



Multiple Form No. 102
(Revised January 1993)

(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 2, 5a, 5b and 15a.)

REMARKS/ANNOTATION

Province NCR
City/Municipality QUEZON CITY

Registry No. 2005-6277

1. NAME (First) (Middle) (Last)
JOHN PAUL CRANOPIA

2. SEX X 1 Male 2 Female
3. DATE OF BIRTH (day) (month) (year)
12 AUG 2003

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
EAST AVE. MEDICAL CENTER Q.C.

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 (the births and fetal deaths including this delivery)
FIRST (first, second, third, etc.)
d. WEIGHT AT BIRTH
2825 grams

6. MAIDEN NAME (First) (Middle) (Last)
SHEILPA BARANA CRANOPIA

7. CITIZENSHIP FILIPINO
8. RELIGION CATHOLIC

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

10. OCCUPATION BUSINESS WOMAN
11. Age at the time of this birth: 29 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
97 HAIN AVE. Brgy. SOCCERO Q.C.

13. NAME (First) (Middle) (Last)
MATHANIEL RODRIGUEZ CAPRAL

14. CITIZENSHIP FILIPINO
15. RELIGION Catholic

16. OCCUPATION TEACHER
17. Age at the time of this birth: 35 years

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

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 _____
am/pm on the date stated above.

Signature: [Signature] Address: FANC
Name in Print: MARCELO C. SALLA
Title or Position: MC Date: 5/15/03

20. INFORMANT
Signature: [Signature] Address: 97 HAIN AVE
Name in Print: SHEILPA CRANOPIA
Relationship to the child: MOTHER Date: 8-12-03

21. PREPARED BY
Signature: [Signature]
Name in Print: MARCELO C. SALLA
Title or Position: MC
Date: 8-12-03

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature: [Signature]
Name in Print: [Name]
Title or Position: [Title]
Date: [Date]

REGISTRATION
PREVIOUSLY REGISTERED

For OCRG USE ONLY:
Population Reference No.

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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08332-26-400GQC-00761-BI002

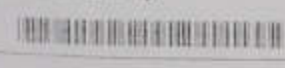
BReN
07404-B03QC35-1

CDSM

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



Documentary
Stamp Tax Paid



For births before 3 August 1985/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We, Walpa C Satka and NATHANIEL CATRAL 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/my knowledge and belief.

[Signature]
(Signature of Father)

[Signature]
(Signature of Mother)

Community Tax No. 01591541

Community Tax No. 03492129

Date Issued 5-26-03

Date Issued 6-27-03

Place Issued MANILA

Place Issued A.C.

SUBSCRIBED AND SWORN to before me this 06 day of June, Philippines.

DOC. NO. 620
PAGENO. 01
(Signature of Administering Officer)
SERIES OF 200 5
(Name in Print)

[Signature]
LINO B. SORIANO
NOTARY PUBLIC (Title/Designation)
ROLL NO. 19158-3-9-64
UNTIL DECEMBER 31 2005
P.O. BOX 10000 (Address)
IBP- 617525 /O.C

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, NATHANIEL CATRAL, of legal age, single/married and with residence and postal address at 92 MAIN AVE after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of JOHN PAUL DANBIA
2. That I/he/she was born on Aug 12, 2003 at E.A.M.C.
3. That I/he/she was attended at birth by WALPA C SATKA who resides at E.A.M.C - Q.C.
4. That I/he/she is a citizen of PHILIPPINES
5. That my/his/her parents were married on _____ at _____ not married but was acknowledge by my/his/her father whose name is NATHANIEL CATRAL
6. That the reason for the delay in registering my/his/her birth was due to CHANGE
7. That a copy of my/his/her birth certificate is needed for the purpose of OF RESIDENCE
8. (For the applicant only) That I am married to _____ (For the father/mother/guardian). That I am the FATHER of the said person.

[Signature]
(Signature of Affiant)
Community Tax No. 01591541
Date Issued 5-26-03
Place Issued MANILA

SUBSCRIBED AND SWORN to before me this 06 day of June, Philippines.

DOC. NO. 201
(Signature of Administering Officer)
BOOK NO. 01
(Name in Print)

[Signature]
LINO B. SORIANO
NOTARY PUBLIC (Title/Designation)
ROLL NO. 19158-3-9-64
UNTIL DECEMBER 31 2005
P.O. BOX 10000 (Address)
IBP- 617525 /O.C

08332-26-400GQC-00761-B1002
BEST POSSIBLE IMAGE



BReN
07404-B03QC35-1
Documentary
Stamp Tax Paid

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



UNIVERSITY OF CEBU

B A N I L A D C A M P U S

PAYMENT SUMMARY CERTIFICATION

This is to certify that **ORNOPIA, JOHN PAUL** is officially enrolled in this institution during 2ND Semester 2022-2023 as BSHM-1 student. Below was his/her assessment and payments made.

