


 Municipal Form No. 102  
 (Revised August 2018)

(To be accomplished in quadruplicate using black ink)

 Republic of the Philippines  
 OFFICE OF THE CIVIL REGISTRAR GENERAL

**CERTIFICATE OF LIVE BIRTH**

Province		Cebu		Registry No.		2020 16428	
City/Municipality		Cebu City					
CHILD	1. NAME	(First) ARIA	(Middle) LAPIÑA	(Last) GELI			
	2. SEX (Male / Female)	Female		3. DATE OF BIRTH	(Day) 10	(Month) August	(Year) 2020
	4. PLACE OF BIRTH	(Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) Cebu North General Hospital, Inc., Kauswagan Rd., Talamban, Cebu City, Cebu					
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.)	Single		5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	N/A		5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.)
MOTHER	7. MAIDEN NAME	(First) CHERRYLYN	(Middle) FAMADOR	(Last) LAPIÑA			
	8. CITIZENSHIP	Filipino		9. RELIGION/RELIGIOUS SECT Roman Catholic			
	10a. Total number of children born alive	10b. No. of children still living including this birth	10c. No. of children born alive but are now dead	11. OCCUPATION		12. AGE at the time of this birth (completed years)	
	13. RESIDENCE	(House No., St., Barangay) Upper Bacayan	(City/Municipality) Cebu City	(Province) Cebu	(Country) Philippines		
FATHER	14. NAME	(First) STARKY LYELL	(Middle) OPERARIO	(Last) GELI			
	15. CITIZENSHIP	Filipino		16. RELIGION/RELIGIOUS SECT Roman Catholic		17. OCCUPATION Salesman	
	18. AGE at the time of this birth (completed years)	27					
	19. RESIDENCE	(House No., St., Barangay) Upper Bacayan	(City/Municipality) Cebu City	(Province) Cebu	(Country) Philippines		
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)							
20a. DATE		(Month) Not Married	(Day) Not Married	(Year) Not Married	20b. PLACE		(City / Municipality) Not Applicable
21a. ATTENDANT							
<input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify)							
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at <u>9:46 PM</u> am/pm on the date of birth specified above.							
Signature _____ Name in Print <u>Cherry Bliss Galicia, M.D.</u> Title or Position <u>Attending Physician</u>				Address <u>Cebu North General Hospital, Inc.</u> <u>Kauswagan Rd., Talamban, Cebu City</u> Date <u>August 10, 2020</u>			
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief.				23. PREPARED BY			
Signature _____ Name in Print <u>Cherrylyn F. Lapina</u> Relationship to the Child <u>Mother</u> Address <u>Upper Bacayan, Cebu City</u> Date <u>August 10, 2020</u>				Signature _____ Name in Print <u>Sarah Uape Almoradas</u> Title or Position <u>Medical Records Staff</u> Date <u>August 10, 2020</u>			
24. RECEIVED BY				25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR			
Signature _____ Name in Print <u>LUZ N. CUGAY</u> Title or Position <u>Administrative Aide III</u> Date <u>SEP 03 2020</u>				Signature _____ Name in Print <u>PHILIPP A. MEGABON</u> Title or Position <u>REGISTRATION OFFICER IV</u> Date <u>SEP 03 2020</u>			
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)							
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR							
8	9	11	13	15	16	17	19

08126-50-400ARM-00186-BI001

BEST POSSIBLE IMAGE

T400081264000018604012022001  
NP600146314BReN  
02217-B20RA0X-4Documentary  
Stamp Tax Paid

 CLAIRE DENNIS S. MAPA, Ph. D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority




**AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY**  
(For births before 3 August 1988) (For births on or after 3 August 1988)

I/We, Starky Lyell O. Geli and Cherrylyn F. Lapifa,  
of legal age, am/are the natural mother and/or father of Aria Lapifa Geli, who was  
born on August 10, 2020 at Cebu North General Hospital, Inc.

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of  
acknowledging my/our child.

Starky Lyell O. Geli

Cherrylyn F. Lapifa

(Signature Over Printed Name of Father)

(Signature Over Printed Name of Mother)

**SUBSCRIBED AND SWORN** to before me this 09-03-20 day of \_\_\_\_\_ by

Starky Lyell O. Geli and Cherrylyn E. Lapifa, who exhibited to me his/her

CTC/valid ID CRN-0111-7941083-4 issued on \_\_\_\_\_ at  
Mandaue City

**ATTY. DOMINIC A. DINO**

DOC. NO. 254

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BOOK NO. 101

SERIES OF 2020

Notary Public for Cebu City

Signature of the Administering Officer

Position / Title / Designation

Address

Address

**AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH**

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over.)  
Tel. no. 09088844981/09424805754

\_\_\_\_\_ of legal age, single/married/divorced/widow/widower, with  
residence and postal address at \_\_\_\_\_

after having been duly sworn in accordance with law, do hereby depose and say:

- That I am the applicant for the delayed registration of:
  - my birth in \_\_\_\_\_ on \_\_\_\_\_
  - the birth of \_\_\_\_\_ who was born in \_\_\_\_\_ on \_\_\_\_\_
- That I/he/she was attended at birth by \_\_\_\_\_ who resides at \_\_\_\_\_
- That I am/he/she is a citizen of \_\_\_\_\_
- That my/his/her parents were  married on \_\_\_\_\_ at \_\_\_\_\_  
 not married but I/he/she was acknowledged/not acknowledged by my/his/her father whose name is \_\_\_\_\_
- That the reason for the delay in registering my/his/her birth was \_\_\_\_\_
- (For the applicant only) That I am married to \_\_\_\_\_  
(If the applicant is other than the document owner) That I am the \_\_\_\_\_ of the said person.
- That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_, Philippines.

Starky Lyell O. Geli

(Signature Over Printed Name of Affiant)

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_, Philippines, affiant who exhibited to me his/her CTC/valid ID \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

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BReN  
02217-B20RA0X-4

Documentary  
Stamp Tax Paid

*CDSM*  
CLAIRE DENNIS S. MAPA, Ph. D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority

Republic of the Philippines  
PHILIPPINE STATISTICS AUTHORITY

OFFICIAL RECEIPT

OR No. 220401-400-45-MDG-00013  
LAPINA,  
CHERRYLYN F.

AMOUNT

Tran No. 08126-400-00186-001  
ARIA L GELI 08/10/2020  
COPY ISSUANCE - BIRTH CERTIFICATE  
Unit Cost: 155.00 Qty: 1 155.00  
TOTAL 155.00  
AMOUNT TENDERED 155.00  
CHANGE 0.00

01 APR 2022

CASH

INCLUDES DOCUMENTARY STAMP TAX OF  
PHP30.00/COPY

Collecting Officer: GUTIEREZ, MARIVIC D.  
Terminal Code: 45  
Date-Time: 04/01/2022 07:44:01AM