



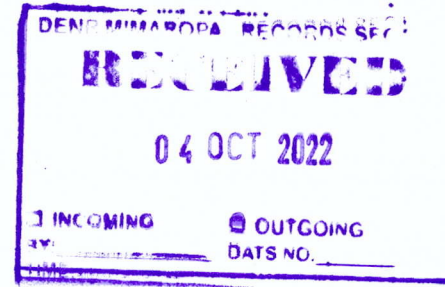
September 27, 2022

**MEMORANDUM**

**FOR : The Regional Executive Director  
MIMAROPA Region**

**FROM : The In-Charge, Office of the PENRO  
Calapan City, Oriental Mindoro**

**SUBJECT : APPLICATION FOR TERMINAL LEAVE CLAIM OF  
ADMINISTRATIVE OFFICER IV (BUDGET OFFICER II)  
LOLINE M. CARLE OF DENR PENRO ORIENTAL MINDORO**



Forwarded are the documents on terminal leave claim of Administrative Officer IV (Budget Officer II) Loline M. Carle effective May 24, 2021.

Attached is the list of requirements.

For information, reference and record.

  
**ALMA E. GIBE**



**DENRPENR02209000056**



September 27, 2022

**MEMORANDUM**

**FOR : The Regional Executive Director**  
**MIMAROPA Region**

**FROM : The In-Charge, Office of the PENRO**  
**Calapan City, Oriental Mindoro**

**SUBJECT : APPLICATION FOR TERMINAL LEAVE CLAIM OF**  
**ADMINISTRATIVE OFFICER IV (BUDGET OFFICER II)**  
**LOLINE M. CARLE OF DENR PENRO ORIENTAL MINDORO**

Forwarded are the documents on terminal leave claim of Administrative Officer IV (Budget Officer II) Loline M. Carle effective May 24, 2021.

Attached is the list of requirements.

For information, reference and record.

  
**ALMA E. GIBE**  
Ⓣ





Republic of the Philippines  
Department of Environment and Natural Resources  
MIMAROPA Region  
**Provincial Environment and Natural Resources**  
Suqui, Calapan City, Oriental Mindoro

Name : **LOLINE M. CARLE**

Effective Date: **MAY 24, 2022**

Position: **ADM. OFFICER IV (B.O II)**

Purpose: **DEATH**

Office: **DENR PENRO ORIENTAL MINDORO**

### **LIST OF REQUIREMENTS/DOCUMENTS ATTACHED**

#### **Retirement (COMPULSORY/Optional)/EO 366**

- ☐ Letter of Intent
- ☐ Endorsement by the Head of Office CENRO/PENRO

#### **For Terminal Claim (4 copies)**

- ☒ GSIS Clearance/Voucher
- ☒ Application for Terminal Leave
- ☐ Certification of Leave Credits and Computerized Leave Card *Adv. copy to R-D*
- ☒ Sworn Statement of Assets and Liabilities (as of **Last day of service**)
- ☒ Latest Appointment
- ☒ Latest Notice of Salary Adjustment/Notice of Step Increment
- ☒ PENRO Clearance
- ☐ CENRO Clearance
- ☒ Service Record
- ☐ Ombudsman Clearance (Online Filing [www.ombudsman.gov.ph](http://www.ombudsman.gov.ph))
- ☐ Affidavit of No pending Criminal Case
- ☐ IPCR with Journal
- ☐ Xerox UMID Card
- ☐ Sworn/Affidavit/Statement for the delay in the filing of claims

#### **In Case of Death**

- ☒ Death Certificate (Original)
- ☐ Marriage Certificate (if married)
- ☒ Birth Certificate of Children
- ☒ 1 Authorized Claimant with Waiver of Rights of Siblings  
(for Single without Child) (Original)
- ☒ Xerox of Valid ID (Claimant)

#### **For Mowel Fund (Refund)**

- ☒ Application for Refund of Premiums
- ☒ Certificate of Contributions
- ☐ Marriage Contract if married

BATANGAS REGIONAL OFFICE  
ALANGILAN, BATANGAS CITY 4200  
SURVIVORSHIP BENEFITS VOUCHER

RA 8291

06/02/2022

PAY TO : SECONDARY BENEFICIARIES OF THE LATE  
LOLINE M. CARLEBRGY STO NIÑO CALAPAN CITY ORIENTAL  
MINDORO 5200 04B PH

LAST EMPLOYER : DENR, PENRO CALAPAN

SUQUI CALAPAN CITY ORIENTAL  
MINDORO 5200 04B PHSERVICE (PPP) : 37.64520287 LWOP : 0.00000000  
AGE : 60.00000000BP NUMBER : 2000902716  
SURVIVORSHIP NO. : RA 8291R0050020225230022  
CLAIM CODE : 2300  
POLICY NO. : LP 100000002466748  
GSIS ID NO. : 60062700249  
DATE OF RETIREMENT : 05/25/2021  
DATE OF DEATH : 05/24/2021  
DATE OF BIRTH : 06/28/1960  
DATE OF PROCESSING : 06/02/2022

3.

FOR : CASH PAYMENT  
FOR THE LATE LOLINE M. CARLE

CASH PAYMENT ( 18 X BMP ) : 18 X 28,333.53 510,003

ACCR ANNUITIES FROM 05/25/2021 TO 11/24/2022 AT 28,333.53 PER MONTH 510,003

GROSS BENEFIT 510,003  
ADD:

LESS:

NET PROCEEDS TO BE PAID AS FOLLOWS: NET PROCEEDS P 510,003  
CHECK NO. DATE1 REGINE C RAMIREZ 255,001.77  
2 GLENN DARYL C RAMIREZ 255,001.77

CERTIFIED CORRECT

MILOR B. MASICA  
STAFF OFFICER III

APPROVED FOR PAYMENT

MARIEL C. ACLAN  
OFFICER I/II

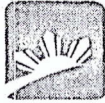
POST AUDITED AND ALLOWED IN THE AMOUNT OF P 510,003.54

CHECK NO. : 63645  
DATE : 00000000  
JUN 06 2022

AUDITOR'S REPRESENTATIVE

AUDITOR

0937-931-2419



## GOVERNMENT SERVICE INSURANCE SYSTEM

BATANGAS

05/27/2022  
PAGE: 1

## Life Insurance Claim Voucher

REGINE CARLE RAMIREZ

BRGY STO NIÑO 5200 CALAPAN CITY ORIENTAL  
MINDORO

Policy No.	:	LP10000002466748
Termination Date	:	05/24/2021
GSIS ID No.	:	60062700249
BP No.	:	2000902716

For the payment of the Death Claim of  
2000902716 / LOLINE M CARLE

## ADD:

Death Claim

P 611,154.00

TOTAL CREDIT: P 611,154.00

## LESS:

Premiums in Arrears (GSL\_BAL)

P 44.27

Multipurpose Loan (MPL)

P 14,827.44

Premiums in Arrears (PSL\_BAL)

P 44.27

(Please see next page for deduction details)

TOTAL DEDUCTION: P 14,915.98  
NET PROCEEDS: P 596,238.02

Net Proceeds to be paid as follows:

REGINE CARLE RAMIREZ P298,119.01

Check No. :

Check Date :

ADJUDICATED BY:

CERTIFIED BY:

APPROVED FOR PAYMENT:

Marvin B. Mercado  
PROCESSORMARIEL C. ACLAN  
OFFICER I/IIMABEL A. DE GUZMAN  
MANAGER

Post-audited and allowed in the amount of P596,238.02

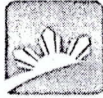
Check No. :  
Check Date :636874  
JUN 01 2022

AUDITOR'S REPRESENTATIVE

AUDITOR

0939-931-2419



**GOVERNMENT SERVICE INSURANCE SYSTEM****BATANGAS****Deductions Details**05/27/2022  
PAGE: 3For the payment of the Death Claim of  
2000902716 / LOLINE M CARLEPolicy No. : LP10000002466748  
Termination Date : 05/24/2021  
GSIS ID No. : 60062700249  
BP No. : 2000902716

DESCRIPTION	DUE AMOUNT	PAID AMOUNT	BALANCE
Premiums in Arrears (PIA)			
Balance	88.54	88.54	0.00
Multipurpose Loan (MPL)			
Balance	8,582.76	8,582.76	0.00
Interest	6,011.18	6,011.18	0.00
Surcharge	0.00	0.00	0.00
RI Balance	233.50	233.50	0.00
RI Benefit	0.00	290,170.32	0.00
<b>TOTALS:</b>	<b>14,915.98</b>	<b>305,086.30</b>	<b>0.00</b>





## Life Insurance Claim Voucher

GLENN DARYL CARLE RAMIREZ  
BRGY.STO.NIÑO 5200 CALAPAN CITY ORIENTAL  
MINDORO

Policy No. : LP10000002466748  
Termination Date : 05/24/2021  
GSIS ID No. : 60062700249  
BP No. : 2000902716

For the payment of the Death Claim of  
2000902716 / LOLINE M CARLE

## ADD:

Death Claim P 611,154.00

TOTAL CREDIT: P 611,154.00

## LESS:

Premiums in Arrears (GSL\_BAL) P 44.27  
Multipurpose Loan (MPL) P 14,827.44  
Premiums in Arrears (PSL\_BAL) P 44.27

(Please see next page for deduction details)

TOTAL DEDUCTION: P 14,915.98  
NET PROCEEDS: P 596,238.02

## Net Proceeds to be paid as follows:

GLENN DARYL CARLE RAMIREZ P298,119.01

Check No. :

Check Date :

## ADJUDICATED BY:

Marvin B. Mercado  
PROCESSOR

## CERTIFIED BY:

MARIEL C. ACLAN  
OFFICER I/II

## APPROVED FOR PAYMENT:

MABEL A. DE GUZMAN  
MANAGER

Post-audited and allowed in the amount of P596,238.02

Check No. : 636873  
Check Date : JUN 01 2022

AUDITOR'S REPRESENTATIVE

AUDITOR

0939-931-2419

GOVERNMENT SERVICE INSURANCE SYSTEM  
BATANGAS REGIONAL OFFICE  
ALANGILAN, BATANGAS CITY 4200  
SURVIVORSHIP BENEFITS VOUCHER  
RA 8291

5.

