



(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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.)

Province Zamboanga del Norte Registry No. 2004-099

City/Municipality Manukan

1. NAME (First) (Middle) (Last)
NADALIK, VIOLA, ANTI, VIHA

2. SEX 1 Male X 2 Female

3. DATE OF BIRTH (day) (month) (year)
15 October 2001

4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)
House No., Street, Barangay)
Nato, Manukan, ZN.

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 (live births and fetal deaths including this delivery)
1st (first, second, third, etc.)

d. WEIGHT AT BIRTH 1175 grams

6. MAIDEN NAME (First) (Middle) (Last)
Marilyn Villarba Antiquina

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 Housokooper

11. Age at the time of this birth: 28 years

12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)
Nato, Manukan, ZN.

13. NAME (First) (Middle) (Last)
N/A

14. CITIZENSHIP N/A

15. RELIGION _____

16. OCCUPATION N/A

17. Age at the time of this birth: _____ years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)
No Marriage

19a. ATTENDANT X 1 Physician 2 Nurse 3 Midwife 4 Helet (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 10:30 o'clock am/pm on the date stated above.

Signature [Signature] Address Nato, Manukan, ZN. (doc.)
Name in Print LAURENCE ALONSO
Title or Position Helet Date OCTOBER 15, 2001

20. INFORMANT
Signature [Signature] Address Nato, Manukan ZN.
Name in Print Salvador P. Antiquina
Relationship to the child Grandfather Date January 29, 2004

21. PREPARED BY
Signature [Signature]
Name in Print CLORINDA T. PETER
Title or Position CLERK III
Date January 29, 2004

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print Benigno S. Aquino III
Title or Position Acting Civil Registrar
Date Feb. 09 / 2004

For OCRG USE ONLY:
Population Reference No. _____

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41 0900099

48 2

49 2 50 151074

56 72079

61 1

62 01 64 3175

68 1 69 1

70 01 72 01 74 06

78 220 79 23

81 72074

86 1 87 1

88 +++ 81 +

83 + +++++

84 + ++++

0207204

07062-6A-724JBA-00059-BI004

BEST POSSIBLE IMAGE

BReN
07207-B01VF01-7

Documentary
Stamp Tax Paid

[Signature]
JOSIE B. PEREZ
Assistant Secretary
(Officer-in-Charge)



T724070527240005905032019004
KN100073542





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 _____
Community Tax No. _____ Date Issued _____ Place Issued _____

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____, 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, Salvador Antiquina, of legal age, single/married and with residence and postal address at Noto, Marikina, NCR, 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 Maharlika V. Antiquina
2. That I/he/she was born on October 15, 2001, Noto, Marikina, NCR.
3. That I/he/she was attended at birth by Lantad Amisano who resides at Noto, Marikina, NCR. (Doc.)
4. That I/he/she is a citizen of the Philippines
5. That my/his/her parents were [] married on _____ at _____ [] 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 registering
8. [] (For the applicant only) That I am married to _____ [] (For the father/mother/guardian) That I am the _____ of the said person.

Salvador R. Antiquina (Signature of Affiant)
Community Tax No. 0337819
Date Issued 01/15/04
Place Issued Noto, Marikina, NCR.

SUBSCRIBED AND SWORN to before me this 26th day of January, 2004 at Marikina, NCR, Philippines.

(Signature of Administering Officer) _____ Municipal Civil Registrar (Title/Designation)
BERNARD E. LETRAN Marikina, Zamboanga del Norte (Address)
(Name in Print) _____

07062-6A-724JBA-00059-BI004

BEST POSSIBLE IMAGE



T724070627240005905032019004 KN900073543

BRen 07207-B01VF01-7

Documentary Stamp Tax Paid

Josie B. Perez Assistant Secretary (Officer-in-Charge)





Republic of the Philippines
Department of Justice
National Bureau of Investigation



