



REPUBLIC OF THE PHILIPPINES//
Province of Cebu
Municipality of Cordova
Barangay Buagsong
Tel. No. 8887375

OFFICE OF THE PUNONG BARANGAY

BARANGAY CLEARANCE

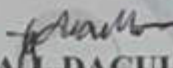
TO WHOM IT MAY CONCERN:

This is to certify that CARISSA FE S. VELEZ is a bonafide resident of Purok DATAG - of Barangay Buagsong, Cordova, Cebu and is known to me in person of good moral character and a law-abiding citizen in this community .

This certifies further that based on records, no civil or criminal case involving moral turpitude is files against him/her .

This clearance is being issued upon the request of the person-mentioned above for **complying EMPLOYMENT** requirement purposes.

Done this 29TH day of JULY, 2024 @ the office of Buagsong, Cordova, Cebu, Philippines.


THELMA J. DACULLO

Secretary to Sanggunian


JOSÉ RAMIE V. ARO

Punong Barangay

O.R. NO. : _____

Amount. : _____

Date : _____



UNIVERSITY *of* SAN CARLOS
SCIENTIA • VIRTUS • DEVOTIO

*To all whom these presents shall come
Greetings*

Be it known that

Carissa Fe Sixta Velez

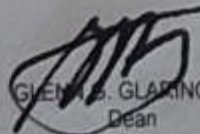
*having satisfactorily completed the prescribed Curriculum, in accordance with the recommendation of the
Faculty, the approval of the Board of Trustees and by Authority of the Government of the Philippines,
has this day been granted the degree of*


Bachelor of Science in Psychology


with all the Rights and Privileges thereunto appertaining.

*In testimony whereof are hereunto affixed the Corporate Seal of the University and the
Signatures of the President, the Vice President for Academic Affairs, and the Dean.*

Given at Cebu City, Philippines, this 22nd day of May 2023.


GLENN S. GLARINO, PhD
Dean


FR. NARCISO A. CELICAN, JR., SVD, DComm
President


ATTY. JOAN S. LARGO, JD, LL.M.
Assistant Vice President for Academic Affairs





MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121329815187
REGISTRATION TRACKING NO.	923278866316

OCCUPATIONAL STATUS UNEMPLOYED/NOT YET EMPLOYED					
MEMBERSHIP CATEGORY Please specify					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME <input type="checkbox"/>
MEMBER	VELEZ	CARISSA FE		SIXTA	<input type="checkbox"/>
FATHER	VELEZ	MORIE		LANGUING	<input type="checkbox"/>
MOTHER (Maiden Name)	SIXTA	SONIA		NUGUIT	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	VELEZ	CARISSA FE		SIXTA	<input type="checkbox"/>
DATE OF BIRTH 01/23/2001	MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)		
PLACE OF BIRTH MANILA, METRO MANILA (NCR)	CITIZENSHIP FILIPINO		SSS NUMBER		
SEX FEMALE	HEIGHT (cm) 180.02	WEIGHT (kg) 54.00	EMPLOYEE NUMBER For AFP/ANP Employee, Serial/Badge No.		
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		For DepEd Employee, Division Code-Station Code		

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 FELIMON NUÑEZ	Cell Phone +63 (0966) 1832500
Subdivision	Barangay BUAGSONG				Business (Direct Line)
Municipality/City CORDOVA	Province/State/Country CEBU, PHILIPPINES				Business (Trunk Line)
ZIP Code 6017					Email Address velez3345@gmail.com
PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot No.	Block No.	Phase No.	
House No.	Street Name FELIMON NUÑEZ	Subdivision		Barangay BUAGSONG	
Municipality/City CORDOVA	Province/State/Country CEBU, PHILIPPINES		ZIP Code 6017		
PREFERRED MAILING ADDRESS			PRESENT HOME ADDRESS		

FREE EYE CHECK-UP

Beside Cashier Counter

RIGHT EYE: *10/10*

LEFT EYE: *10/10*

Polyclinics & Diagnostic Center, Inc.
M Centrale, A. Soriano Jr. Ave., NRA, Mabolo, Cebu City
2-2273/266-3245
alpha.ph

SERVICE ORDER



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

*WITH MENSES, PLEASE COME
DATE SCHEDULED 8/10/24
OTHERWISE YOU WILL HAVE TO
PAY P*

Priority No.	0010
SC No.	470142
S.O. Date	08/05/2024
Terms	30 Days
Amount Due	₱800.00

PATIENT INFORMATION

PATIENT ID : 103805
 PATIENT NAME : VELEZ, CARISSA FE, SIXTA
 PATIENT ADDRESS : Buagsong, Cordova, Cebu
 MOBILE NO. : 0966 183 2500
 EMAIL ADDRESS : velez3345@gmail.com
 REQUESTING PHYSICIAN :
 COMPANY/REFERRED BY : IPLOY STAFFING SOLUTIONS
 RESULT DELIVERY : DELIVERY

GENDER : Female
 BIRTHDATE : 01/23/2001
 AGE : 23
 CIVIL STATUS : Single
 SC/PWD ID :
 HMO CARD NO. :
 PATIENT STATUS : FOR EMPLOYMENT

CODE	PARTICULARS/PROCEDURE	QTY	UNIT PRICE	AMOUNT
P127	IPLOY PEME <i>PE</i> , CHEST PA, CBC, UA, <i>SEWAINED</i> DRUG TEST (NOTE: PLEASE COMPLY ALL THE FOLLOWING TEST WITHIN THIS DAY, OTHERWISE YOU WILL PAY IT WITH YOUR OWN EXPENSE UPON NEXT AVAILMENT.)	1.00	800.00	800.00

*BIDMETRICS DONE
DATE: 8/05/24*

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]*

Signature Over Printed Name

VALIDATED

BY: *[Signature]*
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.



