



Republic of the Philippines  
Province of Cebu  
Municipality of Tabogon  
**BARANGAY TAPUL**



## **OFFICE OF THE PUNONG BARANGAY**

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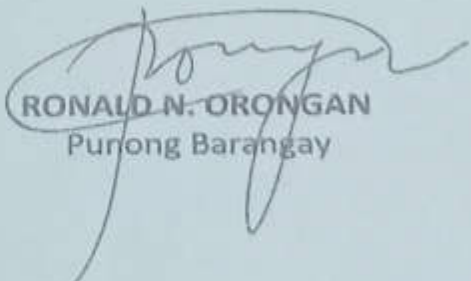
### **CERTIFICATION**

TO WHOM IT MAY CONCERN:

This is to certify that **JAY MARIE A. PRESBITERO, 22** years of age, single, is a bonafide resident of Purok Tisa, Tapul, Tabogon, Cebu known to me as a person of good moral character, peaceful, and law abiding citizen in this community.

This certification is being issued upon the request of the above mentioned person as FIRST TIME JOB SEEKER.

Done this **30<sup>th</sup>** day of **July, 2024** at Tapul, Tabogon, Cebu, Philippines.

  
**RONALD N. ORONGAN**  
Punong Barangay

Paid Under OR No.: 4499306  
Amount paid: 70.00  
Issued On: 07-30-24  
Issued At: Tapul, Tabogon, Cebu



