



REPUBLIC OF THE PHILIPPINES  
PROVINCE OF CEBU  
MUNICIPALITY OF LILO-AN  
BARANGAY CATARMAN  
OFFICE OF THE BARANGAY CAPTAIN



### BARANGAY CLEARANCE

This is to certify that SYLVINA ANNE HUNTER DELIMA, married/single/widow, 29 years old, was born on April 8, 1995 and a bonafide resident of Purok Balanghoy I, Mahayahay II, Catarman, Lilo-an, Metro Cebu, and whose picture and signature below is a person who as far as the record of this office is concerned, has not committed any act prejudicial to the interest of the Republic of the Philippines and known to be of good moral character.

This certification is issued upon the request of the aforementioned person in connection with his/her application for EMPLOYMENT PURPOSE.

Signed and issued this 25<sup>th</sup> day of July, 2024 at Barangay Catarman, Liloan, Cebu.



Left Thumb Mark

Right Thumb Mark

Amount Paid: P 80.00

OR. No: 5306399

Date: 07/25/2024

Signature over printed name of applicant: SYLVINA ANNE H. DELIMA

HON. RUEL D. JUGALBOT  
Punong Barangay

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT [www.sss.gov.ph](http://www.sss.gov.ph).  
PLEASE READ THE INSTRUCTIONS 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 MEMBER**



HQP-PFF-039

**MEMBER'S DATA FORM (MDF)**

FOR HDMF USE ONLY  
Pag-IBIG MID No.  
121154942301

REGISTRATION TRACKING NO: 915261965355					
Occupational Status		EMPLOYED			
Membership Category:		EMPLOYED - PRIVATE			
	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	DELIMA	SYLVINA ANNE		HUNTER	<input type="checkbox"/>
FATHER	HUNTER	JOHN		PAT	<input type="checkbox"/>
MOTHER (Maiden Name)	ALBACETE	MIRIAM			<input checked="" type="checkbox"/>
SPOUSE (if Married)	DELIMA	JOHN CRIS		JAGDON	<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	HUNTER	SYLVINA ANNE		ALBACETE	<input type="checkbox"/>
DATE OF BIRTH		MARITAL STATUS		TIN	
04/08/1995		MARRIED		0637165910	
PLACE OF BIRTH		CITIZENSHIP		SSS NUMBER	
CARCAR, CEBU, PHILIPPINES		FILIPINO		GSIS NUMBER	
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		EMPLOYEE NUMBER
FEMALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		For AFP/PNP Employee, Serial/Badge No.	
				For DECS Employee, Division Code-Station Code	

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS				CONTACT NUMBER	
Unit/Room No./Floor		Building		(Indicate country code if abroad)	
Lot No.	Block No.	Phase No.	House No.	Street	COUNTRY + AREA CODE + TELEPHONE NUMBER
Subdivision		Barangay		Home	
CATARMAN				Cell Phone +63 0927 2602449	
Municipality/City		Province/State/Country		Business(Direct Line)	
LILOAN		CEBU, PHILIPPINES		Business(Trunk Line)	
ZIP Code				Email Address	
6002					

PRESENT HOME ADDRESS					
Unit/Room No./Floor		Building		Phase No.	
House No.	Street	Subdivision		Barangay	
CATARMAN					
Municipality/City		Province/State/Country		Zip Code	
LILOAN		CEBU, PHILIPPINES		6002	
Preferred Mailing Address		Permanent Address			

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

(V05, 02/2014)

ORIGINAL DOC SEEN  
BY: [Signature]  
DATE: 10/10/14  
MANDALAY CITY



2<sup>nd</sup> Flr., One World Center  
Mactan Newtown Township  
Brgy. Mactan, Lapu-Lapu City  
www.TheResultsCompanies.com  
+63 032 260.8287

April 26, 2018

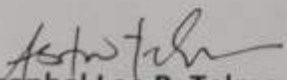
CERTIFICATE OF EMPLOYMENT

This is to certify that **MS. SYLVINA ANNE H. DELIMA** was employed with The Results Companies (Results Manila Inc.) as Results Associate from October 23, 2017 to April 10, 2018.

