



Form No. 102  
January 1982

(To be accomplished in quadruplicate)

Copy to (check)

Republic of the Philippines  
OFFICE OF THE REGISTRAR GENERAL  
CERTIFICATE OF LIVE BIRTH

Be not completely accurate and legible, use ink or indelible  
Pencil and correct the erroneous entries in Article 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

REMARKS/ANNOTATION

DEFAYE

Province OSRO  
City/Municipality TURKAL

Registry No.  
008-241

CHILD	1. NAME First Middle Last <u>YVES</u> <u>BOYRAT</u> <u>BOYRAT</u>	
	2. SEX 1 Male 2 Female <u>1</u>	3. DATE OF BIRTH (Year) (Month) (Day) <u>4</u> <u>NOVEMBER</u> <u>2003</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>TURKAL</u> <u>TURKAL</u> <u>OSRO</u>	
	5a. TYPE OF BIRTH 1 Single 2 Twin 3 Triplet, etc. <u>1</u>	5b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Other, Specify <u>1</u>
MOTHER	6. BIRTH ORDER (Give dates and local deaths according to delivery) (First, second, third, etc.) <u>1st</u> <u>3,000</u> grams	
	7. CITIZENSHIP <u>PHILIPINO</u> <u>FOREIGN</u> <u>BOYRAT</u>	
	8. RELIGION <u>ROMAN CATHOLIC</u>	
	9. No. of children ever born (Specify sex) <u>01</u>	
FATHER	10. OCCUPATION <u>HOUSEKEEPER</u>	
	11. Age at the time of birth <u>15</u> years	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>OSRO, PUNAT, TURKAL</u> <u>OSRO</u>	
	13. NAME (First) Middle Last <u>CHRISTOPHER</u> <u>MARGARITE</u> <u>BOYRAT</u>	
14. CITIZENSHIP <u>PHILIPINO</u>		15. RELIGION <u>ROMAN CATHOLIC</u>
16. OCCUPATION <u>FARMER</u>		17. Age at the time of birth <u>15</u> years

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, ascertain left-hand of Acknowledgment/Admission of Paternity at the back.)  
OSRO

19a. ATTENDANT  
1 Physician 2 Nurse 3 Midwife  
1 1 1  
4 Traditional Healer 5 Other (Specify)

19b. CERTIFICATION OF BIRTH  
(Verify, certify that) (Indicate the birth of the child who was born alive)  
at \_\_\_\_\_ on the date stated above.

Signature \_\_\_\_\_ Address \_\_\_\_\_  
Name of Place OSRO, TURKAL  
Place of Practice TRADITIONAL HEALER Date \_\_\_\_\_

20. INFORMANT  
Signature [Signature] Address OSRO, TURKAL  
Name of Place OSRO  
Apparentity to be used MOTHER Date FEBRUARY 9, 2011

21. PREPARED BY  
Signature [Signature]  
Name of Place OSRO, TURKAL  
Title or Position REGISTRAR GENERAL  
Date FEBRUARY 9, 2011

22. RECEIVED AT THE OFFICE OF THE REGISTRAR  
Signature [Signature]  
Name of Place OSRO, TURKAL  
Title or Position REGISTRAR GENERAL  
Date FEB 7 2011

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BEST POSSIBLE IMAGE

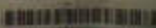


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Documentary  
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*CSM*  
CLARENCE S. MAJIA, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority





Republic of the Philippines  
**SOCIAL SECURITY SYSTEM**  
**PERSONAL RECORD/UNIFIED MULTI-PURPOSE ID**  
**(UMID) CARD APPLICATION (E-1/E-5)**