BUREAU OF INTERNAL REVENUE  
REVENUE DISTRICT NO. 081  
CEBU CITY NORTH  
CLIENT SUPPORT SECTION  
TIN VERIFICATION SLIP

TIN: 640-895-844-00

LAST NAME: PRESBITERO

FIRST NAME: JAY MARIE

MIDDLE NAME: ANTOLINJAO

DATE OF BIRTH: NOV. 13, 2001

ADDRESS: PURUK TISA, TAPUL TABOGON

RDO: CEBU  
081

TAXPAYER

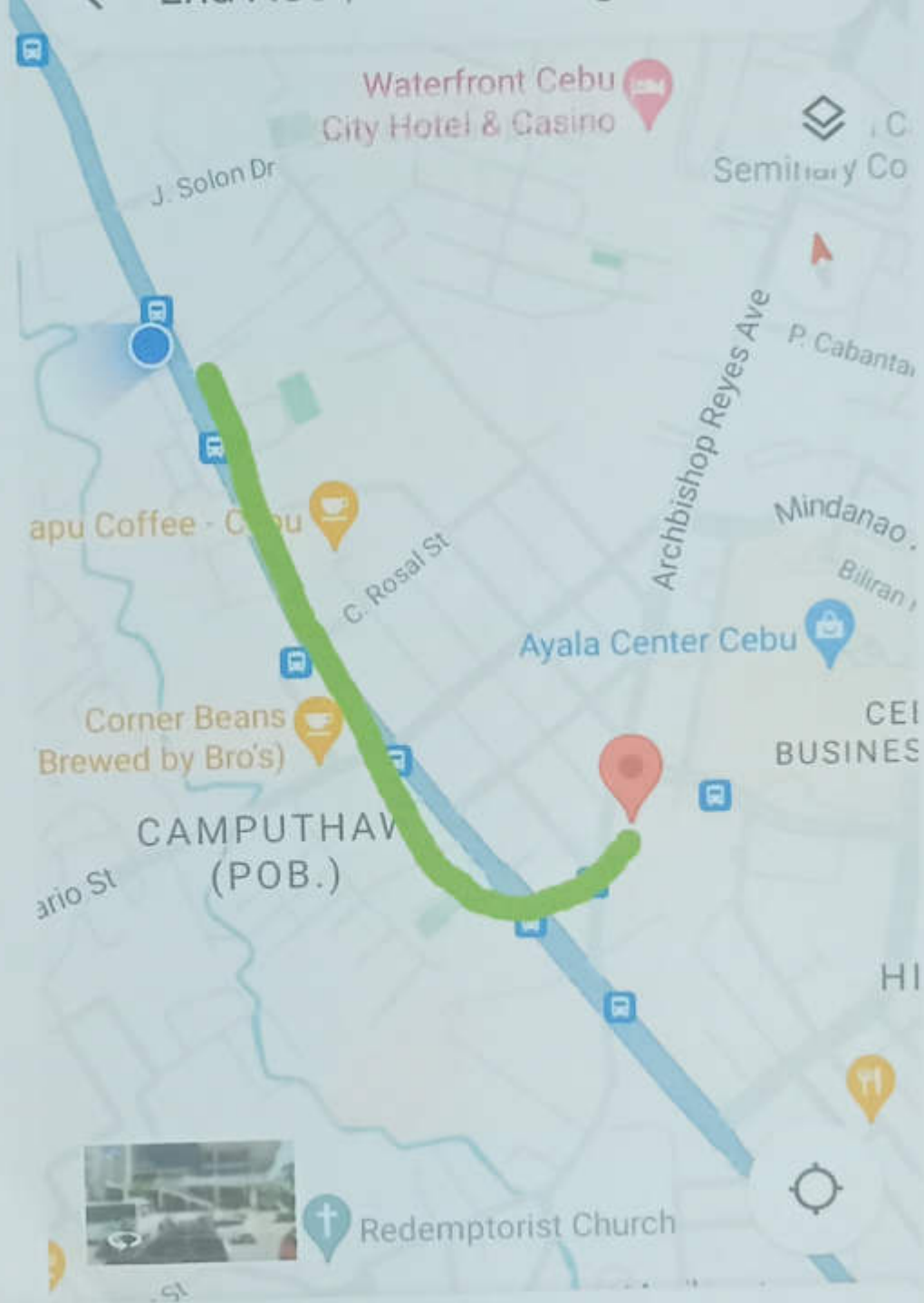
CLASSIFICATION: EB 1st

BIR Authorized Signature

**NOTE: PLEASE READ/ PALIHUG BASAHA**

Please present BIRTH CERTIFICATE or ID or any  
Document showing NAME and BIRTHDATE

← 2nd Floor, One Montage, Uni... X



One Montage

Directions

Start

Directory





# MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER	121308611492
REGISTRATION TRACKING NUMBER	922273869022

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	PRESBITERO	JAY MARIE		ANTOLUAD	<input type="checkbox"/>
FATHER	PRESBITERO	JERRY		ETULLE	<input type="checkbox"/>
MOTHER (Maiden Name)	ANTOLIJAO	ALICE		BONGO	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	PRESBITERO	JAY MARIE		ANTOLUAD	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
11/13/2001	Single/Unmarried				
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER		
TABOGON, CEBU	FILIPINO		GSIS NUMBER		
SEX	HEIGHT(cm.)	WEIGHT(kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	0.00	0.00			
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER		
			For AFP/PNP Employee: Serial/Badge No.		
			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	Cell Phone
					+63 (0955) 9000524
Subdivision		Barangay			Business (Direct Line)
Municipality/City		Province/State/Country			Business (Trunk Line)
TABOGON		CEBU, PHILIPPINES			Email Address
ZIP Code					jaymarie.presbitero@gmail.com
6009					
PRESENT HOME ADDRESS					
Unit/Room No. / Floor		Building Name		Lot no.	Block no.
				Phase No.	
House No.		Street Name		Barangay	
				TAPUL	
Municipality/City		Province/State/Country		ZIP Code	
TABOGON		CEBU, PHILIPPINES		6009	
PREFERRED MAILING ADDRESS		PERMANENT HOME ADDRESS			



Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

8/F, Golden Peak Tower, Gorordo Ave., cor. Escario St., Cebu City 6000

Healthline (032) 233 7407 (032) 233 7523 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)