42031775

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 A532JMOA10-R71652391	VALID UNTIL August 28, 2025
FAMILY NAME ANTIQUINA	FIRST NAME MAHARLIKA
MIDDLE NAME VILLARBA	HUSBAND'S SURNAME
ADDRESS MATE MANUKAN ZAMBOANGA DEL NORTE	
DATE OF BIRTH October 15, 2001	PLACE OF BIRTH MATE MANUKAN ZAMBOANGA DEL NORTE
CITIZENSHIP FILIPINO	CIVIL STATUS SINGLE
PURPOSE MULTI-PURPOSE CLEARANCE	GENDER FEMALE
REMARKS NO RECORD ON FILE	



SIGNATURE
Mahejane



Date Printed: Wednesday, August 28, 2024 03:39 PM



A532JMOA10-R71652391

JBS
JUDGE JAIME B. SANTIAGO (RET.)
Director

Agency	R7	DATID	villarinn
CASID	villarinn	BICID	villarinn
O.R. No.	2DK4KRRT	RECID	
O.R. Date	08/28/2024 3:34:10 PM	INTD	
DST PAID		PRDID	villarinn



Republic of the Philippines
Department of Justice
National Bureau of Investigation



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DATE OF BIRTH October 15, 2001	PLACE OF BIRTH MATE MANUKAN ZAMBOANGA DEL NORTE
CITIZENSHIP FILIPINO	CIVIL STATUS SINGLE
PURPOSE MULTI-PURPOSE CLEARANCE	GENDER FEMALE
REMARKS NO RECORD ON FILE	



SIGNATURE
Mahejane



Date Printed: Wednesday, August 28, 2024 03:38 PM



A532JMOA10-R71652391

JBS
JUDGE JAIME B. SANTIAGO (RET.)
Director

Agency	R7	DATID	villarinn
CASID	villarinn	BICID	villarinn
O.R. No.	2DK4KRRT	RECID	
O.R. Date	08/28/2024 3:34:10 PM	INTD	
DST PAID		PRDID	villarinn



MEMBER'S DATA FORM (MDF)

FOR Pag-IBIG Fund USE ONLY	
Pag-IBIG MID NO	121349885657
REGISTRATION TRACKING NO	924240624877

OCCUPATIONAL STATUS		EMPLOYED	
MEMBERSHIP CATEGORY		EMPLOYED - PRIVATE Please specify	
PERSONAL DETAILS			
NAME	LAST NAME	FIRST NAME	NAME EXTENSION MIDDLE NAME NO MIDDLE NAME
MEMBER	ANTIQUINA	MAHARLIKA	VILLARBA <input type="checkbox"/>
FATHER			<input type="checkbox"/>
MOTHER (Maiden Name)	ANTIQUINA	MAREFY	VILLARBA <input type="checkbox"/>
SPOUSE (if Married)			<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	ANTIQUINA	MAHARLIKA	VILLARBA <input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS		TAXPAYER IDENTIFICATION NUMBER (TIN)
10/15/2001	Single/Unmarried		
PLACE OF BIRTH		CITIZENSHIP	SSS NUMBER 1015428786
MANUKAN, ZAMBOANGA DEL NORTE		FILIPINO	GSIS NUMBER
SEX	HEIGHT(cm)	WEIGHT(kg)	PROMINENT DISTINGUISHING FACIAL FEATURES
FEMALE	160.02	55.00	
COMMON REFERENCE NUMBER (CRN)		FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT	
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 (0963) 8924919
Subdivision	Barangay MATE		Business (Direct Line)
Municipality/City	Province/State/Country		Business (Trunk Line)
MANUKAN	ZAMBOANGA DEL NORTE, PHILIPPINES		Email Address
ZIP Code			
7110			
PRESENT HOME ADDRESS			
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No.	
House No.	Street Name	Subdivision	Barangay
890	UCMA VILLAGE ST		APAS
Municipality/City	Province/State/Country		ZIP Code
CEBU CITY	CEBU, PHILIPPINES		6000
PREFERRED MAILING ADDRESS		PRESENT HOME ADDRESS	