This is to further certify that MS. DELIMA has been cleared from all accountabilities from Results Manila, Inc.

Should you need to validate this Certificate, the HR Department operates from 9:00pm to 9:00am and can be reached at +63.32.260.8287

Results Manila, Inc.,

  
**Astrophel Lee P. Telmo**  
Senior HR Manager

**Note:** Not valid without Results official dry seal.

E-4  
FORM 1215 (09-2015)

Republic of the Philippines  
**SOCIAL SECURITY SYSTEM  
MEMBER DATA CHANGE REQUEST**

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED FROM THE SSA WEBSITE AT [www.ssa.gov.ph](http://www.ssa.gov.ph).  
PLEASE READ THE INSTRUCTIONS 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 MEMBER**  
**A. PERSONAL DATA**

SSS NUMBER: 063711659110  
COMMON REFERENCE NUMBER (if any):  
DATE OF BIRTH (MM/DD/YYYY): 04/08/1993  
TAX IDENTIFICATION NUMBER (if any): 9298933551  
NAME (LAST FIRST MIDDLE): DELMA SYLVINA ANNE HUNTER  
ADDRESS (LINE FOR UNIT NO. & BLDG. NAME):  
CITY/MUNICIPALITY: CATAGANON  
PROVINCE: MINDANAO II  
MOBILE/CELLPHONE NUMBER: 09226183094  
E-MAIL ADDRESS: HUNTERSILVINAANNE@YAHOO.COM  
FOREIGN ADDRESS (if applicable):  
ZIP CODE: 61012



A member of the AMA Education System

*Mandaue*

*Be it known that the Board of Trustees through its President, by the authority of the Commission on Higher Education and on the recommendation of the Academic Council, hereby confers upon*

**Sylvina Anne A. Hunter**

*who has fulfilled all the requirements thereof, the degree of*  
**Bachelor of Science in Hotel and Restaurant Management**

*With all the rights, honors and privileges as well as the obligations and responsibilities thereunto appertaining*  
*In the testimony whereof, the seal of the College, signatures of the President, Vice President, Managing Director or Chief Registrar are hereto affixed.*



*Given this* 31st *day of* December *in the year of our Lord,* Two thousand fourteen  
*In Mandaue City, Cebu, Philippines*

*As per Special Order No 50-346201-0129, s.2017; issued by C.H.E.D Region VII as of April 21, 2017*

EDDIE S. UY  
Managing Director

AMABLE C. AGUILUZ IX  
President

VICTOR P. SEVILLA  
VP/COO

<input type="checkbox"/>	Deletion
<input type="checkbox"/>	New/Additional
<input type="checkbox"/>	Deletion

MUSAN  
NATURE



Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**MEMBER DATA CHANGE REQUEST**

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 PLEASE READ THE INSTRUCTIONS 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 MEMBER**

**A. PERSONAL DATA**

SS NUMBER: 0103711459110  
 COMMON REFERENCE NUMBER (if any):  
 DATE OF BIRTH (mm/dd/yyyy): 04/05/1995  
 TAX IDENTIFICATION NUMBER (if any) (SUFFIX): 92181931581  
 NAME (LAST NAME): DELMA (FIRST NAME): SYLVINA ANNE (MIDDLE NAME): HUNTER  
 ADDRESS (PREVIOUS/ANY NO. & BLOCK NAME): (SUBDIVISION): CATARMAN (BARANGAY/DISTRICT/LOCALITY): LIGAN (CITY/MUNICIPALITY): CEBU (PROVINCE): HAWYAHAY II (STREET NAME): ZIP CODE: 61012  
 TELEPHONE NUMBER (AREA CODE + TEL. NO.): MOBILE/CELLPHONE NUMBER: 092201183034 E-MAIL ADDRESS: HUNTERSYLVINAANNE@YAHOO.COM  
 FOREIGN ADDRESS (IF APPLICABLE): COUNTRY: ZIP CODE: 61012