14 October 2022

Member Name : **PRESBITERO , JAY MARIE ANTOLIJAO**  
Member Address : **TAPUL, TABOGON, CEBU 6009**

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 : **1202-6093-5815**

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,

MARJORIE A. CABRIETO  
REGIONAL VICE PRESIDENT  
PRO - VII Cebu City

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

# ACADEMIC AWARDEE



Republic of the Philippines  
**CEBU TECHNOLOGICAL UNIVERSITY**  
DAANBANTAYAN CAMPUS  
TABOGON EXTENSION  
Poblacion, Tabogon, Cebu



BAGONG PILIPINAS

## CERTIFICATE OF RECOGNITION

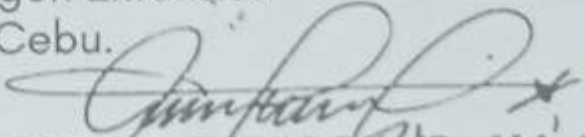
*is awarded to*

# JAY MARIE A. PRESBITERO

for her excellent performance as **Magna Cum Laude** upon completion of the program Bachelor of Technology and Livelihood Education Major in Home Economics for the Academic Year 2023-2024.

Given this 24th day of July 2024 at Cebu Technological University  
Daanbantayan Campus Tabogon Extension  
Poblacion, Tabogon, Cebu.

  
**RICKY T. DERECHO, Ph. D.**  
Acting Dean, Students Affairs and Services

  
**FELIXBERTO T. LUCABON, JR., MA, Pol. Sci.**  
Dean of Instruction

  
**ROLINA C. PARAN, Ph. D.**  
Campus Director, Tabogon Extension



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

MO0019IW202209300937 Date/Time Generated: 30 September 2022 04:41:27 PM

SS NUMBER <b>06-4484161-2</b>					
<b>NAME</b>					
(LAST NAME) <b>PRESBITERO</b>	(FIRST NAME) <b>JAY MARIE</b>	(MIDDLE NAME) <b>ANTOLIJAO</b>			
<b>FACTS OF BIRTH</b>					
DATE OF BIRTH (MMDDYYYY) <b>11132001</b>	PLACE OF BIRTH (CITY/MUNICIPALITY) <b>TABOGON</b>	(PROVINCE/STATE) <b>CEBU</b>	COUNTRY <b>PHILIPPINES</b>	SEX <b>FEMALE</b>	
FATHER'S NAME (LAST NAME) <b>PRESBITERO</b>	(FIRST NAME) <b>JERRY</b>	(MIDDLE NAME) <b>ETULLE</b>			
MOTHER'S MAIDEN NAME (LAST NAME) <b>ANTOLIJAO</b>	(FIRST NAME) <b>ALICE</b>	(MIDDLE NAME) <b>BONGO</b>			
<b>DEMOGRAPHIC DATA</b>					
HOME ADDRESS (PBA FLR UNIT NO. & BLDG. NAME or HOUSELOT NO. & BLK. NO.) (STREET NAME) (SUBDIVISION)					
(BARANGAY/DISTRICT/LOCALITY) <b>TAPUL</b>	(CITY/MUNICIPALITY) <b>TABOGON</b>	(PROVINCE) <b>CEBU</b>	POSTAL CODE <b>6007</b>	COUNTRY CODE <b>0063</b>	
CIVIL STATUS <b>SINGLE</b>	HEIGHT (in centimeters) <b>156</b>	WEIGHT (in kilograms) <b>48</b>	DISTINGUISHING FEATURES	NATIONALITY <b>FILIPINO</b>	RELIGION <b>CHRISTIAN</b>
<b>OTHER CARD APPLICANT DATA</b>					
TELEPHONE NUMBER (AREA CODE - TEL. NO.)	MOBILE NUMBER <b>(0955) 900-0524</b>	EMAIL ADDRESS <b>jaymariepresbitero@gmail.com</b>			
<b>DEPENDENT(S)/BENEFICIARY/IES</b>					
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					
2					
<b>FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE</b>					
<b>SELF-EMPLOYED (SE)</b>		<b>OVERSEAS FILIPINO WORKER (OFW)</b>		<b>NON-WORKING SPOUSE (NWS)</b>	
Profession/Business		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started				_____	
Monthly Earnings		Monthly Earnings Are you applying for membership in the Flood Fund Program?		Monthly Income of Working Spouse (P): _____	
		<input type="checkbox"/> yes <input type="checkbox"/> no			
<b>PURPOSE OF APPLICATION</b>					
PURPOSE <b>FOR EMPLOYMENT / PRIOR REGISTRANT</b>		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
<b>UMID CARD APPLICATION WITH ATM OPTION</b>					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)			(BANK BRANCH)		
<b>CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION</b>					
1. I certify that the information provided are true and correct. 2. I hereby consent to: • the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/issuance 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. 3. I trust that all these data shall be kept confidential by SSS and its service providers and my bank. 4. 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.					