MO0818W002207193488 Date/Time Generated: 19 July 2022 12:46:43 PM

SS NUMBER <b>06-4436401-8</b>					
NAME					
LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
<b>BOMBILON</b>	<b>ANGEL</b>	<b>NOYNAY</b>			
FACTS OF BIRTH					
DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH	CITY/MUNICIPALITY	PROVINCE/STATE	COUNTRY	SEX
<b>11/05/2003</b>	<b>TUBURAN</b>	<b>CEBU</b>	<b>PHILIPPINES</b>		<b>FEMALE</b>
FATHER'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
<b>SOMBILON</b>	<b>VICENTE</b>	<b>MANGABON</b>			
MOTHER'S MAIDEN NAME	FIRST NAME	MIDDLE NAME	SUFFIX		
<b>NOYNAY</b>	<b>DELMA</b>	<b>ICHON</b>			
DEMOGRAPHIC DATA					
HOME ADDRESS (IN FLAT NO. & BLDG. NAME OR HOUSE LOT NO. & BLOCK) (STREET NAME)			CITY/MUNICIPALITY		
<b>DANLAG</b>			<b>CONSOLACION</b>		
CITY/MUNICIPALITY			PROVINCE	POSTAL CODE	COUNTRY CODE
<b>CEBU</b>			<b>CEBU</b>	<b>6001</b>	<b>0063</b>
CIVIL STATUS	HEIGHT in centimeters	WEIGHT in kilograms	IDENTIFYING FEATURES	NATIONALITY	RELIGION
<b>SINGLE</b>	<b>156</b>	<b>45</b>		<b>FILIPINO</b>	<b>CHRISTIAN</b>
OTHER CARD APPLICANT DATA					
TELEPHONE NUMBER (HOME/CELL/TEXT/TEL. #)	MOBILE NUMBER	EMAIL ADDRESS			
	<b>(0935) 238-1269</b>	<b>hblegailsombilon@gmail.com</b>			
DEPENDENT(S)/BENEFICIARY(IES)					
SPOUSE (LAST NAME)	FIRST NAME	MIDDLE NAME	SUFFIX	DATE OF BIRTH (MM/DD/YYYY)	
CHILDREN (LAST NAME)	FIRST NAME	MIDDLE NAME	SUFFIX	DATE OF BIRTH (MM/DD/YYYY)	
1.					
2.					
3.					
4.					
OTHER BENEFICIARY/CHILD without account & UMID and parents (see last Assessment)					
(LAST NAME)	FIRST NAME	MIDDLE NAME	SUFFIX	RELATIONSHIP	DATE OF BIRTH (MM/DD/YYYY)
1.					
2.					
FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/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				[ ]	
Monthly Earnings		Monthly Earnings: Are you applying for membership in the Peace and Progress?		Monthly Income of Working Spouse (P): [ ]	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
PURPOSE OF APPLICATION					
PURPOSE FOR EMPLOYMENT	PROFESSION/BUSINESS	ESTIMATED MONTHLY SALARY			
UMID CARD APPLICATION WITH ATM OPTION					
<input type="checkbox"/> UMID CARD AS ATM CARD (SWAP FINDER)			<input type="checkbox"/> (SWAP BRANCH)		
CERTIFICATION, DATA PRIVACY CONSENT AND AUTHORIZATION					
<p>I certify that the information provided are true and correct.</p> <p>2. I hereby consent to:</p> <ul style="list-style-type: none"> <li>the collection, data capture, storage, business, marketing and the retention of my personal data for the general/ongoing use of my CNR, card production and delivery, further processing and payment of my loans and SSS benefits;</li> <li>sharing of these data with SSS service providers to carry out the purposes stated above; and</li> <li>disposal of this application in the manner consistent with the Data Privacy Act.</li> </ul> <p>3. I shall read all these data and keep confidentially by SSS and its service providers and my bank.</p> <p>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.</p>					



## MEMBER'S DATA FORM (MDF)

SSS Pag-IBIG Fund SSS One- Page MIS NUMBER <b>121315622034</b> REGISTRATION TRACKING NUMBER <b>923048437533</b>
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OCCUPATIONAL STATUS		UNEMPLOYED/NOT YET EMPLOYED			
MEMBERSHIP CATEGORY					
PERSONAL DETAILS					
NAME	LAST NAME	FIRST NAME	MIDDLE EXTENSION	MIDDLE NAME	HO MIDDLE NAME
MEMBER	SOMBLON	ANGEL		RODRIG	<input type="checkbox"/>
FATHER	SOMBLON	VICENTE		MANGBICH	<input type="checkbox"/>
MOTHER (Mother Name)	RODRIG	DEMA		IGOH	<input type="checkbox"/>
SPOUSE (if married)					<input type="checkbox"/>
MEMBER'S NAME AS APPEARING IN THE BIRTH CERTIFICATE	SOMBLON	ANGEL		RODRIG	<input type="checkbox"/>
DATE OF BIRTH	MARITAL STATUS	SINGLE/MARRIED		TAXPAYER IDENTIFICATION NUMBER (TIN)	
	TEDR000				
PLACE OF BIRTH	CITIZENSHIP		SSS NUMBER		
TUBURAK, CEBU	FILIPINO		004438418		
SEX	HEIGHT (cm)	WEIGHT (kg)	PROMINENT DISTINGUISHING FACIAL FEATURES		
FEMALE	152.00	45.00			
COMMON REFERENCE NUMBER (CRM)	FREQUENCY OF MEMBERSHIP SAVINGS (MS) PAYMENT		EMPLOYEE NUMBER		
			For AFP/AFIP Employee, Serial/Book No.		
			For DepEd Employee, Division Code-Station Code		

ADDRESS AND CONTACT DETAILS					
PERMANENT HOME ADDRESS				COUNTRY + AREA CODE + TELEPHONE NUMBER	
Unit/Floor No. / Zone	Building Name			None	
Lot No.	Block No.	Phase No.	House No.	Cell Phone	
Subdivision	Example: DANLAG			Business (Direct Line)	
Municipality/City CONSOLIDATION	Province/State/Country CEBU, PHILIPPINES			Business (Toll Free)	
ZIP Code				Email Address	
8001				baackee@comcast.net	
PRESENT HOME ADDRESS					
Unit/Floor No. / Zone	Building Name			Lot No.	Block No.
House No.	Street Name		Subdivision		Example: DANLAG
Municipality/City CONSOLIDATION	Province/State/Country CEBU, PHILIPPINES			ZIP Code	
				8001	
PREFERRED MAILING ADDRESS		PRESENT HOME ADDRESS			



Republic of the Philippines

**PHILIPPINE HEALTH INSURANCE CORPORATION**

85, Golden Peak Tower, Genovis Ave., EDSA, Cebu City 6000

Healthline (032) 233 7407 (032) 233 7525 (032) 233 3287 (fax) (032) 233 3281 (032) 233 7871 [www.philhealth.gov.ph](http://www.philhealth.gov.ph)

21 February 2023

Member Name : **SOMBILON , ANGEL NOYNAY**  
Member Address : **DANLAG , CONSOLACION , CEBU 6001**  
  
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 : **1225-2082-9650**

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,

**MARJORIE A. CABRIETO**  
REGIONAL VICE PRESIDENT  
PRO - VII Cebu City

*This is a system generated document, signature is not required*