06/02/2022

PAY TO : SECONDARY BENEFICIARIES OF THE LATE  
LOLINE M. CARLE  
BRGY STO NIÑO CALAPAN CITY ORIENTAL  
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AGE : 60.00000000

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ADD:

LESS:

NET PROCEEDS TO BE PAID AS FOLLOWS: NET PROCEEDS P 510,003  
CHECK NO. DATE

1 REGINE C RAMIREZ 255,001.77  
2 GLENN DARYL C RAMIREZ 255,001.77

CERTIFIED CORRECT

MILNER B. MASICAP  
STAFF OFFICER III

APPROVED FOR PAYMENT

MARIEL C. ACLAN  
OFFICER I/II

POST AUDITED AND ALLOWED IN THE AMOUNT OF P 510,003.54

CHECK NO. : 936945  
DATE : 00000000  
JUN 06 2022

AUDITOR'S REPRESENTATIVE

AUDITOR

0937-937-2419



GOVERNMENT SERVICE INSURANCE SYSTEM  
BATANGAS

05/27/2022  
PAGE: 1

Life Insurance Claim Voucher

REGINE CARLE RAMIREZ  
BRGY STO NIÑO 5200 CALAPAN CITY ORIENTAL  
MINDORO

Policy No. : LP10000002466748  
Termination Date : 05/24/2021  
GSIS ID No. : 60062700249  
BP No. : 2000902716

For the payment of the Death Claim of  
2000902716 / LOLINE M CARLE

ADD:

Death Claim P 611,154.00

TOTAL CREDIT: P 611,154.00

LESS:

Premiums in Arrears (GSL\_BAL) P 44.27  
Multipurpose Loan (MPL) P 14,827.44  
Premiums in Arrears (PSL\_BAL) P 44.27

(Please see next page for deduction details)

TOTAL DEDUCTION: P 14,915.98  
NET PROCEEDS: P 596,238.02

Net Proceeds to be paid as follows:

REGINE CARLE RAMIREZ P298,119.01

Check No. :

Check Date :

ADJUDICATED BY:

CERTIFIED BY:

APPROVED FOR PAYMENT:

Marvin B. Mercado  
PROCESSOR

MARIEL C. ACLAN  
OFFICER I/II

MABEL A. DE GUZMAN  
MANAGER

Post-audited and allowed in the amount of P596,238.02

Check No. : 636874  
Check Date : JUN 01 2022

AUDITOR'S REPRESENTATIVE

AUDITOR

0939-931-2419





**GOVERNMENT SERVICE INSURANCE SYSTEM  
BATANGAS  
Deductions Details**

05/27/2022  
PAGE: 3

For the payment of the Death Claim of  
2000902716 / LOLINE M CARLE

Policy No. : LP10000002466748  
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GSIS ID No. : 60062700249  
BP No. : 2000902716

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MINDORO

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Termination Date : 05/24/2021  
GSIS ID No. : 60062700249  
BP No. : 2000902716

For the payment of the Death Claim of  
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TOTAL CREDIT: P 611,154.00

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Premiums in Arrears (GSL\_BAL) P 44.27  
Multipurpose Loan (MPL) P 14,827.44  
Premiums in Arrears (PSL\_BAL) P 44.27

(Please see next page for deduction details)

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NET PROCEEDS: P 596,238.02

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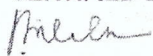
Check No. :

Check Date :

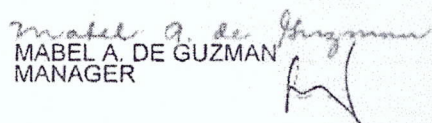
## ADJUDICATED BY:

  
Marvin E. Mercado  
PROCESSOR

## CERTIFIED BY:

  
MARIEL C. ACLAN  
OFFICER I/II

## APPROVED FOR PAYMENT:

  
MABEL A. DE GUZMAN  
MANAGER

Post-audited and allowed in the amount of P596,238.02

Check No. : 636873  
Check Date : JUN 01 2022

AUDITOR'S REPRESENTATIVE

AUDITOR

0939-931-2419



Republic of the Philippines  
Provincial Environment and Natural Resources  
MIMAROPA Region

**APPLICATION FOR LEAVE**

1. OFFICE/DEPARTMENT <b>DENR PENRO ORIENTAL MINDORO</b>	2. NAME (Last) (First) (Middle) <b>CARLE LOLINE MONDRAGON</b>
3. DATE OF FILING _____	4. POSITION _____ 5. SALARY <b>PhP</b> _____

**6. DETAILS OF APPLICATION**

<b>6.A TYPE OF LEAVE TO BE AVAILED OF</b> <input type="checkbox"/> <b>Vacation Leave</b> (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> <b>Mandatory/Forced Leave</b> (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> <b>Sick Leave</b> (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> <b>Maternity Leave</b> (R.A. No. 11210/IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> <b>Paternity Leave</b> (R.A. No. 8187/CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> <b>Special Privilege Leave</b> (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> <b>Solo Parent Leave</b> (RA No. 8972/CSC MC No. 8, s. 2004) <input type="checkbox"/> <b>Study Leave</b> (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> <b>10-Day VAWC Leave</b> (RA No. 9262/CSC MC No 15, s. 2005) <input type="checkbox"/> <b>Rehabilitation Privilege</b> (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> <b>Special Leave Benefits for Women</b> (RA No. 9710/CSC MC No. 25, s. 2010) <input type="checkbox"/> <b>Special Emergency (Calamity) Leave</b> (CSC MC No. 2, s. 2012 as amended) <input type="checkbox"/> <b>Adaptation Leave</b> (RA No. 8552)  <i>Others:</i> _____	<b>6.B DETAILS OF LEAVE</b> <i>In case of Vacation/Special Privilege Leave:</i> <input type="checkbox"/> Within the Philippines _____ <input type="checkbox"/> Abroad (Specify) _____ <i>In case of Sick Leave:</i> <input type="checkbox"/> In Hospital (Specify Illness) _____ <input type="checkbox"/> Out Patient (Specify Illness) _____  <i>In Case of Special Leave Benefits for Women:</i> <input type="checkbox"/> (Specify Illness) _____  <i>In case of Study Leave:</i> <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review  <i>Other purpose:</i> <input type="checkbox"/> Monetization of Leave Credits <input checked="" type="checkbox"/> Terminal Leave
<b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b>  INCLUSIVE DATES _____	<b>6.D COMMUTATION</b> <input type="checkbox"/> Not Requested <input type="checkbox"/> Requested  <div style="text-align: right;">         (Signature of Applicant)     </div>

**7. DETAILS OF ACTION ON APPLICATION**

<b>7.A CERTIFICATION OF LEAVE CREDITS</b> As of _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width: 30%;"></th> <th style="width: 35%;">Vacation Leave</th> <th style="width: 35%;">Sick Leave</th> </tr> <tr> <td><b>Total Earned</b></td> <td></td> <td></td> </tr> <tr> <td><b>Less this application</b></td> <td></td> <td></td> </tr> <tr> <td><b>Balance</b></td> <td></td> <td></td> </tr> </table> <div style="text-align: center; margin-top: 20px;">   <b>BUENA P. FLORIDA</b>          Administrative Officer IV       </div>		Vacation Leave	Sick Leave	<b>Total Earned</b>			<b>Less this application</b>			<b>Balance</b>			<b>7.B RECOMMENDATION</b> <input type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to _____  <div style="text-align: center; margin-top: 20px;">   <b>ALMA E. GIBE</b>          In-Charge, Office of the PENRO       </div>
	Vacation Leave	Sick Leave											
<b>Total Earned</b>													
<b>Less this application</b>													
<b>Balance</b>													

<b>7.C APPROVED FOR:</b> _____ days with pay _____ days without pay _____ others (Specify) _____	<b>7.D DISAPPROVED DUE TO:</b> _____ _____ _____
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Republic of the Philippines  
Provincial Environment and Natural Resources  
MIMAROPA Region

### APPLICATION FOR LEAVE

1. OFFICE/DEPARTMENT <b>DENR PENRO ORIENTAL MINDORO</b>	2. NAME (Last) <b>CARLE</b>	(First) <b>LOUNE</b>	(Middle) <b>MONDRAGON</b>
3. DATE OF FILING _____	4. POSITION _____	5. SALARY <b>PhP</b> _____	

