESS <b>lemuelamaya76@gmail.com</b>	
DEPENDENTS / BENEFICIARIES		
SPOUSE	CHILDREN	
1. NAME <b>MARY</b>	1. NAME <b>LEWIS</b>	
2. NAME <b>CHRISTOPHER</b>	2. NAME <b>MARK</b>	
3. NAME	3. NAME	
4. NAME	4. NAME	
5. NAME	5. NAME	
6. NAME	6. NAME	
7. NAME	7. NAME	
8. NAME	8. NAME	
9. NAME	9. NAME	
10. NAME	10. NAME	
OTHER BENEFICIARIES (without spouse & child and prior to this account)		
1. NAME <b>LEWIS</b>	2. NAME <b>MARK</b>	
3. NAME	4. NAME	
FOR SELF-Employed/Overseas Filipino Worker/Overseas Working Spouse		
SELF-EMPLOYED (SE)	OVERSEAS FILIPINO WORKER (OFW)	NON-WORKING SPOUSE (NWS)
Proprietor/Partner	Foreign Address	SS No./Current Reference No. of Working Spouse
SSN		
Net Profit/Business Share		
Monthly Earnings	Monthly Earnings (See instructions on continuing to the "Final Step" Report)	Media Name of Working Spouse (if)
SSN	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PURPOSE OF APPLICATION		
PERSON <b>SELF EMPLOYED</b>	PRECEDENCE NUMBER <b>9622</b>	ESTIMATED MONTHLY SALARY <b>4,000.00</b>
UMID CARD APPLICATION WITH ATM OPTION		
UMID CARD AS ATM CARD (Bank Name)	Other Branch	
CERTIFICATION DATA PRIVACY CONSENT AND AUTHORIZATION		
<p>I, I hereby certify that the information provided are true and correct.</p> <p>I, I hereby consent to:</p> <ul style="list-style-type: none"> <li>The collection, use and disclosure, retention, matching and the utilization of my personal data for the good and upholding of my Civil and protection and welfare.</li> <li>Further processing and payment of my loans and SSS benefits.</li> <li>Sharing of these data with SSS service providers to verify and be processed about share and</li> <li>Approval of the application in the proper conditions with the Social Security Act.</li> <li>I will pay all fees due and be held accountable to SSS and its service providers and its Bank.</li> <li>I further grant my consent to SSS to share necessary data with other banks for the purposes of bank account transfer, 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.</li> </ul>		