Reference No	Date	Debit	Credit	Balance
ASSMNT	01/17/2023	35,252.00		35,252.00
01720871	01/17/2023		500.00	34,752.00
01744871	03/02/2023		8,310.00	26,442.00
AI	03/21/2023	100.00		26,542.00

This certify further that the above student has outstanding balance of P 26,542

This certification is issued for whatever legal purpose this may serve.

Cebu City, Cebu, Philippines, AUGUST 22, 2024.

For check payment, please make check payable to:
UNIVERSITY OF CEBU-BANILAD, INC.

Prepared by:

[Signature]
ORIEL VISMANOS JR.
Acctg. Staff



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NUMBER:	121323405109
REGISTRATION TRACKING NUMBER:	923192677791

OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	ORNOPIA	JOHN PAUL			<input checked="" type="checkbox"/>
FATHER	CATRAL	NATHANIEL		RODRIGUEZ	<input type="checkbox"/>
MOTHER (Maiden Name)	ORNOPIA	SHEILDA		BADANA	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ORNOPIA	JOHN PAUL			<input checked="" type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)		
08/12/2003	Single/Unmarried				
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER		
MANDAUE CITY, CEBU	FILIPINO		0645180575		
SEX	HEIGHT (cm.)	WEIGHT (kg.)	PROMINENT DISTINGUISHING FACIAL FEATURES		
MALE	172.00	75.00			
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		
1	COMPOUND				
Lot No.	Block No.	Phase No.	House No.	Street Name	Cell Phone
			1	HERNAN CORTES	
Subdivision	Barangay		Business (Direct Line)		
	CABANCALAN				
Municipality/City	Province/State/Country		Business (Toll Free Line)		
MANDAUE CITY	CEBU, PHILIPPINES				
ZIP Code	Email Address				
6014	ornopia633@gmail.com				
PRESENT HOME ADDRESS					
Unit/Room No., Floor	Building Name		Let no.	Block no.	Phase No.
1	COMPOUND				
House No.	Street Name		Subdivision		
1	HERNAN CORTES		CABANCALAN		
Municipality/City	Province/State/Country		ZIP Code		
MANDAUE CITY	CEBU, PHILIPPINES		6014		
PREFERRED MAILING ADDRESS			PRESENT HOME ADDRESS		

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.