#### 6. DETAILS OF APPLICATION

<b>6.A TYPE OF LEAVE TO BE AVAILED OF</b> <input type="checkbox"/> <b>Vacation Leave</b> (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> <b>Mandatory/Forced Leave</b> (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> <b>Sick Leave</b> (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> <b>Maternity Leave</b> (R.A. No. 11210/IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> <b>Paternity Leave</b> (R.A. No. 8187/CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> <b>Special Privilege Leave</b> (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> <b>Solo Parent Leave</b> (RA No. 8972/CSC MC No. 8, s. 2004) <input type="checkbox"/> <b>Study Leave</b> (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> <b>10-Day VAWC Leave</b> (RA No. 9262/CSC MC No 15, s. 2005) <input type="checkbox"/> <b>Rehabilitation Privilege</b> (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> <b>Special Leave Benefits for Women</b> (RA No. 9710/CSC MC No. 25, s. 2010) <input type="checkbox"/> <b>Special Emergency (Calamity) Leave</b> (CSC MC No. 2, s. 2012 as amended) <input type="checkbox"/> <b>Adaptation Leave</b> (RA No. 8552)  <i>Others:</i> _____	<b>6.B DETAILS OF LEAVE</b> <i>In case of Vacation/Special Privilege Leave:</i> <input type="checkbox"/> Within the Philippines _____ <input type="checkbox"/> Abroad (Specify) _____ <i>In case of Sick Leave:</i> <input type="checkbox"/> In Hospital (Specify Illness) _____ <input type="checkbox"/> Out Patient (Specify Illness) _____  <i>In Case of Special Leave Benefits for Women:</i> <input type="checkbox"/> (Specify Illness) _____  <i>In case of Study Leave:</i> <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review  <i>Other purpose:</i> <input type="checkbox"/> Monetization of Leave Credits <input checked="" type="checkbox"/> Terminal Leave
<b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b> _____  <b>INCLUSIVE DATES</b> _____	<b>6.D COMMUTATION</b> <input type="checkbox"/> Not Requested <input type="checkbox"/> Requested  <div style="text-align: right;">           (Signature of Applicant)       </div>

#### 7. DETAILS OF ACTION ON APPLICATION

<b>7.A CERTIFICATION OF LEAVE CREDITS</b> As of _____ <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 30%;">Vacation Leave</th> <th style="width: 30%;">Sick Leave</th> </tr> </thead> <tbody> <tr> <td><i>Total Earned</i></td> <td></td> <td></td> </tr> <tr> <td><i>Less this application</i></td> <td></td> <td></td> </tr> <tr> <td><i>Balance</i></td> <td></td> <td></td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 20px;">   <b>BUENA P. FLORIDA</b>          Administrative Officer IV       </div>		Vacation Leave	Sick Leave	<i>Total Earned</i>			<i>Less this application</i>			<i>Balance</i>			<b>7.B RECOMMENDATION</b> <input type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to _____ _____ _____ _____  <div style="text-align: center; margin-top: 20px;">   <b>ALMA E. GIBÉ</b>          In-Charge, Office of the PENRO       </div>
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<i>Balance</i>													
<b>7.C APPROVED FOR:</b> _____ days with pay _____ days without pay _____ others (Specify) _____	<b>7.D DISAPPROVED DUE TO:</b> _____ _____ _____												



Republic of the Philippines  
Provincial Environment and Natural Resources  
MIMAROPA Region

APPLICATION FOR LEAVE

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3. DATE OF FILING	4. POSITION	5. SALARY <b>PhP</b>

6. DETAILS OF APPLICATION

<b>6.A TYPE OF LEAVE TO BE AVAILED OF</b> <input type="checkbox"/> Vacation Leave (Sec. 51, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Mandatory/Forced Leave (Sec. 25, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Sick Leave (Sec. 43, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Maternity Leave (R.A. No. 11210/IRR issued by CSC, DOLE and SSS) <input type="checkbox"/> Paternity Leave (R.A. No. 8187/CSC MC No. 71, s. 1998, as amended) <input type="checkbox"/> Special Privilege Leave (Sec. 21, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Solo Parent Leave (RA No. 8972/CSC MC No. 8, s. 2004) <input type="checkbox"/> Study Leave (Sec. 68, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> 10-Day VAWC Leave (RA No. 9262/CSC MC No 15, s. 2005) <input type="checkbox"/> Rehabilitation Privilege (Sec. 55, Rule XVI, Omnibus Rules Implementing E.O. No. 292) <input type="checkbox"/> Special Leave Benefits for Women (RA No. 9710/CSC MC No. 25, s. 2010) <input type="checkbox"/> Special Emergency (Calamity) Leave (CSC MC No. 2, s. 2012 as amended) <input type="checkbox"/> Adoption Leave (RA No. 8552)  Others: _____	<b>6.B DETAILS OF LEAVE</b> <i>In case of Vacation/Special Privilege Leave:</i> <input type="checkbox"/> Within the Philippines _____ <input type="checkbox"/> Abroad (Specify) _____ <i>In case of Sick Leave:</i> <input type="checkbox"/> In Hospital (Specify Illness) _____ <input type="checkbox"/> Out Patient (Specify Illness) _____  <i>In Case of Special Leave Benefits for Women:</i> <input type="checkbox"/> (Specify Illness) _____  <i>In case of Study Leave:</i> <input type="checkbox"/> Completion of Master's Degree <input type="checkbox"/> BAR/Board Examination Review  <i>Other purpose:</i> <input type="checkbox"/> Monetization of Leave Credits <input checked="" type="checkbox"/> Terminal Leave
<b>6.C NUMBER OF WORKING DAYS APPLIED FOR</b> _____  <b>INCLUSIVE DATES</b> _____	<b>6.D COMMUTATION</b> <input type="checkbox"/> Not Requested <input type="checkbox"/> Requested  _____ (Signature of Applicant)

7. DETAILS OF ACTION ON APPLICATION

<b>7.A CERTIFICATION OF LEAVE CREDITS</b> As of _____ <table border="1"><thead><tr><th></th><th>Vacation Leave</th><th>Sick Leave</th></tr></thead><tbody><tr><td>Total Earned</td><td></td><td></td></tr><tr><td>Less this application</td><td></td><td></td></tr><tr><td>Balance</td><td></td><td></td></tr></tbody></table>  <b>BUENA P. FLORIDA</b> Administrative Officer IV		Vacation Leave	Sick Leave	Total Earned			Less this application			Balance			<b>7.B RECOMMENDATION</b> <input type="checkbox"/> For approval <input type="checkbox"/> For disapproval due to _____ _____ _____ _____   <b>ALMA E. GIBE</b> In-Charge, Office of the PENRO
	Vacation Leave	Sick Leave											
Total Earned													
Less this application													
Balance													
<b>7.C APPROVED FOR:</b> _____ days with pay _____ days without pay _____ others (Specify)	<b>7.D DISAPPROVED DUE TO:</b> _____ _____ _____												



SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2020  
(Required by R.A. 6713)

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately.  
☐ Joint Filing    ☐ Separate Filing    ☒ Not Applicable

DECLARANT:	CARLE	LOLINE	M.	POSITION:	ADMINISTRATIVE OFFICER IV (BUDGET OFFICER II
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	DENR/PENRO,ORIENTAL MINDORO
ADDRESS:	117, Lopez Subd. Sto.Niño, Calapan City, Oriental Mindoro			OFFICE ADDRESS:	ILANG-ILANG ST.SITIO III,SUQUI, CALAPAN ORIENTAL MINDORO
SPOUSE:	N/A	N/A	N/A	POSITION:	N/A
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	N/A
				OFFICE ADDRESS:	N/A

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT’S HOUSEHOLD

NAME	DATE OF BIRTH	AGE
N/A	N/A	N/A

ASSETS, LIABILITIES AND NETWORTH

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant’s household)

1. ASSETS

a. Real Properties\*

DESCRIPTION <small>(e.g. lot, house and lot, condominium and improvements)</small>	KIND <small>(e.g. residential, commercial, industrial, agricultural and mixed use)</small>	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			<small>(As found in the Tax Declaration of Real Property)</small>		YEAR	MODE	
House & Lot	Residential	117 Lopez Subd. Sto Nino, Calapan City	84,340.00	843,412.00	1990	Purchased	P 732,000.00
Agr'l Land	Agricultural	Sta Cruz, Calapan City	49,430.00	123,585.00	2002	Purchased	P 400,000.00
Agr'l Land	Agricultural	Pasi, Socorro, Or. Mindoro	7,200.00	18,000.00	2002	Inheritance	N/A
Subtotal:							P1,132,000 .00

b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Furniture & Fixtures	1987-2020	200,000.00
Jewelries & Clothing's	1984-2020	250,000.00
Appliances	1980-2020	300,000.00
Cash in Bank (Savings Account)	2009-2020	2,550,000.00
St. Peter Plan	2014	33,000.00
Model 2015 Isuzu-MUX ,CR No.233424800	2015	1,398,000.00
Model 2017 Toyota-Innova, CR No. 273941673	2017	1,164,000.00
Model 2020 Isuzu D-Max, CR No. 37682266-6	2020	1,290,000.00
Investment(House&Lot) Tanza Cavite	2018	95,000.00
PAG-IBIG MP2	2018 -2020	300,000.00
Subtotal :		P 7,580,000.00
TOTAL ASSETS (a+b):		P 8,712,000.00

\* Additional sheet/s may be used, if necessary



SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2020  
(Required by R.A. 6713)

Note: Husband and wife who are both public officials and employees may file the required statements jointly or separately.  
☐ Joint Filing    ☐ Separate Filing    ☒ Not Applicable