**B. DATA CHANGE/CORRECTION/UPDATING**

**A. CHANGE OF MEMBERSHIP TYPE**

FROM

- Employed
- Voluntary
- Overseas Filipino Worker
- Non-Working Spouse (NWS)
- Prior Registrant  
(A person who registered with the SSS for the first time as a prospective employee.)

TO

- Self-Employed (Please fill-out the details below.)  
 Profession/Business: \_\_\_\_\_  
 Year Profession/Business Started: \_\_\_\_\_  
 Monthly Earnings (P): \_\_\_\_\_

TO (Option for Prior Registrant Only)

- Non-Working Spouse (Please fill-out the details below.)  
 SS No./CRN 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

FROM

TO

**B. CORRECTION OF NAME**

- Last Name
- First Name
- Middle Name  
(or change of middle initial to middle name)
- Prefix (e.g., "de", "delo", "delos", "del", "Ma," or "Mrs") or Suffix (e.g., Jr., II or III)
- Simple Error in Spelling of Name (e.g., "l" to "i" or "u" to "o" or vice versa; inclusion/deletion of space and special characters)
- Due to Re-marriage

**C. CORRECTION OF DATE OF BIRTH**

**D. CORRECTION OF SEX**

**E. CHANGE OF CIVIL STATUS**

(For Female members: Accomplish the FROM and TO portions, if also requesting for change of name)

- Single to Married
- Married to Legally Separated
- Married to Widowed
- Reversion from Married to Single

**F. UPDATING OF CONTACT INFORMATION**

- Address
- Telephone Number
- E-mail Address
- Mobile/Cellphone Number

**G. UPDATING OF BANK INFORMATION**

Bank Name	Bank Branch	Account Number
<input type="checkbox"/> Benefits (Sickness/Maternity/Partial Disability)		
<input type="checkbox"/> Loans		
<input type="checkbox"/> PESO Fund		

**H. UPDATING OF MEMBER RECORD STATUS (From "Temporary" to "Permanent") - please indicate submitted documents**

**I. UPDATING OF DEPENDENT(S)/BENEFICIARY(IES) (Please check the appropriate box. If more than 3, use other page "Instructions" portion.)**

NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	RELATIONSHIP TO MEMBER	DATE OF BIRTH (mm/dd/yyyy)	
1. DELMA	AVERY GAIL	HUNTER		DAUGHTER	02/10/2016	<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
2.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion
3.						<input type="checkbox"/> New/Additional <input type="checkbox"/> Deletion

SOCIAL SECURITY SYSTEM  
 CEBU NPA BRANCH-SSS

JUN 25 2018

WENDELYN R. DELA SANTOS  
 REMEDIAL SUPERVISOR OF BRANCH

SYLVINA ANNE A. HUNTER

SYLVINA ANNE H. DELMA

# CERTIFICATE OF LIVE BIRTH

Registry No. **2016-0257**

Province **CEBU**  
City/Municipality **CONSOLACION**

**CHILD**

1. NAME (First) **AVERY GAIL** (Middle) **HUNTER** (Last) **DELIMA**

2. SEX (Male / Female) **FEMALE**

3. DATE OF BIRTH (Day) **10** (Month) **FEBRUARY** (Year) **2016**

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) **MENDERO MEDICAL CENTER** (City/Municipality) **PITOGO, CONSOLACION** (Province) **CEBU**

