



Form No. 102
 NATIONAL BUREAU OF STATISTICS
 OFFICE OF THE CIVIL REGISTRAR GENERAL
 Republic of the Philippines
CERTIFICATE OF LIVE BIRTH
 This certificate, when duly filled out and submitted to the Office of the Civil Registrar General, shall be a valid proof of the date and place of birth of the child named therein.

REMARKS/ANNOTATION

Province City/Municipality	Cebu City		Registration No.	102-102-102-102-102
1. NAME	First Name DENISE	Middle Name MARCOLENE	Last Name SERRANO JR.	FOR OFFICIAL USE ONLY Registration Reference No.
2. SEX	Female	3. DATE OF BIRTH	9 DECEMBER 1994	
4. PLACE OF BIRTH	HOSPITAL NG TONDO TI			
5a. TYPE OF BIRTH	b. IF MULTIPLE BIRTH, CHILD WAS			
1 Single	1 First			
2 Twins	2 Second			
3 Triplets	3 Others, Specify			
6. BIRTH ORDER (Last birth and total number including this delivery)	4. WEIGHT AT BIRTH		3,100 grams	
1st	2nd			
2nd	3rd			
3rd	4th			
4th	5th			
5th	6th			
6th	7th			
7th	8th			
8th	9th			
9th	10th			
10th	11th			
11th	12th			
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93rd	94th			
94th	95th			
95th	96th			
96th	97th			
97th	98th			
98th	99th			
99th	100th			

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

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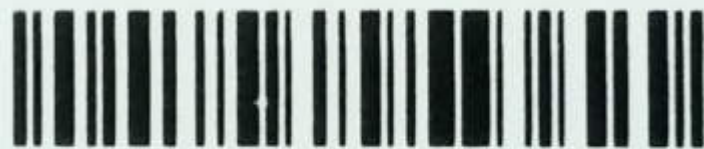


Pag-IBIG *Plus*
LOYALTY CARD



ROBERTO M. SEBALLOS JR

MID No. **1211-5720-8298**



3*1500*1044*012306





Republic of the Philippines

PHILIPPINE HEALTH INSURANCE CORPORATION

87, Golden Peak Tower, Gamboa Ave. ext. 4-6000 St., Cebu City 6000

Healthline (032) 233 7807 (032) 233 7923 (032) 233 3287 (fax) (032) 233 3381 (032) 233 7871 www.philhealth.gov.ph

28 October 2015

Member Name : **SEBALLOS JR, ROBERTO MARIGOMEN**

Member Address : **LOOC, MANDAUE CITY, CEBU 6014**

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 : **1202-5477-1096**

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,

WILLIAM O. CHAVEZ
Regional Vice President
PRO - VII Cebu City

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2015/10/28 02:17

SS NUMBER 06-3716320-0
06-3716320-0

SOCIAL SECURITY SYSTEM
PERSONAL RECORD
(Please Use Black Ink Only)
(Gumamit ng Itim na Tinta Lamang)



E-1
(Rev. 08/94)

SURNAME (APELYO) **SEBALLOS JR** GIVEN NAME (PANGALAN) **ROBERTO** MIDDLE NAME (GITRANG PANGALAN) **MARI GOMEN**
ADDRESS (NO. & STREET, CITY/TOWN & PROVINCE) (TIRAHAN, BALANG AT KALYE, LINGSOD/BRYAN AT LALAWIGAN) **MABINI ST LOOC MANDAUE CITY** POSTAL CODE **60114**

SEX (KASARIAN) MALE (LALAKI) FEMALE (BABAY) DATE OF BIRTH (KAPANGANAKAN) **12/09/94** CIVIL STATUS (KATAHUAN/SITIL) SINGLE (WALPAGASAW) MARRIED (MAY KASAW) WIDOWED (MAY SAPO)

BENEFICIARIES (MAKIKINABANG)

SPOUSE (ASAWA) FATHER (AMA) **SEBALLOS ROBERTO SR.**

CHILDREN (MGA ANAK) DATE OF BIRTH (KAPANGANAKAN) MOTHER (INA) **MARABEL MARI GOMEN SEBALLOS**

OTHER BENEFICIARIES (IF WITHOUT SPOUSE, CHILD OR PARENT) (IBANG MAKIKINABANG: KUNG WALANG ASAWA, ANAK O MAGulang)

NAME (PANGALAN)	RELATIONSHIP (RELASYON)
1 _____	_____
2 _____	_____
3 _____	_____

SSS Mandaue

Received
Received & Encoded
Compared w/ Original
Refilled

Toggy T. Tumanda
JUL 18 2015

m	m	d	d	y	y

THUMBMARK

LEFT (KALIWA)

RIGHT (KANAN)

I hereby certify that the above
(Ako'y nagpapatunay na ang aking mga sinasagay
information are true and correct.
ay totoo at tama.)

Signature _____



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FINANCE
BUREAU OF INTERNAL REVENUE

SEBALLOS JR., ROBERTO MARIGOMEN

TIN: 723-268-076-000

TALAMBAN, CEBU CITY 6000

BIRTH DATE: 12/09/1994

ISSUE DATE: 06/14/2018



SIGNATURE