A U M A

ORIGINAL DOC SEEN

BY: _____

DATE: 09/21/22

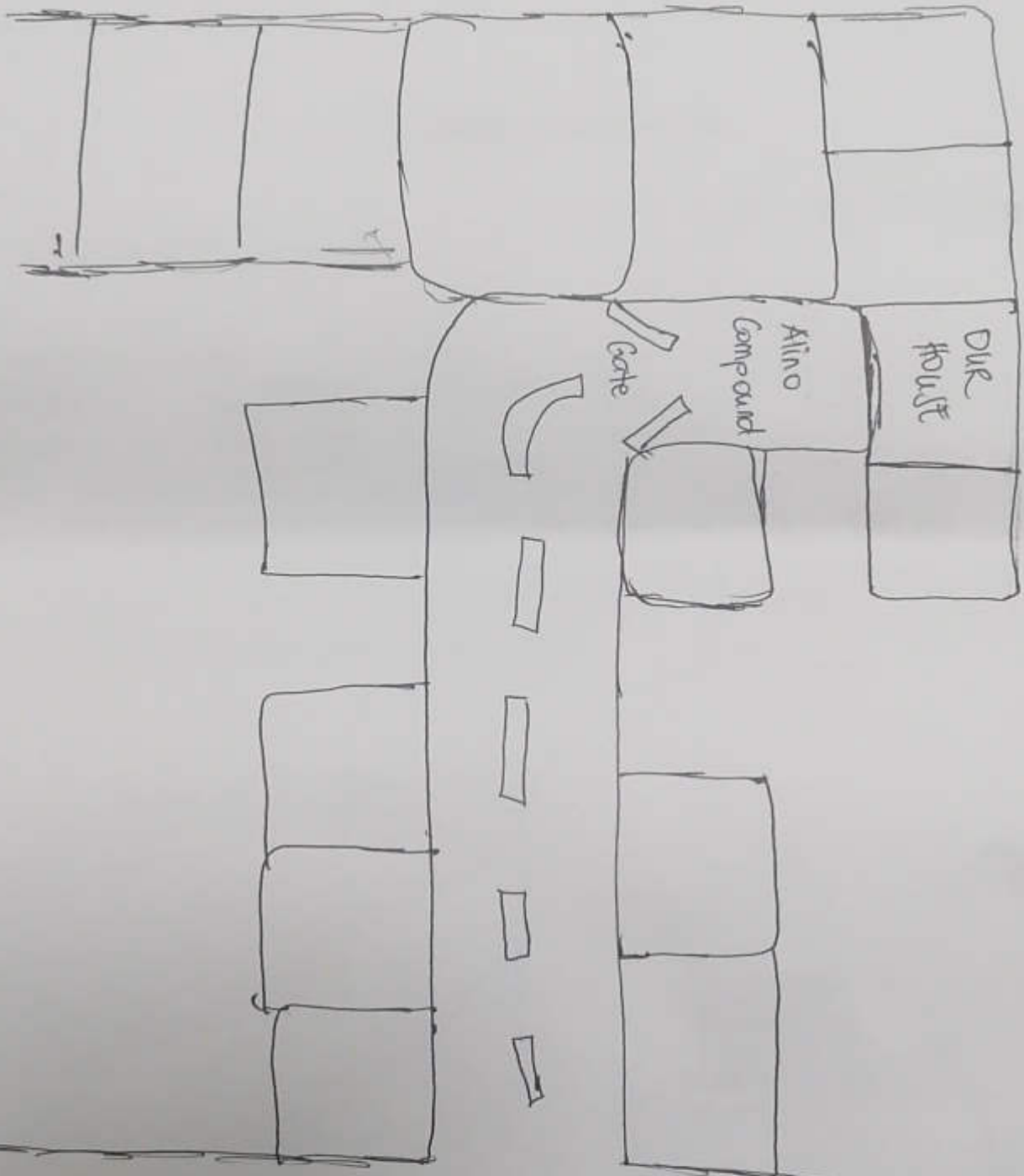
DAUE MS BRANCH



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

MO0272IW202307094392 Date/Time Generated: 09 July 2023 06:30:19 PM

SS NUMBER		06-4618057-5			
NAME					
(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)		
ORNOPIA	JOHN PAUL				
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY)	PLACE OF BIRTH (CITY/MUNICIPALITY)	(PROVINCE/STATE)	(COUNTRY)	SEX	
08122003	QUEZON CITY	METRO MANILA	PHILIPPINES	MALE	
FATHER'S NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)		
CATRAL	NATHANIEL	RODRIGUEZ	1ST		
MOTHER'S MAIDEN NAME (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)		
ORNOPIA	SHEILDA	BADANA	1ST		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM, FLR, UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.)		(STREET NAME)		(SUBDIVISION)	
UNIT 1 ALINO COMPOUND		HERNAN CORTES STREET			
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALITY)	(PROVINCE)	POSTAL CODE	COUNTRY CODE	
CABANCALAN	MANDAUE CITY	CEBU	6014	0063	
CIVIL STATUS	HEIGHT (IN CENTIMETERS)	WEIGHT (IN KILOGRAMS)	DISTINGUISHING FEATURE/S	NATIONALITY	RELIGION
SINGLE	172	75		FILIPINO	CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER	EMAIL ADDRESS			
	(0926) 656-5848	Ornopiaj635@gmail.com			
DEPENDENT(S)/BENEFICIARY/IES					
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					
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE					
SELF-EMPLOYED (SE)		OVERSEAS FILIPINO WORKER (OFW)		NON-WORKING SPOUSE (NWS)	
Profession/Business		Foreign Address		SS No./Common Reference No. of Working Spouse	
Year Prof./Business Started				<input type="text"/> <input type="text"/>	
Monthly Earnings		Monthly Earnings		Monthly Income of Working Spouse (P)	
		Are you applying for membership in the Flex-Fund Program?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
PURPOSE OF APPLICATION					
PURPOSE		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
FOR EMPLOYMENT / PRIOR REGISTRANT					
UMID CARD APPLICATION WITH ATM OPTION					
<input checked="" type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)		(BANK BRANCH)			
UNION BANK OF THE PHILIPPINES		UNIONBANK			
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
1. I certify that the information provided are true and correct. 2. I hereby consent to: <ul style="list-style-type: none"> the collection, data capture, storage, biometric matching and the retention of my personal data for the generation/updating 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.					



HERNAN CORTES ST