5a. TYPE OF BIRTH (Single/Twin/Triples, etc.) **SINGLE**

5b. IF MULTIPLE BIRTH, CHILD WAS (First/Second/Third, etc.) **FIRST**

6. WEIGHT AT BIRTH **3050** grams

**MOTHER**

7. MAIDEN NAME (First) **SYLVINA ANNE** (Middle) **ALBACETE** (Last) **HUNTER**

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 **N/A**

12. AGE at the time of this birth (Completed years) **20**

13. RESIDENCE (House No., St., Barangay) **LOOC, POB.** (City/Municipality) **LILO-AN** (Province) **CEBU** (Country) **PHILIPPINES**

**FATHER**

14. NAME (First) **JOHN CRIS** (Middle) **JAGDON** (Last) **DELIMA**

15. CITIZENSHIP **FILIPINO**

16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**

17. OCCUPATION **WORKING STUDENT**

18. AGE at the time of this birth (Completed years) **21**

19. RESIDENCE (House No., St., Barangay) **LOOC, POB.** (City/Municipality) **LILO-AN** (Province) **CEBU** (Country) **PHILIPPINES**

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

20a. DATE (Month) (Day) (Year) **JANUARY 12 2016**

20b. PLACE (City/Municipality) (Province) (Country) **CONSOLACION CEBU PHILIPPINES**

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 **4:07PM** am/pm on the date of birth specified above.

Signature *Sandy Chua* Address **MENDERO MEDICAL CENTER**

Name in Print **SANDY CHUA, M.D.** **CONSOLACION, CEBU**

Title or Position **OB-GYNE** Date **FEBRUARY 10, 2016**

22. CERTIFICATION OF INFORMANT

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

Signature *Sylvina Anne H. Delima* Signature *Leo Theyrosa*

Name in Print **SYLVINA ANNE H. DELIMA** Name in Print **LEO THEYROSA**

Relationship to the Child **MOTHER** Title or Position **MEDICAL RECORDS OFFICER**

Address **LOOC, POB. LILO-AN CEBU** Date **FEBRUARY 10, 2016**

Date **FEBRUARY 10, 2016**

24. RECEIVED BY

Signature *Ma-Sweila P. Linaboc* Signature *Eloise B. Duyos*

Name in Print **MA-SWEILA P. LINABOC** Name in Print **ELOISE B. DUYOS**

Title or Position **CLERK** Title or Position **MUNICIPAL CIVIL REGISTRAR**

Date **FEB 22 2016** Date **FEB 22 2016**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)



Ministerial Form No. 102  
(Revised January 1993)  
Republic of the Philippines  
**CERTIFICATE OF LIVE BIRTH**  
Fill in completely, accurately and legibly. Use ink or special ballpoint pen before the expiration date on items 2, 5a, 5b and 10a.

REMARKS/ANNOTATION

Province CEBU Registry No. 25-154  
City/Municipality CARCAR

**CHILD**  
1. NAME (First) (Middle) (Last)  
SILVINA ANNE ALBACATE HUNTER  
2. SEX 1 Male 2 Female  
3. DATE OF BIRTH (day) (month) (year)  
8 April 1995  
4. PLACE OF BIRTH (Name of Hospital/Church/Institution) (City/Municipality) (Province)  
Carcara District Hospital Carcar Cebu  
5a. TYPE OF BIRTH 1 Single 2 Twin 3 Other, Specify  
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second  
c. BIRTH ORDER (five births and fetal deaths including this delivery) (first, second, third, etc.) 2nd  
d. WEIGHT AT BIRTH 3684 grams

**MOTHER**  
5. MAIDEN NAME (First) (Middle) (Last)  
MIRIAM ABANQUE ALBACATE  
7. CITIZENSHIP Filipino RELIGION Roman Catholic

9a. Total number of children born alive 2nd b. No. of children still living including this birth 2 c. No. of children born alive but are now dead 0  
10. OCCUPATION Housewife 11. Age at the time of this birth 27 years  
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
Esperanza Village Carcar, Cebu

**FATHER**  
13. NAME (First) (Middle) (Last)  
JOHN WHITE HUNTER  
14. CITIZENSHIP Canadian 15. RELIGION Roman Catholic  
16. OCCUPATION Retired Military 17. Age at the time of this birth 47 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
December 25, 1994 at Talisay, Cebu

19a. ATTENDANT 1 Physician 2 Nurse 3 Midwife  
4 Midol (Traditional Midwife) 5 Others (Specify)

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 1:20am o'clock on the date stated above.