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



12-051657447-5

VELEZ, CARISSA FE SIXTA

JANUARY 23, 2001 - FEMALE

FELIMON NUÑEZ, BUAGSONG, CORDOBA, CEBU -
6017



Signature

CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.

EMMANUEL R. LEDESMA, JR.

Acting President and Chief Executive Officer (CEO)



Multiple Form No. 100
(Revised February 1992)
(To be accomplished in quadruplicate)

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 3, 5a, 6b and 19a.)

REMARKS/ANNOTATION

LATE REGISTRATION

Province RCR Registry No. 2001-82458
City/Municipality MANILA

1. NAME (First) (Middle) (Last)
CARISSA FE SIXTA VELEZ

2. SEX 1 Male X 2 Female 3. DATE OF BIRTH (day) (month) (year)
23 January 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
MANILA DOCTORS HOSPITAL 667 UNITED NATIONS AVENUE MANILA

5a. TYPE OF BIRTH X 1 Single 2 Twin 3 Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS
1 First 2 Second 3 Others, Specify

c. BIRTH ORDER (Five births and fetal deaths including this delivery) (first, second, third, etc.)
Fourth d. WEIGHT AT BIRTH
2,275 grams

6. MOTHER'S NAME (First) (Middle) (Last)
SONIA NUGUIT SIXTA

7. CITIZENSHIP Filipino 8. RELIGION Catholic

9a. Total number of children born alive: 4 b. No. of children still living including this birth: 4 c. No. of children born alive but are now dead: 0

10. OCCUPATION Housewife 11. Age at the time of this birth: 38 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Bay. 649 Zone 68 Blk.17 Bagong Lupa, Port Area, Manila

13. NAME (First) (Middle) (Last)
MORIE LANGUING VELEZ

14. CITIZENSHIP Filipino 15. RELIGION Catholic

16. OCCUPATION Government Employee 17. Age at the time of this birth: 41 years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
December 01, 1992 - Manila City Hall

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife 4 Healer (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 2:48 PM o'clock am/pm on the date stated above.

Signature Mario Bautista Address 676 Manila Doctors Hospital 667 U.N. Avenue, Manila
Name in Print MARIO BENITO BAUTISTA, MD. Date July 04, 2001
Title or Position Attending Obstetrician

20. INFORMANT
Signature Sonia Velez Address 649 Zone 68 Blk.17 Bagong Lupa, Port Area, Manila
Name in Print SONIA S. VELEZ Date July 04, 2001
Relationship to the child Mother

21. PREPARED BY
Signature Santiago C. Daza
Name in Print SANTIAGO C. DAZA
Title or Position Registrar Date July 04, 2001
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature Gloria C. Pagdigan
Name in Print GLORIA C. PAGDIGAN
Title or Position CIVIL REGISTRAR Date July 04, 2001

FOR OCRS USE ONLY:
Population Reference No. _____
TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
41 20010201
42
43
44 200101
45 29087
46
47
48 01 22 22
49
50
51
52 2 1 1
53 2 1 1
54 3350
55
56

06989-G7-400JRA-02081-BI004
BEST POSSIBLE IMAGE



T400069894000208102192019004

CH700186198

BREN
03908-801BP3M-9

Documentary
Stamp Tax Paid

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





For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/our knowledge and belief.

_____ (Signature of Father)	_____ (Signature of Mother)
Community Tax No. _____	Community Tax No. _____
Date Issued _____	Date Issued _____
Place Issued _____	Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ at _____, Philippines.

_____ (Signature of Administering Officer)	_____ (Title/Designation)
_____ (Name in Print)	_____ (Address)

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, SONIA SIXTA VELEZ, of legal age, single/married and with residence and postal address Apoy, 649 Zone 68 Blk. 17 Bagong Lupa, Port Area, Manila, after having been duly sworn to in accordance with law, do hereby depose and say:

- That I am the applicant for the delayed registration of my birth/of the birth of CARISSA FE SIXTA VELEZ
- That I/he/she was born on January 23, 2001 at Manila Doctors Hospital
- That I/he/she was attended at birth by MARIO BENITO BAUTISTA, MD who resides at c/o Manila Doctors Hospital 667 U.N. Avenue, Manila
- That I/he/she is a citizen of the Philippines
- That my/his/her parents were married on December 01, 1992 Manila City Hall
 not married but was acknowledge by my/his/her father whose name is _____
- That the reason for the delay in registering my/his/her birth was due to _____
- That a copy of my/his/her birth certificate is needed for the purpose of Registration
- (For the applicant only) That I am married to _____
 (For the father/mother/guardian) That I am the Mother of the said person.

Sonia Velez
(Signature of Affiant)

Community Tax No. 08257487
Date Issued July 06, 2001
Place Issued Manila

SUBSCRIBED AND SWORN to before me, this _____ day of _____, _____ at _____, Philippines.

ATTY. R. S. BASCO
(Title/Designation)

(Signature of Administering Officer)

(Name in Print)

06989-38-400JRA-02081-BI003

BEST POSSIBLE IMAGE



7400069894000208102192019003

CN200186196

BReN
03908-B01BP3M-9

Documentary
Stamp Tax Paid

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