DECLARANT:	CARLE	LOLINE	M.	POSITION:	ADMINISTRATIVE OFFICER IV (BUDGET OFFICER II
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	DENR/PENRO,ORIENTAL MINDORO
ADDRESS:	117, Lopez Subd. Sto.Niño, Calapan City, Oriental Mindoro			OFFICE ADDRESS:	ILANG-ILANG ST.SITIO III,SUQUI, CALAPAN ORIENTAL MINDORO
SPOUSE:	N/A	N/A	N/A	POSITION:	N/A
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	N/A
				OFFICE ADDRESS:	N/A

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT’S HOUSEHOLD

NAME	DATE OF BIRTH	AGE
N/A	N/A	N/A

ASSETS, LIABILITIES AND NETWORTH

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant’s household)

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a. Real Properties\*

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Agr'l Land	Agricultural	Pasi, Socorro, Or. Mindoro	7,200.00	18,000.00	2002	Inheritance	N/A
Subtotal:							P1,132,000 .00

b. Personal Properties\*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
Furniture & Fixtures	1987-2020	200,000.00
Jewelries & Clothing's	1984-2020	250,000.00
Appliances	1980-2020	300,000.00
Cash in Bank (Savings Account)	2009-2020	2,550,000.00
St. Peter Plan	2014	33,000.00
Model 2015 Isuzu-MUX ,CR No.233424800	2015	1,398,000.00
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Subtotal :		P 7,580,000.00
TOTAL ASSETS (a+b):		P 8,712,000.00

\* Additional sheet/s may be used, if necessary



SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2020  
(Required by R.A. 6713)

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DECLARANT:	CARLE	LOLINE	M.	POSITION:	ADMINISTRATIVE OFFICER IV (BUDGET OFFICER II)
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	DENR/PENRO, ORIENTAL MINDORO
ADDRESS:	117, Lopez Subd. Sto.Niño, Calapan City, Oriental Mindoro			OFFICE ADDRESS:	ILANG-ILANG ST.SITIO III,SUQUI, CALAPAN ORIENTAL MINDORO
SPOUSE:	N/A	N/A	N/A	POSITION:	N/A
	(Family Name)	(First Name)	(M.I.)	AGENCY/OFFICE:	N/A
				OFFICE ADDRESS:	N/A

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME	DATE OF BIRTH	AGE
N/A	N/A	N/A

ASSETS, LIABILITIES AND NETWORTH

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Investment(House&Lot) Tanza Cavite	2018	95,000.00
PAG-IBIG MP2	2018 -2020	300,000.00
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TOTAL ASSETS (a+b):		P 8,712,000.00

\* Additional sheet/s may be used, if necessary

*[Handwritten signature]*



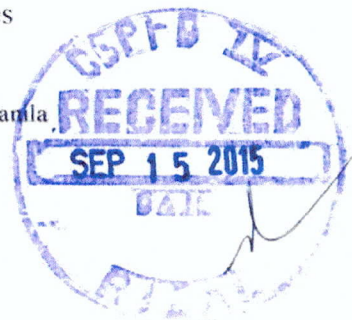
PORMA BLG. 33  
(Narebisa, 1998)



*Republika ng Pilipinas*  
Republic of the Philippines

**Kagawaran ng Kapaligiran at Likas Yaman**

Department of Environment and Natural Resources  
REHIYON BLG. 4B MIMAROPA  
Region IV-B, MIMAROPA  
1515 DENR By the Bay Building, Roxas Boulevard, Ermita, Manila



**Ginoong/Gng./Bb.:** **LOLINE M. CARLE**  
**Mr./Mrs./Ms.**

**Kayo ay nahirang na** **ADMINISTRATIVE OFFICER IV (SG-15)** **na**  
You are hereby appointed as

**may katayuang** **PERMANENTE** **sa** **DENR, REGION IV-B, MIMAROPA**  
with a Status at the (Agency)

**sa pasahod na** **TWO HUNDRED NINETY EIGHT THOUSAND AND SIX HUNDRED FORTY FOUR** **piso.**  
with a compensation rate of (Php 298,644.00) pesos

**Ito ay magkakabisa sa petsa ng pagganap ng tungkulin subali't di aaga sa petsa ng**  
The effectivity date of this appointment shall be the date of actual assumption by the appointee but not earlier than the date of

**pagpirma ng puno ng tanggapan o appointing authority.**  
issuance of the appointment which is the date of the signing of the appointing authority.

**Ang appointment na ito ay** **PROMOTION** **bilang kapalit ni**  
This appointment is (Original, Promotion, etc.) vice

**Leonora C. Arbes** **na** **Retired** **at ayon sa Plantilya**  
who (Transferred, Retired, etc.) and in accordance with

**Aytem Blg.** **OSEC-DENRB-ADOF4-281-2004** **Pahina** **N/A**  
Item No. Page  
(Under approved NOSCA s., 0002014-05-126)

**PINAGTIBAY NA PERMANENT**

**JACINTO C. MATEO III**  
**Director II**  
**Awtorisadong Opisyal**  
**Komisyon ng Serbisyo Sibil**  
Authorized Official/Civil Service Commission

**Sumasainyo,**  
Very truly yours,

**OSCAR C. DOMINGUEZ**  
**OIC, Regional Director**  
**MIMAROPA Region**

**MAY 02 2016**

**Petsa**  
Date

**AUG 19 2015**

**Petsa ng Pagpirma**  
Date of Signing



PORMA BLG. 33  
(Narebisa, 1998)



*Republika ng Pilipinas*  
Republic of the Philippines

**Kagawaran ng Kapaligiran at Likas Yaman**

Department of Environment and Natural Resources  
REHIYON BLG. 4B MIMAROPA  
Region IV-B, MIMAROPA  
1515 DENR By the Bay Building, Roxas Boulevard, Ermita, Manila



*Ginoong/Gng./Bb.:* **LOLINE M. CARLE**  
*Mr./Mrs./Ms.*

*Kayo ay nahirang na* **ADMINISTRATIVE OFFICER IV (SG-15)** *na*  
You are hereby appointed as

*may katayuang* **PERMANENTE** *sa* **DENR, REGION IV-B, MIMAROPA**  
with a Status at the (Agency)

*sa pasahod na* **TWO HUNDRED NINETY EIGHT THOUSAND AND SIX HUNDRED FORTY FOUR** *piso.*  
with a compensation rate of **(Php 298,644.00)** pesos

*Ito ay magkakabisa sa petsa ng pagganap ng tungkulin subali't di aaga sa petsa ng*  
The effectivity date of this appointment shall be the date of actual assumption by the appointee but not earlier than the date of

*pagpirma ng puno ng tanggapan o appointing authority.*  
issuance of the appointment which is the date of the signing of the appointing authority.

*Ang appointment na ito ay* **PROMOTION** *bilang kapalit ni*  
This appointment is (Original, Promotion, etc.) vice

**Leonora C. Arbes** *na* **Retired** *at ayon sa Plantilya*  
who (Transferred, Retired, etc.) and in accordance with

*Aytem Blg.* **OSEC-DENRB-ADOF4-281-2004** *Pahina* **N/A**  
Item No. Page  
(Under approved NOSCA s., 0002014-05-126)

**PINAGTIBAY NA PERMANENT**

**JACINTO C. MATEO III**  
Director II  
Awtorisadong Opisyal  
Komisyon ng Serbisyo Sibil  
Authorized Official/Civil Service Commission

*Sumasainyo,*  
Very truly yours,

**OSCAR C. DOMINGUEZ**  
OIC, Regional Director  
MIMAROPA Region

**MAY 02 2016**

**Petsa**  
Date

**AUG 19 2015**

**Petsa ng Pagpirma**  
Date of Signing

PORMA BLG. 33  
(Narebisa, 1998)



*Republika ng Pilipinas*  
Republic of the Philippines

**Kagawaran ng Kapaligiran at Likas Yaman**

Department of Environment and Natural Resources  
REHIYON BLG. 4B MIMAROPA  
Region IV-B, MIMAROPA  
1515 DENR By the Bay Building, Roxas Boulevard, Ermita, Manila



*Ginoong/Gng./Bb.:*  
Mr./Mrs./Ms.

**LOLINE M. CARLE**

*Kayo ay nahirang na* ADMINISTRATIVE OFFICER IV (SG-15) *na*  
You are hereby appointed as

*may katayuang* PERMANENTE *sa* DENR, REGION IV-B, MIMAROPA  
with a Status at the (Agency)

*sa pasahod na* TWO HUNDRED NINETY EIGHT THOUSAND AND SIX HUNDRED FORTY FOUR *piso.*  
with a compensation rate of (Php 298,644.00) pesos

*Ito ay magkakabisa sa petsa ng pagganap ng tungkulin subali't di aaga sa petsa ng*  
The effectivity date of this appointment shall be the date of actual assumption by the appointee but not earlier than the date of

*pagpirma ng puno ng tanggapan o appointing authority.*  
issuance of the appointment which is the date of the signing of the appointing authority.