Signature [Signature] Address \_\_\_\_\_  
Name in Print MR. NENIA ESCOBIDO  
Title or Position BCD Date \_\_\_\_\_

20. INFORMANT  
Signature [Signature] Address \_\_\_\_\_  
Name in Print JOHN HUNTER  
Relationship to the child FATHER Date \_\_\_\_\_

21. PREPARED BY  
Signature [Signature]  
Name in Print CECILIA M. PARAZ  
Title or Position R.M.  
Date \_\_\_\_\_

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print SILVANO V. CALAYAN JR.  
Title or Position CIVIL REGISTRAR  
Date CARCAR, CEBU

FOR OCRS USE ONLY: Population Reference No. 25-154-1995-1  
DO NOT BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR  
41 9 3 0 1 7 0 0  
42 1  
43 4 0 6 0 4 9 0  
44 2 0 1 1 9  
45 1  
46 0 2 3 0 8 6  
47 1 1  
48 0 2 0 2 0 0  
49 2 2 0 0 7  
50 2 2 1 4 5  
51 3 1 1990  
52 2 4 0 4 7  
53 1 12 2896  
54 1 22559  
55 850025

03449-44-999TS3-00110-BI001

BEST POSSIBLE IMAGE



T089034499990011006112009001  
HF100406163

BRN  
02214-A93H801-7

Documentary  
Stamp Tax Paid

[Signature]  
CARMELITA N. ERICTA  
Administrator and Civil Registrar General  
National Statistics Office

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

Registry No.  
**2020 518**

Province **CEBU**  
City/Municipality **LILOAN**

1. NAME **CASTIEL THOM HUNTER DELIMA**  
2. SEX **MALE** 3. DATE OF BIRTH **09 AUGUST 2020**  
4. PLACE OF BIRTH **RN-RM'S BIRTHING CENTER LANDING, CATARMAN, LILOAN CEBU**  
5a. TYPE OF BIRTH **SINGLE** 5b. IF MULTIPLE BIRTH, CHILD WAS **N/A** 5c. BIRTH ORDER **SECOND** 6. WEIGHT AT BIRTH **3500 grams**

7. MAIDEN NAME **SYLVINA ANNE ALBACETE HUNTER**  
8. CITIZENSHIP **FILIPINO** 9. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC**  
10a. Total number of children born alive **2** 10b. No. of children still living excluding this birth **2** 10c. No. of children born alive but are now dead **0** 11. OCCUPATION **NONE** 12. AGE at the time of the birth **25**  
13. RESIDENCE **CATARMAN LILOAN CEBU PHILIPPINES**

14. NAME **JOHN CRIS JAGDON DELIMA**  
15. CITIZENSHIP **FILIPINO** 16. RELIGION/RELIGIOUS SECT **ROMAN CATHOLIC** 17. OCCUPATION **ASSOCIATE REVIEWER** 18. AGE at the time of the birth **26**  
19. RESIDENCE **CATARMAN LILOAN CEBU PHILIPPINES**

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

20a. DATE **JANUARY 12 2016** 20b. PLACE **CONSOLACION CEBU PHILIPPINES**

21a. ATTENDANT  
1. Physician  2. Nurse  3. Midwife  4. Healer (Traditional Birth Attendant)  5. Others (Specify)

21b. CERTIFICATION OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born alive at **12:03pm** am/pm on the date of birth specified above.

