



Logout



Head Office Details

Taxpayer Identification Number**(TIN): 635764362****Registered Name: MARY****MELLENINE UNABIA FLORES****Branch Code: 00000****RDO Code: RDO083 - TALISAY,****CEBU**

Generated Digital TIN ID History



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Profile



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Republic of the Philippines
SOCIAL SECURITY SYSTEM

SS NUMBER SLIP

06-4569536-2

MARY MELLENINE, FLORES

10/13/1999



06-4569536-2 MARY MELLENINE, FLORES





Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

Copy for OCRG

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 2, 6a, 5b and 7b.)

Province CEBU
City/Municipality MINJANILLA Registry No. 99-1992

1. NAME (First) (Middle) (Last)
MARY MELLENIENE UNABIA

2. SEX Male Female 3. DATE OF BIRTH (Day) (month) (year)
13TH OCTOBER 1999

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province)
MINJANILLA DISTRICT HOSPITAL MINJANILLA CEBU

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

c. BIRTH ORDER (live births and fetal deaths including this delivery) FIRST (first, second, third, etc.) d. WEIGHT AT BIRTH
2907 grams

6. MAIDEN NAME (First) (Middle) (Last)
EDWINA PALANGA UNABIA

7. CITIZENSHIP FILIPINO 8. RELIGION ROMAN CATHOLIC

9a. Total number of children born alive 1 b. No. of children still living including this birth 1 c. No. of children born alive but are now dead 0

10. OCCUPATION FACTORY WORKER 11. Age at the time of this birth 19 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
LIPATA MINJANILLA CEBU

13. NAME (First) (Middle) (Last) (UNDERWRITE)
14. CITIZENSHIP n/a 15. RELIGION n/a

16. OCCUPATION n/a 17. Age at the time of this birth n/a years

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

19a. ATTENDANT Physician Nurse Midwife 2 - Nurse 3 - Midwife 5 - Others (Specify) _____

19b. CERTIFICATION OF BIRTH (I hereby certify that I attended the birth of the child who was born alive at 9:50 a.m. o'clock on the date stated above.)
Name in Full BENJAMIN B. MACARIG, M.D. Address MINJANILLA DISTRICT HOSPITAL
Title or Position RESIDENT PHYSICIAN Date OCTOBER 14, 1999

20. INFORMANT Signature Edwina P. Unabia Address LIPATA, MINJANILLA, CEBU
Name in Full EDWINA P. UNABIA Date OCTOBER 14, 1999
Relationship to the child MOTHER

21. PREPARED BY Signature Rogelio O. Tangararang, R.M.
Name in Full ROGELIO O. TANGARANG, R.M.
Title or Position REGISTERED MIDWIFE
Date OCTOBER 14, 1999

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature VENIETA P. JAKOSAYE
Name in Full VENIETA P. JAKOSAYE
Title or Position REGISTERED CIVIL REGISTRAR
Date 11-8-99

REMARKS/ANNOTATION

For OCRG USE ONLY: Population Reference No. 22 22 1999 032-3

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

81 99101796

82 1

83 2 131199

84 2 2 3 2 2

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86 01 2807

87 1 1

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90 2 2 2 2

91 1 1

92 1 1

93 1 1

94 1



SID: 0664106144CA2E1C01FC8888ED56FC0917F0C

MR. BENJAMIN B. MACARIG
Civil Registrar
11/25/2013 02:38:16 PM

LEGITIMATED BY VIRTUE OF SUBSEQUENT MARRIAGE OF PARENTS (JOMAR L. FLORES AND EDWINA P. UNABIA) ON SEPTEMBER 27, 2002 AT CEBU CITY. HENCEFORTH, THE CHILD SHALL BE KNOWN AS: MARY MELLENIENE UNABIA FLORES

EXEMPTED

07564-A2-402ALL-00171-BI005

BEST POSSIBLE IMAGE



02075644020017109162020005
400212089

BReN

02232-A99VD03-7

Documentary
Stamp Tax Paid

CSM

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



UC university of cebu

to all persons to whom these presents shall come

Greetings

Be it known that the Board of Trustees, by authority of the Republic of the Philippines, and on recommendation of the Faculty, has conferred upon


Mary Mellenine U. Flores

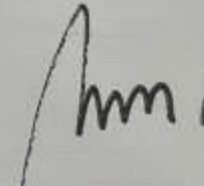
who has fulfilled all the requirements therefor, the degree of

BACHELOR OF ARTS

with all the rights, honors, and privileges as well as the obligations and responsibilities thereunto appertaining.

In testimony whereof, we have hereto subscribed our names and affixed the seal of the School in Cebu City, Philippines, this 31st day of May, 2022.


DR. GLORIA C. CUEVAS
Dean


ATTY. AUGUSTO W. GO, Ed. D.
President

AUTONOMOUS STATUS
EXEMPTED FROM S.O



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121318749379
REGISTRATION TRACKING NO.	923114258553

OCCUPATIONAL STATUS: EMPLOYED

MEMBERSHIP CATEGORY: EMPLOYED - PRIVATE Please specify

PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	FLORES	MARY MELLENE		UNABIA	<input type="checkbox"/>
FATHER	FLORES	JOMAR		LLAMAS	<input type="checkbox"/>
MOTHER (Maiden Name)	UNABIA	EDWINA		PALANGA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	FLORES	MARY MELLENE		UNABIA	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
10/13/1999	Single/Unmarried				
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER		
MINGLANILLA, CEBU	FILIPINO		GSIS NUMBER		
SEX	HEIGHT (cm)	WEIGHT (kg)	EMPLOYEE NUMBER		
FEMALE	154.00	40.00	For AFP/PNP Employee, Serial/Badge No.		
COMMON REFERENCE NUMBER (CRN)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		For DepEd Employee, Division Code-Station Code		

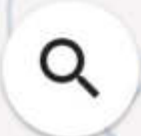
ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS				COUNTRY + AREA CODE + TELEPHONE NUMBER	
Unit/Room No., Floor	Building Name		Home		
Lot No., Block No., Phase No.	House No.	Street Name		Cell Phone	
		PUROK CANDLE		+63 (0906) 4404869	
Subdivision	Barangay		Business (Direct Line)		
	LIPATA				
Municipality/City	Province/State/Country		Business (Trunk Line)		
MINGLANILLA	CEBU, PHILIPPINES				
ZIP Code			Email Address		
6046			marymelflores@gmail.com		
PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.			
House No.	Street Name	Subdivision	Barangay		
	PUROK CANDLE	LIPATA			
Municipality/City	Province/State/Country		ZIP Code		
MINGLANILLA	CEBU, PHILIPPINES		6046		
PREFERRED MAILING ADDRESS	PRESENT HOME ADDRESS				

BULACAO

○ Gaisano Grand Fiestamall



● Your location



Cebu S Rd

Cebu Appliance Center
Talisay-Tabunok Branch

7-Eleven

23 min

ok Barangay Hall

Arb...s Bakesh...

Dawis Rd

CG Academy Sparta

29 min