*Ang appointment na ito ay* PROMOTION *bilang kapalit ni*  
This appointment is (Original, Promotion, etc.) vice

Leonora C. Arbes *na* Retired *at ayon sa Plantilya*  
who (Transferred, Retired, etc.) and in accordance with

*Aytem Blg.* OSEC-DENRB-ADOF4-281-2004 *Pahina* N/A  
Item No. Page  
(Under approved NOSCA s., 0002014-05-126)

**PINAGTIBAY NA PERMANENT**

**JACINTO C. MATEO III**

Director II

**Awtorisadong Opisyal**

**Komisyon ng Serbisyo Sibil**

Authorized Official/Civil Service Commission

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OIC, Regional Director  
MIMAROPA Region

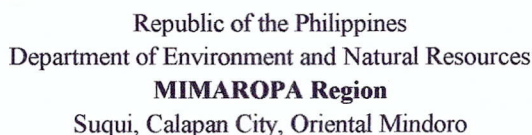
MAY 02 2016

**Petsa**  
Date

AUG 19 2015

**Petsa ng Pagpirma**  
Date of Signing





(To be accomplished by Employee)

In-charge, Management Services Division









## NOTICE OF SALARY ADJUSTMENT

DATE: January 15, 2021

MS. LOLINE M. CARLE  
DENR-PENRO  
Calapan City, Oriental Mindoro


Ma'am:

Pursuant to National Budget Circular No. 584 dated January 06, 2021, implementing Republic Act No. 11466 dated July 22, 2019, your salary is hereby adjusted effective January 01, 2021, as follows:

- |  |     |           |
|--|-----|-----------|
| 1. Adjusted monthly basic salary effective January 01, 2021,<br>under the new Salary Schedule; SG: <u>15</u> Step: <u>02</u> | PhP | 33,953.00 |
| 2. Actual monthly salary as of December 31, 2020;<br>SG: <u>15</u> Step: <u>02</u>   | PhP | 32,431.00 |
| 3. Monthly salary adjustment, effective January 01, 2021, (1-2)  | PhP | 1,522.00  |

It is understood that this salary adjustment is subject to review and post-audit, and to appropriate re-adjustment and refund if not in order.

Very truly yours,

  
**BIGHANI M. MANIPULA, Ph.D.**  
OIC, Assistant Regional Director  
for Management Services

Position Title: Administrative Officer IV (BO II)  
Salary Grade: 15  
Item No./Unique Item No., FY \_\_\_\_\_ Personal Services Itemization  
And/or Plantilla of Personnel: OSEC-DENRB-ADOF4-281-2004

Copy furnished: GSIS



## NOTICE OF SALARY ADJUSTMENT

DATE: January 15, 2021

MS. LOLINE M. CARLE  
DENR-PENRO  
Calapan City, Oriental Mindoro


Ma'am:

Pursuant to National Budget Circular No. 584 dated January 06, 2021, implementing Republic Act No. 11466 dated July 22, 2019, your salary is hereby adjusted effective January 01, 2021, as follows:

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Very truly yours,

  
BIGHANI M. MANIPULA, Ph.D.  
OIC, Assistant Regional Director  
for Management Services

Position Title: Administrative Officer IV (BO II)  
Salary Grade: 15  
Item No./Unique Item No., FY \_\_\_\_\_ Personal Services Itemization  
And/or Plantilla of Personnel: OSEC-DENRB-ADOF4-281-2004

Copy furnished: GSIS

## NOTICE OF SALARY ADJUSTMENT

DATE: January 15, 2021

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DENR-PENRO  
Calapan City, Oriental Mindoro


Ma'am:

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OIC, Assistant Regional Director  
for Management Services

Position Title: Administrative Officer IV (BO II)

Salary Grade: 15

Item No./Unique Item No., FY \_\_\_\_\_ Personal Services Itemization

And/or Plantilla of Personnel: OSEC-DENRB-ADOF4-281-2004

Copy furnished: GSIS

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DENR-PENRO  
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for Management Services

Position Title: Administrative Officer IV (BO II)  
Salary Grade: 15  
Item No./Unique Item No., FY \_\_\_\_\_ Personal Services Itemization  
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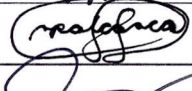
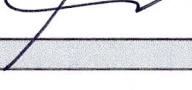

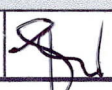


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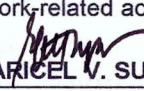

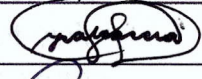
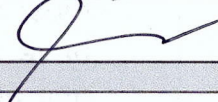
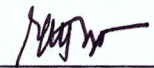
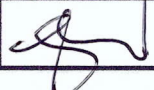


DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

CLEARANCE FORM

(Instructions at the back)

<b>I   PURPOSE</b>				
<b>TO: <u>DENR-PENRO ORIENTAL MINDORO</u></b> I hereby apply for clearance from money, property and work-related accountabilities for: Purpose: <input type="checkbox"/> Transfer <input type="checkbox"/> Resignation <input checked="" type="checkbox"/> Other Mode of Separation: <input type="checkbox"/> Retirement <input type="checkbox"/> Leave Please specify: <u>Death</u> Effectivity/Inclusive Period: <u>May 24, 2022</u>				Date of Application _____
Office of Assignment <u>DENR PENRO Calapan, Oriental Mindoro</u> Position/SG/Step: <u>ADMINISTRATIVE OFFICER IV (BUDGET OFFICER II)/SG 15/S2</u>		<b>LOLINE M. CARLE</b> Name and Signature of Employee		
<b>II   CLEARANCE FROM WORK-RELATED ACCOUNTABILITIES</b>				
I hereby certify that this applicant is cleared of work-related accountabilities from this Unit/Office/Dept. <div style="text-align: center; margin-top: 10px;">   <b>MARICEL V. SUPLEO</b>          Chief, Management Services Division       </div>				
<b>III   CLEARANCE FROM MONEY AND PROPERTY ACCOUNTABILITIES</b>				
Name of Unit/Office/Department	Cleared	Not Cleared	Name of Clearing Officer/Official	Signature
<b>1. Administration Sector</b>				
a General Services Unit	✓ 		NELSON S. SIKAT Adm. Assistant III/In-Charge, GSS	
b Records Unit			NOEME P. ALCANCIA In-charge, General Records Unit	
c Personnel Unit			BUENA P. FLORIDA Administrative Officer IV	
<b>2. Finance and Assets Management</b>				
a Financial Services				
b Transaction, Processing & Billing Services			MARICEL V. SUPLEO PENRO Accountant	
c Payroll & Remittance Services				
<b>4. Professional and Institutional Development</b>				
a DENR Foreign and Scholarship Services			MYLA GEMMA P. GAMBOA Forest Tech. II/HRD Officer	
<b>IV   CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE:</b>				
a Internal Affairs Office/Legal Affairs Office			MARICEL V. SUPLEO Chief, Management Services Division	
<input type="checkbox"/> with pending administrative case <input type="checkbox"/> with ongoing investigation (no formal charge yet)				
<b>V   CERTIFICATION</b>				
 <b>ALMA E. GIBE</b> In-Charge, PENRO Oriental Mindoro				

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES  
**CLEARANCE FORM**  
(Instructions at the back)

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Office of Assignment: <u>DENR PENRO Calapan, Oriental Mindoro</u> Position/SG/Step: <u>ADMINISTRATIVE OFFICER IV (BUDGET OFFICER II)/SG 15/S2</u>		<b>LOLINE M. CARLE</b> Name and Signature of Employee		
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b Records Unit			NOEME P. ALCANCIA In-charge, General Records Unit	
c Personnel Unit			BUENA P. FLORIDA Administrative Officer IV	
<b>2. Finance and Assets Management</b>				
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<b>IV CERTIFICATION OF NO PENDING ADMINISTRATIVE CASE:</b>				
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<input type="checkbox"/> with pending administrative case <input type="checkbox"/> with ongoing investigation (no formal charge yet)				
<b>V CERTIFICATION</b>				
 <b>ALMA E. GIBE</b> In-Charge, PENRO Oriental Mindoro				



**ENR MOWEL FOUNDATION INC.**  
**APPLICATION FOR PREMIUM REFUND**

Name of Claimant: Regine Ramirez

Former Place of Assignment (Office/Division):

**DENR PENRO ORIENTAL MINDORO**

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Supporting documents: (to be attached to claim application)

- Endorsed by Head of Office/RD/PENRO/CENRO
- Retirement Voucher
- Certification on money, property and work accountabilities
- Certificate of Remittances

Regine Ramirez  
Signature of Claimant

**ENR MOWEL FOUNDATION INC.**  
**APPLICATION FOR PREMIUM REFUND**

Name of Claimant : Regine Ramirez

Former Place of Assignment (Office/Division):

**DENR PENRO ORIENTAL MINDORO**

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Regine Ramirez  
Signature of Claimant



Republic of the Philippines  
**Department of Environment and Natural Resources**  
MIMAROPA Region  
**Provincial Environment and Natural Resources Office**

## CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that the ENRP-MOWEL Fund contribution of Budget Officer II **LOLINE M. CARLE** of PENRO Oriental Mindoro has been deducted and remitted as acknowledge by Official Receipt Nos. indicated below:

MONTH/YEAR	AMOUNT	OR NO.	DATE DEPOSITED	COLLECTING BANK
<b>1996</b>				
MARCH	10.00	839	Sept. 16, 1996	LAND BANK-Calapan
APRIL	10.00	- do -	- do -	- do -
MAY	10.00	- do -	- do -	- do -
JUNE	10.00	- do -	- do -	- do -
JULY	10.00	- do -	- do -	- do -
AUGUST	10.00	- do -	- do -	- do -
SEPTEMBER	10.00	- do -	- do -	- do -
OCTOBER	10.00	- do -	- do -	- do -
NOVEMBER	10.00	- do -	- do -	- do -
DECEMBER	10.00	- do -	- do -	- do -
<b>1997</b>				
JANUARY	10.00	1730	FEB. 10, 1997	LAND BANK-Calapan
FEBRUARY	10.00	- do -	- do -	- do -
MARCH	10.00	- do -	- do -	- do -
APRIL	10.00	- do -	- do -	- do -
MAY	10.00	- do -	- do -	- do -
JUNE	10.00	- do -	- do -	- do -
JULY	10.00	- do -	- do -	- do -
AUGUST	10.00	- do -	- do -	- do -
SEPTEMBER	10.00	- do -	- do -	- do -
OCTOBER	10.00	- do -	- do -	- do -
NOVEMBER	10.00	- do -	- do -	- do -
DECEMBER	10.00	- do -	- do -	- do -
<b>1998</b>				
JANUARY	20.00	0712-1010-32	FEB. 03, 1998	LAND BANK-Calapan
FEBRUARY	20.00	0712-1010-32	MAR. 05, 1998	- do -
MARCH	20.00	0712-1010-32	APR. 06, 1998	- do -
APRIL	20.00	0712-1010-32	APR. 30, 1998	- do -
MAY	20.00	44554	JUNE 09, 1998	- do -
JUNE	20.00	4708	JUNE 09, 1998	- do -
JULY	20.00	4906	AUG. 11, 1998	- do -
AUGUST	80.00	5096	SEPT. 10, 1998	- do -
SEPTEMBER	50.00	5226	OCT. 01, 1998	LAND BANK-Calapan
OCTOBER	50.00	5467	NOV. 05, 1998	- do -
NOVEMBER	50.00	5734	DEC. 09, 1998	- do -
DECEMBER	50.00	5879	JAN 07, 1999	- do -
<b>1999</b>				
JANUARY	50.00	6141	FEB. 10, 1999	LAND BANK-Calapan
FEBRUARY	50.00	6277	MAR. 10, 1999	- do -
MARCH	50.00	6467	APR. 08, 1999	- do -
APRIL	50.00	6672	MAY 06, 1999	- do -
MAY	50.00	7030	JUNE 07, 1999	- do -
JUNE	50.00	7123	JUNE 28, 1999	- do -
JULY	50.00	7432	AUG. 09, 1999	- do -
AUGUST	50.00	7606	SEPT. 08, 1999	- do -
SEPTEMBER	50.00	Dep.Slip No.7	OCT. 15, 1999	- do -
OCTOBER	50.00	7911	OCT. 26, 1999	- do -
NOVEMBER	50.00	8496	DEC. 15, 1999	- do -
DECEMBER	50.00	8798	MAR. 09, 2000	- do -



MONTH/YEAR	AMOUNT	OR NO.	DATE DEPOSITED	COLLECTING BANK
<b>2000</b>				
JANUARY	50.00	8484	JAN. 31, 2000	LANDBANK-Calapan
FEBRUARY	50.00	8797	MAR. 14, 2000	- do -
MARCH	50.00	9312	APR. 04, 2000	- do -
APRIL	50.00	9313	MAY. 02, 2000	- do -
MAY	50.00	9553	JUNE. 05, 2000	- do -
JUNE	50.00	9730	JULY. 04, 2000	- do -
JULY	50.00	10307	AUG. 08, 2000	- do -
AUGUST	50.00	10308	SEPT. 04, 2000	- do -
SEPTEMBER	50.00	10777	SEPT. 10, 2000	- do -
OCTOBER	50.00	10972	NOV. 08, 2000	- do -
NOVEMBER	50.00	Dep.Slip No16	DEC. 04, 2000	- do -
DECEMBER	50.00	11236	JAN. 08, 2000	- do -
<b>2001</b>				
JANUARY	50.00	11690	FEB. 05, 2001	LANDBANK-Calapan
FEBRUARY	50.00	11885	MAR.. 20, 2001	- do -
MARCH	50.00	12136	APR. 23, 2001	- do -
APRIL	50.00	12412	May. 05, 2001	- do -
MAY	50.00	12681	MAY. 31, 2001	- do -
JUNE	50.00	12940	JUNE. 26, 2001	- do -
JULY	50.00	13575	JULY. 27, 2001	- do -
AUGUST	50.00	13576	SEPT. 04, 2001	- do -
SEPTEMBER	50.00	14973	OCT. 05, 2001	- do -
OCTOBER	50.00	Dep.Slip No.31	NOV. 05, 2001	- do -
NOVEMBER	50.00	14247	DEC. 06, 2001	- do -
DECEMBER	50.00	Dep.Slip No.34	JAN. 03, 2002	- do -
<b>2002</b>				
JANUARY	50.00	14970	FEB. 05, 2002	LANDBANK-Calapan
FEBRUARY	50.00	14972	MAR. 20, 2002	- do -
MARCH	50.00	15150	APR. 10, 2002	- do -
APRIL	50.00	Dep.Slip No. 39	MAY. 03, 2002	- do -
MAY	50.00	15414	MAY. 29, 2002	- do -
JUNE	50.00	15978	JULY. 08, 2002	- do -
JULY	50.00	16239	AUG. 02, 2002	- do -
AUGUST	50.00	16240	AUG. 30, 2002	- do -
SEPTEMBER	50.00	16731	SEPT. 30, 2002	- do -
OCTOBER	50.00	16965	NOV. 08, 2002	- do -
NOVEMBER	50.00	17389	DEC. 09, 2002	- do -
DECEMBER	50.00	17390	JAN. 08, 2003	- do -
<b>2003</b>				
JANUARY	50.00	18044	FEB. 04, 2003	DENR CENTRAL OFFICE
FEBRUARY	50.00	18045	MAR. 05, 2003	- do -
MARCH	50.00	18046	APR. 08, 2003	- do -
APRIL	50.00	18738	MAY. 05, 2003	- do -
MAY	50.00	18739	JUNE. 26, 2003	- do -
JUNE	50.00	18740	JULY. 02, 2003	- do -
JULY	50.00	18799	AUG. 04, 2003	- do -
AUGUST	50.00	19046	SEPT. 01, 2003	- do -
SEPTEMBER	50.00	19315	OCT. 07, 2003	- do -
OCTOBER	50.00	19550	NOV. 07, 2003	- do -
NOVEMBER	50.00	19786	DEC. 03, 2003	- do -
DECEMBER	50.00	19996	JAN. 12, 2003	- do -
<b>2004</b>				
JANUARY	50.00	20177	FEB. 05, 2004	DENR CENTRAL OFFICE
FEBRUARY	50.00	20498	MAR. 10, 2004	- do -
MARCH	50.00	20626	APR. 01, 2004	- do -
APRIL	50.00	20858	MAY. 06, 2004	- do -
MAY	50.00	21182	JUNE. 09, 2004	- do -
JUNE	50.00	21379	JULY. 07, 2004	- do -
JULY	50.00	21588	AUG. 03, 2004	- do -
AUGUST	50.00	21768	SEPT. 07, 2004	- do -
SEPTEMBER	50.00	21945	OCT. 07, 2004	- do -
OCTOBER	50.00	22403	DEC. 02, 2004	- do -
NOVEMBER	50.00	22402	DEC. 02, 2004	LAND BANK-CALAPAN
DECEMBER	50.00	22722	JAN. 12, 2005	- do -
<b>2005</b>				
JANUARY	50.00	22927	FEB. 08, 2005	LAND BANK-CALAPAN
FEBRUARY	50.00	23118	MAR. 08, 2005	- do -
MARCH	50.00	23313	APR. 07, 2005	- do -
APRIL	50.00	23590	MAY. 11, 2005	- do -
MAY	50.00	23767	JUNE. 06, 2005	- do -
JUNE	75.00	23986	JULY. 01, 2005	- do -
JULY	75.00	24238	AUG. 04, 2005	- do -
AUGUST	75.00	24530	SEPT. 08, 2005	- do -
SEPTEMBER	75.00	25051	OCT. 03, 2005	- do -
OCTOBER	75.00	24892	NOV. 10, 2005	- do -
NOVEMBER	75.00	25237	NOV. 06, 2005	- do -
DECEMBER	75.00	25472	JAN. 09, 2006	- do -