Signature *[Signature]* Address **POBLACION, LILOAN, CEBU**  
Name in Print **ANNA B. DELA TORRE**  
Title or Position **RN-RM** Date **AUGUST 09, 2020**

22. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.

Signature *[Signature]*  
Name in Print **SYLVINA ANNE H. DELIMA**  
Relationship to the Child **MOTHER**  
Address **CATARMAN, LILOAN, CEBU**  
Date **AUGUST 09, 2020**

23. PREPARED BY  
Signature *[Signature]*  
Name in Print **ANNA B. DELA TORRE**  
Title or Position **RN-RM**  
Date **AUGUST 10, 2020**

24. RECEIVED BY  
Signature *[Signature]*  
Name in Print **KATRINA MAY B. TABUNAG**  
Title or Position **ADMIN. AIDE VI**  
Date **AUG 12 2020**

25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature *[Signature]*  
Name in Print **BONITA I. PILONES**  
Title or Position **MCR**  
Date **AUG 12 2020**

REMARKS/ANNOTATIONS (For LCRO/ICRG Use Only)

 **PhilHealth**  
*Your Partner in Health*



**12-025458753-8**  
PhilHealth Number

**DELIMA, SYLVINA ANNE  
HUNTER**  
Name

  
Signature



Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

## CERTIFICATE OF MARRIAGE

Registry No. 2016-12

Province CEBU  
City/Municipality CONSOLACION

HUSBAND				WIFE			
1. Name of Contracting Parties	(First) <b>JOHN CRIS</b> (Middle) <b>JAGDON</b> (Last) <b>DELIMA</b>	(First) <b>SYLVINA ANNE</b> (Middle) <b>ALBACETE</b> (Last) <b>HUNTER</b>					
2a. Date of Birth	(Day) <b>08</b> (Month) <b>August</b> (Year) <b>1994</b> (Age) <b>21</b>	(Day) <b>08</b> (Month) <b>April</b> (Year) <b>1995</b> (Age) <b>20</b>					
3. Place of Birth	(City/Municipality) <b>Cebu City</b> (Province) <b>Cebu</b> (Country) <b>Philis.</b>	(City/Municipality) <b>Cercar</b> (Province) <b>Cebu</b> (Country) <b>Philis.</b>					
4a. Sex	<b>Male</b>	<b>Female</b>					
4b. Citizenship	<b>Filipino</b>	<b>Filipino</b>					
5. Residence	(House No. St. Barangay City/Municipality Province, Country) <b>Catarman, Lilo-an, Cebu</b>	(House No. St. Barangay City/Municipality Province, Country) <b>Looc, Poblacion Ilo-an, Cebu</b>					
6. Religion/Religious Sect	<b>Roman Catholic</b>	<b>Roman Catholic</b>					
7. Civil Status	<b>Single</b>	<b>Single</b>					
8. Name of Father	(First) <b>Domingo</b> (Middle) <b>O.</b> (Last) <b>Delima</b>	(First) <b>John</b> (Middle) <b>Pat</b> (Last) <b>Hunter</b>					
9. Citizenship	<b>Filipino</b>	<b>American</b>					
10. Maiden Name of Mother	(First) <b>Cristita</b> (Middle) <b>R.</b> (Last) <b>Jagdon</b>	(First) <b>Miriam</b> (Middle) <b>A.</b> (Last) <b>Albacete</b>					
11. Citizenship	<b>Filipino</b>	<b>Filipino</b>					
12. Name of Person(s) Who Give Consent or Assent	(First) <b>Mr. and Mrs. Domingo Delima</b>	(First) <b>Mr. and Mrs. John P. Hunter</b>					
12. Relationship	<b>Parents</b>	<b>Parents</b>					
14. Residence	(House No. St. Barangay City/Municipality Province, Country) <b>Catarman, Lilo-an, Cebu</b>	(House No. St. Barangay City/Municipality Province, Country) <b>Looc, Poblacion Ilo-an, Cebu</b>					
15. Place of Marriage	<b>Municipal Circuit Trial Court Consolacion, Cebu</b> <small>(Office of the Local Civil Registrar of the Local Government Unit)</small>						
