

Republic of the Philippines
**SOCIAL SECURITY SYSTEM
 PERSONAL RECORD
 FOR ISSUANCE OF SS NUMBER**

SS NUMBER

SS-4471722-V

E-1

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED FROM THE SSS WEBSITE AT www.sss.gov.ph.
 READ THE INSTRUCTIONS AND RESPONSES AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS UNLESS OTHERWISE INDICATED.

**PART I - TO BE FILLED OUT BY THE REGISTRANT
 & PERSONAL DATA**

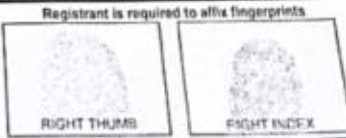
| | | | | |
|-------------------|---|---|--|-------------------------------------|
| DATE | LAST NAME | FIRST NAME | MIDDLE NAME | DATE OF BIRTH (MM/DD/YYYY) |
| | CELEVA | GERALD JAMES | INGON | 01/02/1903 |
| SEX | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed | <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced | DATE OF BIRTH (MM/DD/YYYY) |
| NATIONALITY | RELIGION | | PLACE OF BIRTH (CITY/MUNICIPALITY/TOWN/VILLAGE) | CITY/COUNTY/STATE/PROVINCE OF BIRTH |
| FILIPINO | ROMAN CATHOLIC | | SAN VICENTE ST. 9000 CITY, CEBU | |
| RESIDENCE | VILLAGE | | CITY/TOWN/VILLAGE | PROVINCE |
| BARANGAY | CIB VILLAGE | | | PHILADINE |
| PROVINCE | CAGAYAN | DARAOAN | CEBU | ZIP CODE |
| 62103001 | CEBU | | PHILADINE | 6010 |
| ADDRESS | E-MAIL ADDRESS | | TELEPHONE NUMBER (AREA CODE) | TELEPHONE NUMBER (AREA CODE) |
| | CEBU@GMAIL.COM | | | |
| OTHER'S LAST NAME | FIRST NAME | MIDDLE NAME | DATE OF BIRTH (MM/DD/YYYY) | RELATIONSHIP |
| CELEVA | OLIVER | | | |
| INGON | EVANGELINE | | | |

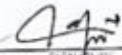
C. FOR SELF-EMPLOYED (SE) OR OVERSEAS FILIPINO WORKER (OFW)

| | | |
|---|--|---|
| <p>SELF-EMPLOYED (SE) Profession/Business _____ Year Prof./Business Started _____ Monthly Earnings _____</p> | <p>OVERSEAS FILIPINO WORKER (OFW) Foreign Address _____ Monthly Earnings _____</p> | <p>NON-WORKING SPOUSE (NWS) SS No (Common Reference No. of Working Spouse) _____ Monthly Income of Working Spouse (P) _____ I agree with my spouse's membership with SSS. _____ SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE _____</p> |
|---|--|---|

D. CERTIFICATION

I certify that the information provided in this form are true and correct.
 (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)



GERALD JAMES CELEVA 
 PRINTED NAME SIGNATURE DATE