MONTH/YEAR	AMOUNT	OR NO.	DATE DEPOSITED	COLLECTING BANK
<b>2006</b>				
JANUARY	75.00	25764	FEB 09, 2006	LAND BANK-CALAPAN
FEBRUARY	75.00	26029	MAR 09, 2006	- do -
MARCH	75.00	26216	APRIL 07, 2006	- do -
APRIL	75.00	26459	MAY 08, 2006	- do -
MAY	75.00	26743	JUNE 13, 2006	- do -
JUNE	75.00	26921	JULY 04, 2006	- do -
JULY	75.00	27167	AUG. 07, 2006	- do -
AUGUST	75.00	27501	SEPT. 16, 2006	- do -
SEPTEMBER	75.00	27672	OCT. 09, 2006	- do -
OCTOBER	75.00	27851	NOV. 03, 2006	- do -
NOVEMBER	75.00	28145	DEC. 05, 2006	- do -
DECEMBER	75.00	28363	JAN. 10, 2007	- do -
<b>2007</b>				
JANUARY	75.00	28655	FEB 12, 2007	DENR CENTRAL OFFICE
FEBRUARY	75.00	28871	MAR 12, 2007	- do -
MARCH	75.00	29073	APR 10, 2007	- do -
APRIL	75.00	29278	MAY 08, 2007	- do -
MAY	75.00	29515	JUNE 12, 2007	- do -
JUNE	75.00	29661	JULY 05, 2007	- do -
JULY	75.00	29986	AUG 09, 2007	- do -
AUGUST	75.00	30151	SEP 07, 2007	- do -
SEPTEMBER	75.00	30373	OCT. 10, 2007	- do -
OCTOBER	75.00	30537	NOV 07, 2007	- do -
NOVEMBER	75.00	30779	DEC 11, 2007	- do -
DECEMBER	75.00	30900	JAN 08, 2008	- do -
<b>2008</b>				
January	75.00	83403	Feb 07, 2008	DENR CENTRAL OFFICE
February	75.00	31524	Mar 10, 2008	- do -
March	75.00	31671	Apr 08, 2008	- do -
April	75.00	31883	May 09, 2008	- do -
May	75.00	32100	June 04, 2008	- do -
June	75.00	32307	July 08, 2008	- do -
July	75.00	32548	Aug 05, 2008	- do -
August	75.00	32719	Sept 04, 2008	- do -
September	75.00	32956	Oct. 08, 2008	- do -
October	75.00	33174	Nov 06, 2008	- do -
November	75.00	33376	Dec. 02, 2008	- do -
December	75.00	33584	Jan 12, 2009	- do -
<b>2009</b>				
January	75.00	33848	Feb 10, 2009	DENR CENTRAL OFFICE
February	75.00	34029	Mar 05, 2009	- do -
March	75.00	34269	April 02, 2009	- do -
April	75.00	34396	May 06, 2009	- do -
May	75.00	34734	June 09, 2009	- do -
June	75.00	34901	July 07, 2009	- do -
July	75.00	35102	Aug. 11, 2009	- do -
August	75.00	35300	Sept 10, 2009	- do -
September	75.00	35495	Oct . 06, 2009	- do -
October	75.00	35749	Nov 10, 2009	- do -
November	75.00	35991	Dec.08, 2009	- do -
December	75.00	36393	Feb. 08, 2010	- do -
<b>2010</b>				
January	75.00	36395	Feb 08, 2010	DENR CENTRAL OFFICE
February	75.00	36587	Mar 08, 2010	- do -
March	75.00	36808	April 07, 2010	- do -
April	75.00	37010	May 06, 2010	- do -
May	75.00	37218	June 08, 2010	- do -
June	75.00	37405	July 07, 2010	- do -
July	75.00	37636	Aug. 09, 2010	- do -
August	75.00	37856	Sept. 08, 2010	- do -
September	75.00	37998	Oct. 07, 2010	- do -
October	75.00	38177	Nov. 08, 2010	- do -
November	75.00	38532	Dec. 10, 2010	- do -
December	75.00	38701	Jan. 10, 2010	- do -
<b>2011</b>				
January	75.00	38898	Feb 07, 2011	DENR CENTRAL OFFICE
February	75.00	30170	Mar 09, 2011	- do -
March	75.00	39344	Apr. 07, 2011	- do -
April	75.00	39557	May 09, 2011	- do -
May	75.00	39807	June 08, 2011	- do -
June	75.00	39967	July 08, 2011	- do -
July	75.00	40185	Aug. 08, 2011	- do -
August	75.00	40611	Oct. 13, 2011	- do -
September	75.00	40611	Oct. 13, 2011	- do -
October	75.00	40710	Nov. 09, 2011	- do -
November	75.00	40886	Dec. 08, 2011	- do -
December	75.00	41173	Jan 09, 2012	- do -



MONTH/YEAR	AMOUNT	OR NO.	DATE DEPOSITED	COLLECTING BANK
<b>2012</b>				
January	75.00	41377	Feb. 09, 2012	DENR CENTRAL OFFICE
February	75.00	41597	Mar 07, 2012	- do -
March	75.00	41814	Apr 11, 2012	- do -
April	75.00	41988	May 08, 2012	- do -
May	75.00	42129	June 05, 2012	- do -
June	75.00	42372	July 10, 2012	- do -
July	75.00	42682	Aug. 10, 2012	- do -
August	75.00	42901	Sep 10, 2012	- do -
September	75.00	43130	Oct 11, 2012	- do -
October	75.00	43309	Nov. 08, 2012	- do -
November	75.00	43534	Dec. 10, 2012	- do -
December	75.00	43669	Jan 08, 2013	- do -
<b>2013</b>				
January	75.00	43900	February 11, 2013	DENR CENTRAL OFFICE
February	75.00	44072	March 6, 2013	- do -
March	75.00	44338	April 10, 2013	- do -
April	75.00	44510	May 8, 2013	- do -
May	75.00	44676	June 05, 2013	- do -
June	75.00	44824	July 03, 2013	- do -
July	75.00	45057	Aug. 06, 2013	- do -
August	75.00	45244	Sept. 06, 2013	- do -
September	75.00	45398	Oct. 9, 2013	- do -
October	75.00	45591	Nov. 07, 2013	- do -
November	75.00	45807	Dec. 09, 2013	- do -
December	75.00	45904	Jan. 08, 2014	- do -
<b>2014</b>				
January	75.00	4860	March 10, 2014	DENR CENTRAL OFFICE
February	75.00	4861	March 10, 2014	- do -
March	75.00	5052	April 08, 2014	- do -
April	75.00	5159	May 08, 2014	- do -
May	75.00	5337	June 09, 2014	- do -
June	75.00	5550	July 10, 2014	- do -
July	75.00	5664	Aug. 08, 2014	- do -
August	75.00	5862	Sept. 10, 2014	- do -
September	75.00	5950	Oct. 09, 2014	- do -
October	75.00	6098	Nov. 05, 2014	- do -
November	75.00	6256	Dec. 10, 2014	- do -
December	75.00	6323	Jan. 07, 2014	- do -
<b>2015</b>				
January	75.00	6498	Feb. 10, 2015	DENR CENTRAL OFFICE
February	75.00	6631	March 4, 2015	- do -
March	75.00	6782	April 8, 2015	- do -
April	75.00	6888	May 5, 2015	- do -
May	75.00	7038	June 10, 2015	- do -
June	75.00	7158	July 10, 2015	- do -
July	75.00	7374	August 5, 2015	- do -
August	75.00	7556	September 14, 2015	- do -
September	75.00	7707	October 14, 2015	- do -
October	75.00	7876	November 26, 2015	- do -
November	75.00	8011	January 4, 2016	- do -
December	75.00	8460	March 11, 2016	- do -
<b>2016</b>				
January	75.00	8461	February 10, 2016	DENR CENTRAL OFFICE
February	75.00	8927	March 2, 2016	- do -
March	75.00	8928	March 30, 2016	- do -
April	75.00	8929	May 6, 2016	- do -
May	75.00	9125	May 31, 2016	- do -
June	75.00	9126	June 28, 2016	- do -
July	75.00	9355	August 10, 2016	- do -
August	75.00	9820	September 7, 2016	- do -
September	75.00	9805	September 29, 2016	- do -
October	75.00	9806	November 4, 2016	- do -
November	75.00	9807	December 6, 2016	- do -
December	75.00	9768	January 10, 2017	- do -
<b>2017</b>				
January	75.00	9995	February 1, 2017	DENR CENTRAL OFFICE
February	75.00	10268	March 8, 2017	- do -
March	75.00	10486	March 30, 2017	- do -
April	75.00	10487	March 26, 2017	- do -
May	75.00	10665	May 25, 2017	- do -
June	75.00	10747	June 21, 2017	- do -
July	75.00	11074	July 26, 2017	- do -
August	75.00	11757	August 30, 2017	- do -
September	75.00	11758	September 26, 2017	- do -
October	75.00	11759	October 30, 2017	- do -
November	75.00	11760	November 28, 2017	- do -
December	75.00	11761	December 28, 2017	- do -

MONTH/YEAR	AMOUNT	OR NO.	DATE DEPOSITED	COLLECTING BANK
<b>2018</b>				
January	75.00	11762	January 31, 2018	DENR CENTRAL OFFICE
February	75.00	12316	February 28, 2018	- do -
March	75.00	12316	March 22, 2018	- do -
April	75.00	12317	May 4, 2018	- do -
May	75.00	12318	May 29, 2018	- do -
June	75.00	12670	June 26, 2018	- do -
July	75.00	12318	May 29, 2018	- do -
August	75.00	12833	September 7, 2018	- do -
September	75.00	12859	September 25, 2018	- do -
October	75.00	13245	November 9, 2018	- do -
November	75.00	13616	December 3, 2018	- do -
December	75.00	13258	December 21, 2018	- do -
<b>2019</b>				
January	75.00	13617	February 7, 2019	DENR CENTRAL OFFICE
February	75.00	13618	March 4, 2019	- do -
March	75.00	14738	March 28, 2019	- do -
April	75.00	14741	April 29, 2019	- do -
May	75.00	147425	May 27, 2019	- do -
June	75.00	14743	June 24, 2019	- do -
July	75.00	14051	July 24, 2019	- do -
August	75.00	15507	August 28, 2019	- do -
September	75.00	14744	September 25, 2019	- do -
October	75.00	14745	October 31, 2019	- do -
November	75.00	15508	November 29, 2019	- do -
December	75.00	15509	November 29, 2019	- do -
<b>2020</b>				
March	75.00	15512	May 15, 2020	- do -
April	75.00	15513	May 15, 2020	- do -
May	75.00	15514	June 10, 2020	- do -
June	75.00	15515	June 26, 2020	- do -
July	75.00	15516	August 11, 2020	- do -
August	75.00	-in transit-	September 8, 2020	- do -
September	75.00	-in transit-	September 25, 2020	- do -
October	75.00	-in transit-	November 4, 2020	- do -
November	75.00	-in transit-	December 9, 2020	- do -
December	75.00	16088	December 22, 2020	- do -
<b>2021</b>				
January	75.00	16095	February 16, 2021	- do -
February	75.00	16291	March 5, 2021	- do -
March	75.00	16703	July 13, 2021	- do -
April	75.00	16704	July 13, 2021	- do -
May	75.00	17488	January 13, 2022	- do -

This certification is issued upon her request for whatever legal purpose it may serve.