16. Date of Marriage	<b>12 January 2016</b> (Day) (Month) (Year)	17. Time of Marriage: <b>11:00 A.M.</b> (approx)					
18. CERTIFICATION OF THE CONTRACTING PARTIES THIS IS TO CERTIFY THAT <b>JOHN CRIS J. DELIMA</b> and <b>SYLVINA ANNE A. HUNTER</b> of legal age, of our own free will and accord, and in the presence of the person solemnizing this marriage and of the witnesses named below, have each other as husband and wife and certifying that they have entered a copy of which is hereto attached. <input checked="" type="checkbox"/> have not entered into a marriage settlement. IN WITNESS WHEREOF, we have signed and caused to be signed with our fingerprints this certificate in quadruplicate this <b>12th</b> day of <b>Jan.</b> 2016							
<b>JOHN CRIS J. DELIMA</b> <small>(Signature of Husband)</small>				<b>SYLVINA ANNE A. HUNTER</b> <small>(Signature of Wife)</small>			
19. CERTIFICATION OF THE SOLEMNIZING OFFICER THIS IS TO CERTIFY THAT BEFORE ME, on the date and place above-written, personally appeared the above-mentioned parties, with their mutual consent, lawfully joined together in marriage which was solemnized by me in the presence of the witnesses named below, all of legal age. I CERTIFY FURTHER THAT: <input checked="" type="checkbox"/> a. Marriage License No. <b>205344</b> issued on <b>December 11, 2015</b> Lilo-an, Cebu in favor of said parties, was furnished to me. <input type="checkbox"/> b. no marriage license was necessary, the marriage being solemnized under Act _____ of Executive Order No. 205. <input type="checkbox"/> c. the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1283.							
<b>JOCELYN G. UY-PO</b> <small>(Signature Over Printed Name of Solemnizing Officer)</small>				<b>Presiding Judge</b> <small>(Position/Designation)</small>			
20. WITNESSES (Print Name and Sign) Additional to Book No. _____ <b>DELL BALCH</b> <b>JUDY EGUIO</b>							
21. RECEIVED BY Signature _____ Name in Print <b>MA-SHEILA P. LINABON</b> Title or Position <b>CLERK</b> Date <b>JAN 14 2016</b>				REGISTERED BY THE CIVIL REGISTRAR Signature _____ Name in Print <b>ELOISE O. CNYOS</b> Title or Position <b>MUNICIPAL CIVIL REGISTRAR</b> Date <b>JAN 14 2016</b>			
REMARKS/ANNOTATIONS (For Local Civil Registrar's Civil Registrar Use Only)							
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR							
4th		4th		5th		5th	
6th		6th		7th		7th	

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*Lisa Grace S. Bersales*  
**LISA GRACE S. BERSALES, Ph.D.**  
National Statistician and Civil Registrar General  
Philippine Statistics Authority



**ANGAT<sup>PA</sup>  
PINAS!**

RDO 080 - ISS

**TIN VERIFIED / UPDATE**

**BUREAU OF INTERNAL REVENUE**

Revenue District No. 080

KRC Building, Subangdaku Mandaue City

**OCT 13 2017**

**TIN VERIFICATION**

Query Results

TIN: 728-833-881-00

NAME: SYLVIA ANNE H. DEUMA

DATE OF BIRTH: APRIL 05, 1995

ADDRESS: MAHAYAHAY II, CATARMAN

LILUAN CEBU

RDO CODE: CE (OSI) PAGA Y

TAXPAYER CLASSIFICATION: local

**GUADA MARIE B. PAYUSAN**

Revenue Officer I

Client Support Section

**BIR AUTHORIZED SIGNATURE**