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

(To be accomplished in quadruplicate)  
Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate number in items 2, 5a, 5b and 10a.)

Province CEBU Registry No. 2001-914  
City/Municipality Tabogon

REMARKS/ANNOTATION

1. NAME (First) (Middle) (Last)  
ALICIA

For OCSG USE ONLY:  
Population Reference No.

2. SEX 1 Male X 2 Female  
3. DATE OF BIRTH (day) (month) (year)  
12 NOVEMBER 2001 (City/Municipality) (Province)

TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/  
House No., Street, Barangay) (City/Municipality) (Province)  
DOMINA TABOGON CEBU

41 25166914

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

42 7

c. BIRTH ORDER (live births and fetal deaths  
including this delivery)  
(First, second, third, etc.) 3005 grams  
d. WEIGHT AT BIRTH

43 2 1371191

6. MAIDEN NAME (First) (Middle) (Last)  
ALICE

44 72483

7. CITIZENSHIP PHILIPPINE B. RELIGION CATHOLIC

8a. Total number of children born:  
Civil Registrar 1  
b. No. of children still living including this birth: 1  
c. No. of children born alive but are now dead: 0

45 913355

10. OCCUPATION HOUSEWIFE 11. Age at the time of this birth: 00 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)  
HOUSEWIFE TABOGON CEBU

46 1 1

13. NAME (First) (Middle) (Last)  
ALICE

14. CITIZENSHIP PHILIPPINE 15. RELIGION CATHOLIC

16. OCCUPATION HOUSEWIFE 17. Age at the time of this birth: 21 years

47 91 91 96

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

48 220 22

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

49 22033

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 12:00P o'clock  
any part on the date stated above.

50 1 1

Signature Jelyn Androsos Address SCHOOL, TABOGON, CEBU  
Name in Print JELYN ANDROSOS Date NOVEMBER 21, 2001  
Title or Position DR

51 X10 21

20. INFORMANT  
Signature Serry Presbitero Address SCHOOL, TABOGON, CEBU  
Name in Print JERRY PRESBITERO Date NOVEMBER 21, 2001  
Relationship to the child FATHER

52  000220

21. PREPARED BY  
Signature [Signature]  
Name in Print SONIA P. MARO  
Title or Position CIVIL REGISTRAR CLERK  
Date NOVEMBER 21, 2001

53 3

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature [Signature]  
Name in Print RODRIGO S. POTOS  
Title or Position ASST. CIVIL REGISTRAR  
Date NOVEMBER 23, 2001

LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS GERRY E. PRESBITERO AND ALICE B. ANTOLIJAO ON JANUARY 24, 2002 AT TABOGON, CEBU UNDER REGISTRY NUMBER 2004-121. THE CHILD SHALL BE KNOWN AS: JAY MARIE ANTOLIJAO PRESBITERO

US. EDITHA R. ORCILLA  
Chief, Document Management Division

05042-87-004JCD-00015-BI006

BRaN  
02248-B01WD01-9

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



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