

SS NUMBER 06-2711610-2	SOCIAL SECURITY SYSTEM PERSONAL RECORD (Please Use Black Ink Only) (Gumamit ng Itim na Tinta Lamang)	 E-1 (Rev. 08/94)
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SURNAME (APELYIDO) ABANTO	GIVEN NAME (PANGALAN) MARIA	MIDDLE NAME (GITNANG PANGALAN) CAVALIDA
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ADDRESS (NO. & STREET; CITY/TOWN & PROVINCE) (TIRAHAN: BILANG AT KALYE, LUNGSOD/BAYAN AT LALAWIGAN) PURUK 3, TOTOLAN, DAUIG, BOHOL	POSTAL CODE 6321
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SEX (KASARIAN) <input type="checkbox"/> MALE (LALAKI) <input checked="" type="checkbox"/> FEMALE (BABAE)	DATE OF BIRTH (KAPANGANAKAN) m m d d y y 0 6 1 2 8 8	CIVIL STATUS (KATAYUANG SIBIL) <input checked="" type="checkbox"/> SINGLE (WALANG ASAWA) <input type="checkbox"/> MARRIED (MAY ASAWA) <input type="checkbox"/> WIDOWED (BALO)
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BENEFICIARIES (MAKIKINABANG)

SPOUSE (ASAWA)	FATHER (AMA) TEOFANES ABANTO
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CHILDREN (MGA ANAK)	DATE OF BIRTH (KAPANGANAKAN) m m d d y y	MOTHER (INA) NATIVILDA ABANTO
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1	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
1	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

OTHER BENEFICIARIES (IF WITHOUT SPOUSE, CHILD OR PARENT) (IBANG MAKIKINABANG: KUNG WALANG ASAWA, ANAK O MAGULANG)	
NAME (PANGALAN)	RELATIONSHIP (RELASYON)
1 FATHER ABANTO	NEE NANA
2 SISTER ABANTO	NEE NANA
3 SON JOSEPH ABANTO	NEE NANA

THUMBMARK LEFT (KALIWA) _____ RIGHT (KANAN) _____	I hereby certify that the above information are true and correct. (Ako ay nagpapatunay na ang aking mga isinaad ay totoo at tama.) Signature (Lagda) _____
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PLEASE READ REMINDERS AT THE BACK (BASAHIN ANG PAALALA SA LIKOD)