HIPPODROMO

Samar Loop

Ayala Center Cebu

One Montage
Recently viewed

N Escario St

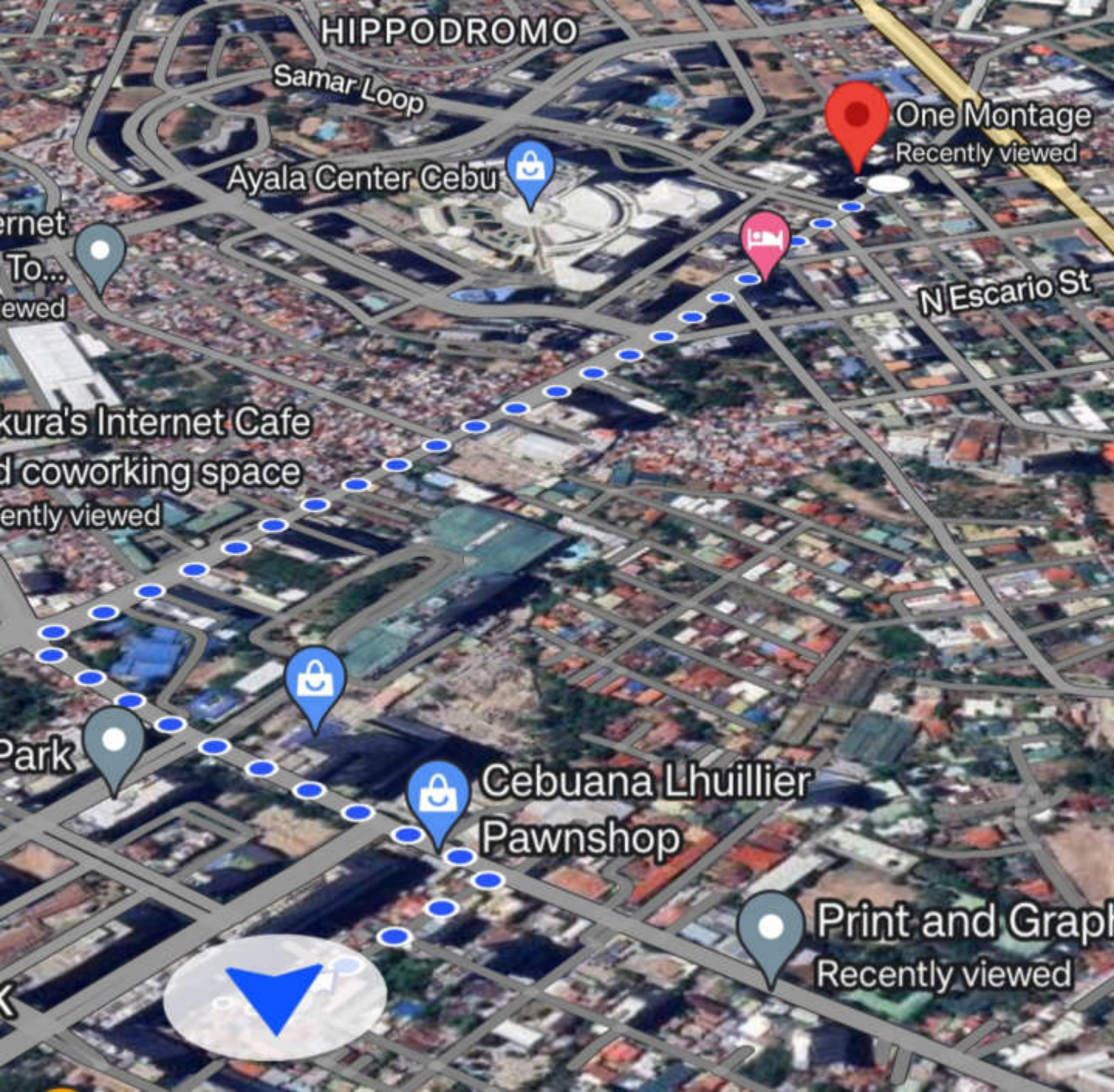
Internet
To...
viewed

Kura's Internet Cafe
and coworking space
Recently viewed

Park

Cebuana Lhuillier
Pawnshop

Print and Graph
Recently viewed





MEMBER DATA RECORD

MEMBER INFORMATION

PhilHealth Identification Number (PIN) : **142501442347**

Member Category	: INFORMAL ECONOMY	NHTS Coverage	:
Sub-Category	: SELF-EARNING INDIVIDUAL	Effectivity Period	:

ANTIQUINA, MAHARLIKA VILLABRA

MATE, MANUKAN, ZAMBO. DEL NORTE
7110

Foreign Address	: N/A	Sex	: Female
		Date of Birth	: 10/15/2001
		Place of Birth	:
Contact No. (Foreign)	: N/A	Civil Status	: SINGLE
(Local)	:	Tax Identification Number	:

EMPLOYER/ORGANIZED GROUP INFORMATION

Philhealth Number (PEN/POGN)	: N/A
Name of Employer/Organized Group	: N/A
Business Address	: N/A
Telephone Number	: N/A
Tax Identification Number	: N/A

DEPENDENT INFORMATION

PIN	Surname	Given Name	Middle Name	Sex	Relation	Date of Birth
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*** NO DECLARED DEPENDENT/S ***

*** NOTHING FOLLOWS ***

LAZARO T. TABSING
 ACTING REGIONAL VICE PRESIDENT
 PRO - VI Iloilo City

Paalala : Basahin ang nilalaman ng MDR. Kung may kulang o mali, ibalik agad upang maidagdag o maiwasto. Ingatan ang orihinal na kopya at huwag ibigay kahit kanino. Kung sakaling gagamit at makikinabang ng benepisyo, magbigay ng kopya sa **ospital**. *Read the contents of the MDR. Should there be any data discrepancies, return it back to amend or rectify the error. Take good care of the MDR and do not hand it over to anybody. Provide photocopy to hospital in case of confinement and availment of benefits.*

This is a system generated report. Signature is not required.



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

MO0648IW202407117322 Date/Time Generated: 11 July 2024 12:50:10 PM

SS NUMBER 10-1542878-6					
NAME					
(LAST NAME) ANTIQUINA	(FIRST NAME) MAHARLIKA	(MIDDLE NAME) VILLARBA	(SUFFIX)		
FACTS OF BIRTH					
DATE OF BIRTH (MMDDYYYY) 10152001	PLACE OF BIRTH (CITY/MUNICIPALITY) MANUKAN	(PROVINCE/STATE) ZAMBOANGA DEL NORTE	(COUNTRY) PHILIPPINES	SEX FEMALE	
FATHER'S NAME (LAST NAME) ANTIQUINA	FIRST NAME MAREFY	(MIDDLE NAME) VILLARBA	(SUFFIX)		
MOTHER'S MAIDEN NAME (LAST NAME) ANTIQUINA	FIRST NAME MAREFY	(MIDDLE NAME) VILLARBA	(SUFFIX)		
DEMOGRAPHIC DATA					
HOME ADDRESS (RM./FLR./UNIT NO. & BLDG. NAME or HOUSE/LOT NO. & BLK NO.) MATE		(STREET NAME) MANUKAN	(SUBDIVISION) ZAMBOANGA DEL NORTE	POSTAL CODE 7110	COUNTRY CODE 0063
(BARANGAY/DISTRICT/LOCALITY) MATE	(CITY/MUNICIPALITY) MANUKAN	(PROVINCE) ZAMBOANGA DEL NORTE	POSTAL CODE 7110	COUNTRY CODE 0063	
CIVIL STATUS SINGLE	HEIGHT (IN CENTIMETERS) 160.02	WEIGHT (IN KILOGRAMS) 55	DISTINGUISHING FEATURE/S	NATIONALITY FILIPINO	RELIGION CHRISTIAN
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (AREA CODE + TEL. NO.)	MOBILE NUMBER (0963) 892-4919	EMAIL ADDRESS mvantiquina@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) Profession/Business Year Prof./Business Started Monthly Earnings	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings Are you applying for membership in the Flex-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		NON-WORKING SPOUSE (NWS) 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/updates 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.					