



(Copy for OCRG)

Municipal 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 19a.)

REMARKS/ANNOTATION

Province Leyte Registry No. 2001-453
City/Municipality Kananga

Delayed Registration

1. NAME (First) (Middle) (Last)
MARY GRACE DAHASIN DELA CRUZ

For OCRG USE ONLY:
Population Reference No.

2. SEX: Male Female
3. DATE OF BIRTH (day) (month) (year)
13 January 2001

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)
Libertad Kananga Leyte

41 0100453

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

48 2

c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)
9th
d. WEIGHT AT BIRTH: 2.8 Kg. grams

49 50 2 1301200

6. MAIDEN NAME (First) (Middle) (Last)
Virginia Bessarte Damasin

7. CITIZENSHIP: Filipino 8. RELIGION: R. C.

54 37767

9a. Total number of children born alive: 09
b. No. of children still living including this birth: 08
c. No. of children born alive but are now dead: 01

61 1

10. OCCUPATION: Housekeeper 11. Age at the time of this birth: 41 years

62 64 09 9999

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Libertad Kananga Leyte

13. NAME (First) (Middle) (Last)
Florentino Mollison Dela Cruz

66 69 1 1

14. CITIZENSHIP: Filipino 15. RELIGION: R. C.

16. OCCUPATION: Palay Farmer 17. Age at the time of this birth: 56 years

70 72 74 09 08 01

18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
December 8, 1976 Kananga, Leyte

76 79 270 411

19a. ATTENDANT: Physician Nurse Midwife
 Hilot (Traditional Midwife) Others (Specify)

81 37767

19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at N. A. o'clock am/pm on the date stated above.

Signature: Remarks: Not Around Address: Libertad, Kananga
Name in Print: ALFREDA DELA PENA City: Loyta
Title or Position: Hilot Date: N. A.

86 87 1 1 1260

20. INFORMANT
Signature: Virginia de la Cruz Address: Libertad, Kananga
Name in Print: VIRGINIA DELA CRUZ City: Loyta
Relationship to the child: Mother Date: February 13, 2001

88 91 011 56

21. PREPARED BY: Signature: SUSAN R. LUPAS Name in Print: MCR-Clerk Title or Position: February 13, 2001
22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR: Signature: PASTOR B. TAGNIPES Name in Print: Mun. Civil Registrar Title or Position: March 22, 2001

93 1

94 4

07342-D5-402RDQ-00479-BI001

BEST POSSIBLE IMAGE

BReN 03726-B01BD01-7

Documentary

CSM
CLAIRE DENNIS S. MAPA, 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

We/I, _____ and _____ 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 of Father) _____ (Signature of Mother) _____
Community Tax No. _____ Date Issued _____ Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 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, Virginia dela Cruz, of legal age, single/married and with residence and postal address at Libertad, Kananga, Leyte 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 Mary Grace D. dela Cruz
2. That I/he/she was born on January 13, 2001 at Libertad, Kananga, Leyte
3. That I/he/she was attended at birth by Midot who resides at Libertad, Kananga, Leyte
4. That I/he/she is a citizen of Philippines
5. That my/his/her parents were [X] married on Dec. 8, 1976 at Kananga, Leyte [] not married but was acknowledge by my/his/her father whose name is _____
6. That the reason for the delay in registering my/his/her birth was due to negligence
7. That a copy of my/his/her birth certificate is needed for the purpose of establishing birth record
8. [] (For the applicant only) That I am married to _____ [X] (For the father/mother/guardian) That I am the mother of the said person.

Signature of Affiant: Virginia dela Cruz
VIRGINIA DELA CRUZ
(Title/Designation)
Community Tax No. 11760976
Date Issued March 22, 2001
Place Issued Kananga, Leyte

SUBSCRIBED AND SWORN to before me this 22nd day of March, 2001 at Kananga, Leyte, Philippines.

(Signature of Administering Officer) _____ (Title/Designation)
PASTOR/B. TAGHIPES Kananga, Leyte
(Name in Print) _____ (Address)





Wjv inn



Arkiprime
Boarding house

Alfonso
Apa

Sanson Rd

18 Suites Cebu

4.5 ★ (185)

3-star hotel



BDO





Republic of the Philippines
Palompon Institute of Technology
Palompon, Leyte, Philippines

Ref Code : PIT-REG-FOR-3-10-16
Rev. No. : 00
Page No. : 1 of 1
Date : January 17, 2023
Prep. by : Registrar
Rev. by : QMS-DIRC
Appr. by : President

Sa Lahat ng Makakatunghay Sa Kasulatang Ito
To All Persons to Whom These Presents May come
Mapitagang Bati
Greetings

Alamin na ang Lupon ng Katiwala, Sa Kapangyarihan Kaloob ng Republika ng Pilipinas
Be it known that the Board of Trustees, by authority of the Republic of the Philippines
At sa tagubilin ng Sanggunian ng Pamantasan, ay nagagawad kay
and on recommendation of the College Academic Council, has conferred upon

Mary Grace D. Dela Cruz
(Cum Laude)

na nakatupad sa lahat ng kinakailangan ng titulong
who has fulfilled all the requirements thereof, the degree

Bachelor of Science in Hospitality Management

Kalakip ang lahat ng karapatan, karangalan at pribilehiyo pati ang mga tungkulin at panagutan doo'y nauukol.
with all the rights and privileges as well as the obligations and responsibilities thereunto appertaining.

Ang katumayan na taglay nito ang catak ng pamantasan at mga lagda namin.
In testimony whereof, we have affixed the seal of the college and our signatures.

Iginawad sa bayan ng Palompon, Leyte, Philippines, ngayong ika-dalawampu't apat ng Mayo
Given at the municipality of Palompon, Leyte, Philippines, this 24th day of May

Taon ng ating Panginoon, Dalawang Libo at Dalawampu't Apat.
In the year of our Lord, Two Thousand and Twenty Four.

NORBERTO C. OLAVIDES, Ph. D.

Pangulo
(President)

JONALOU D. GECAIN

Tagatala
(Registrar III)

Date Issued : **May 24, 2024**
BOT. Res. : **No. 12, s.2024**

DOC STAMP PAID OR NO. **AS PER R.A. 11261**



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation

PhilHealth
Your Partner in Health



13-202968470-0

DELA CRUZ, MARY GRACE DAMASIN

JANUARY 13, 2001 - FEMALE

LIBERTAD KANANGA, LEYTE - 6531



1 3 2 0 2 9 6 8 4 7 0 0


Signature



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

MO0593IW202406038899 Date/Time Generated: 03 June 2024 09:14:22 PM

SS NUMBER 06-4869688-9					
NAME					
(LAST NAME) DELA CRUZ	(FIRST NAME) MARY GRACE	(MIDDLE NAME) DAMASIN	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 01132001	PLACE OF BIRTH (CITY/MUNICIPALITY) KANANGA	(PROVINCE/STATE) LEYTE	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) DELA CRUZ	(FIRST NAME) FLORENTINO	(MIDDLE NAME) MOLLEJON	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) DAMASIN	(FIRST NAME) VIRGINIA	(MIDDLE NAME) BAZARTE	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) MACAROPE		(STREET NAME)	(SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY) LIBERTAD	(CITY/MUNICIPALITY) KANANGA	(PROVINCE) LEYTE	POSTAL CODE 6531	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 160.02	WEIGHT (IN KILOGRAMS) 45	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL NO.)	MOBILE NUMBER (0907) 322-0256	EMAIL ADDRESS marygracedelacruz.bts@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 Year Prof./Business Started Monthly Earnings		Foreign Address Monthly Earnings Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P)	
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT / PRIOR REGISTRANT		PROFESSION/BUSINESS		ESTIMATED MONTHLY SALARY	
UMID CARD APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD (BANK NAME)			(BANK BRANCH)		
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
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/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.					



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO.	121343247294
REGISTRATION TRACKING NO.	924158117505

OCCUPATIONAL STATUS UNEMPLOYED/NOT YET EMPLOYED					
MEMBERSHIP CATEGORY Please specify					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	NO MIDDLE NAME
MEMBER	DELA CRUZ	MARY GRACE		DAMASIN	<input type="checkbox"/>
FATHER	DELA CRUZ	FLORENTINO		MOLLEJON	<input type="checkbox"/>
MOTHER (Maiden Name)	DAMASIN	VIRGINIA		BAZARTE	<input type="checkbox"/>
SPOUSE (if Married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	DELA CRUZ	MARY GRACE		DAMASIN	<input type="checkbox"/>
DATE OF BIRTH 01/13/2001		MARITAL STATUS Single/Unmarried		TAXPAYER IDENTIFICATION NUMBER (TIN)	
PLACE OF BIRTH KANANGA, LEYTE			CITIZENSHIP FILIPINO		SSS NUMBER
					GSIS NUMBER
SEX FEMALE	HEIGHT(cm) 160.02	WEIGHT(kg) 45.00	PROMINENT DISTINGUISHING FACIAL FEATURES HAVE A MOLE IN THE CHIN		EMPLOYEE NUMBER <i>For AFP/PNP Employee, Serial/Badge No.</i>
COMMON REFERENCE NUMBER (CRN)			FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		<i>For DepEd Employee, Division Code-Station Code</i>

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 MACAROPE	Cell Phone +63 (0907) 3220256
Subdivision			Barangay LIBERTAD		Business (Direct Line)
Municipality/City KANANGA			Province/State/Country LEYTE, PHILIPPINES		Business (Trunk Line)
ZIP Code 6531			Email Address marygracedelacruz.bts@gmail.com		
PRESENT HOME ADDRESS					
Unit/Room No., Floor		Building Name		Phase No.	
House No.		Street Name MACAROPE		Barangay LIBERTAD	
Municipality/City KANANGA		Province/State/Country LEYTE, PHILIPPINES		ZIP Code 6531	
PREFERRED MAILING ADDRESS			PERMANENT HOME ADDRESS		



Republic of the Philippines
Department of Justice
National Bureau of Investigation



40117885



This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows

NBI ID NO
D426AMME10-L09398617

FAMILY NAME
DELA CRUZ

MIDDLE NAME
DAMASIN

ADDRESS
BARANGAY LIBERTAD KANANGA LEYTE

DATE OF BIRTH
January 13, 2001

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO DEROGATORY RECORD

VALID UNTIL
June 08, 2025

FIRST NAME
MARY GRACE

HUSBAND'S SURNAME

PLACE OF BIRTH
KANANGA LEYTE

CIVIL STATUS
SINGLE

GENDER
FEMALE

SIGNATURE



Date Printed: Thursday, June 20, 2024 02:54 PM



D426AMME10-L09398617

Medardo G. de Lemos
ATTY. MEDARDO G. DE LEMOS
Director

Agency	L09	DATO	manual:ec
CASID	manual:ec	SIOC	manual:ec
O.R. No	8006155M	DATE	6/20/24
O.R. Date	06/20/2024 11:51:23 PM	INTD	
DST PAID		DATE	manual:ec