Issued this 5th day of August 2022 at PENRO Oriental Mindoro, Suqui, Calapan City.

  
**MARICEL V. SUPLEO**  
 Chief, Management Services Division



Republic of the Philippines  
**PROFESSIONAL REGULATION COMMISSION**  
**PROFESSIONAL IDENTIFICATION CARD**



LAST NAME	▶ RAMIREZ
FIRST NAME	▶ REGINE
MIDDLE NAME	▶ CARLE
REGISTRATION NO.	▶ 0009366
REGISTRATION DATE	▶ 12/02/2016
VALID UNTIL	▶ 09/16/2025

**CUSTOMS BROKER**



Regine Ramirez

Regine Ramirez

Regine Ramirez

Professional Regulation Commission  
[www.prc.gov.ph](http://www.prc.gov.ph)

**CERTIFICATION**

This is to certify that the person whose name, photograph, and signature appear herein is a duly registered professional, legally authorized to practice his/her profession with all the rights and privileges appurtenant thereto.

This is to certify further that he/she is a professional in good standing and that his/her certificate of registration/professional license has not been suspended, revoked or withdrawn.

21-4545226

Signature of Professional

  
**TEOFILO S. PILANDO, JR.**  
 Chairman

Republic of the Philippines  
**PROFESSIONAL REGULATION COMMISSION**  
**PROFESSIONAL IDENTIFICATION CARD**



LAST NAME	▶ <b>RAMIREZ</b>
FIRST NAME	▶ <b>REGINE</b>
MIDDLE NAME	▶ <b>CARLE</b>
REGISTRATION NO.	▶ <b>0009366</b>
REGISTRATION DATE	▶ <b>12/02/2016</b>
VALID UNTIL	▶ <b>09/16/2025</b>

**CUSTOMS BROKER**



Regine Ramirez

Regine Ramirez

Regine Ramirez

Professional Regulation Commission  
[www.prc.gov.ph](http://www.prc.gov.ph)

**CERTIFICATION**

This is to certify that the person whose name, photograph, and signature appear herein is a duly registered professional, legally authorized to practice his/her profession with all the rights and privileges appurtenant thereto.


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21-4545226

  
 Signature of Professional  
**TEOFILO S. PILANDO, JR.**  
 Chairman




Republic of the Philippines  
**PROFESSIONAL REGULATION COMMISSION**  
 PROFESSIONAL IDENTIFICATION CARD



LAST NAME	▶ <b>RAMIREZ</b>
FIRST NAME	▶ <b>REGINE</b>
MIDDLE NAME	▶ <b>CARLE</b>
REGISTRATION NO.	▶ <b>0009366</b>
REGISTRATION DATE	▶ <b>12/02/2016</b>
VALID UNTIL	▶ <b>09/16/2025</b>

**CUSTOMS BROKER**



Regine Ramirez

Regine Ramirez

Regine Ramirez

Professional Regulation Commission  
[www.prc.gov.ph](http://www.prc.gov.ph)


**CERTIFICATION**

This is to certify that the person whose name, photograph, and signature appear herein is a duly registered professional, legally authorized to practice his/her profession with all the rights and privileges appurtenant thereto.


This is to certify further that he/she is a professional in good standing and that his/her certificate of registration/professional license has not been suspended, revoked or withdrawn.

21-4545226


  
 Signature of Professional  
**TEOFILO S. PILANDO, JR.**  
 Chairman



**REPUBLIC OF THE PHILIPPINES**  
**DEPARTMENT OF TRANSPORTATION**  
**LAND TRANSPORTATION OFFICE**



**DRIVER'S LICENSE**



Last Name, First Name, Middle Name  
**RAMIREZ, REGINE CARLE**

Nationality	Sex	Date of Birth	Weight (kg)	Height(m)
PHL	F	1994/09/16	53	1.57

Address  
**117 DAO ST STO NIÑO CITY OF CALAPAN**

License No.  
**D05-17-000143**

Blood Type  
**A+**

DL Codes  
**B, B1, B2**


Expiration Date  
**2026/09/16**

Eyes Color  
**BROWN**

Conditions  
**1**

Agency Code  
**D05**

*[Signature]*  
**EDGAR C. GALVANTE**  
 Assistant Secretary

  
 Signature of Licensee

Alma Ramirez

Alma Ramirez

Alma Ramirez

III. ORGAN DONATION:  
 I WILL NOT DONATE ANY ORGAN

IV. IN CASE OF EMERGENCY NOTIFY:  
 NAME: EDGAR C. GALVANTE  
 ADDRESS: CALAPAN CITY ORIENTAL MINDORO  
 TEL. NO.: 0977802728

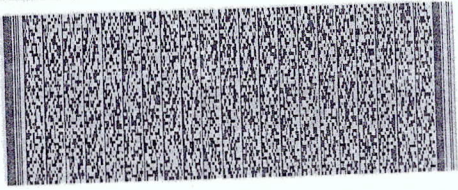
**I. DL CODES**

A. MOTORCYCLE	M1-NP-MT
A1. TRICYCLE	M2-NP-MT
B. UP TO 5000 KGS GVW/8 SEATS	M3-NP-MT
B1. UP TO 5000 KGS GVW/9 OR MORE SEATS	M4-NP-MT
B2. GOODS 3500 KGS GVW	
C. GOODS > 3500 KGS GVW	
D. BUS > 5000 KGS GVW/9 OR MORE SEATS	
DE. TRAILERS 3500 KGS	
CE. ARTICULATED > 3500 KGS COMBINED GVW	


**II. CONDITIONS:**

- WEAR CORRECTIVE LENSES
- DRIVE ONLY W/SPECIAL EXPT FOR UPPER/LOWER LIMBS
- DRIVE CUSTOMIZED MOTOR VEHICLE ONLY
- DAYLIGHT DRIVING ONLY
- HEARING AID REQUIRED


Serial Number  
**145154324**








**REPUBLIC OF THE PHILIPPINES**  
**DEPARTMENT OF TRANSPORTATION**  
**LAND TRANSPORTATION OFFICE**  
**DRIVER'S LICENSE**





Last Name, First Name, Middle Name  
**RAMIREZ, REGINE CARLE**

Nationality Sex Date of Birth Weight (kg) Height (m)  
**PHL F 1994/09/16 53 1.57**

Address  
**117 DAO ST STO NIÑO CITY OF CALAPAN**

License No. Expiration Date Agency Code  
**D05-17-000143 2026/09/16 D05**

Blood Type Eyes Color  
**A+ BROWN**

DL Codes Conditions  
**B, B1, B2 1**


Signature of Licensee  
*Regine Carle Ramirez*

Signature of Assistant Secretary  
*Edgar S. Calvarante*  
**EDGAR S. CALVARANTE**  
Assistant Secretary

Regine Ramirez

Regine Ramirez

Regine Ramirez



**SEARCHABLE REMOTE IDENTIFICATION**

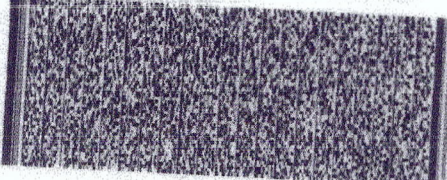
III. ORGAN DONOR  
**I WILL NOT DONATE ANY ORGAN**



IV. IN CASE OF EMERGENCY NOTIFY:  
**NAME: GLENN DARYL RAMIREZ**  
**ADDRESS: CALAPAN CITY, ORIENTAL MINDORO**  
**TEL. NO.: 0977862728**


1. DL CODES  
**A1 MOTORCYCLE**  
**B1 UP TO 3500 KGS GVW/8 SEATS**  
**B2 GOODS 3500 KGS GVW**  
**C GOODS > 3500 KGS GVW**  
**D BUS > 3500 KGS GVW/11 OR MORE SEATS**  
**E TRAILERS 1200 KGS**  
**F UNLIMITED G > 3500 KGS COMBINED GVW**

2. CONDITIONS  
**1. WEAR CORRECTIVE LENSES**  
**2. DRIVE ONLY VEHICLES WITH UPPER/LOWER LIMBS**  
**3. DRIVE CUSTOMIZED MOTOR VEHICLES ONLY**  
**4. DAYLIGHT DRIVING ONLY**  
**5. HEARING AID REQUIRED**

Serial Number  
**145154324**




**REPUBLIC OF THE PHILIPPINES**  
**DEPARTMENT OF TRANSPORTATION**  
**LAND TRANSPORTATION OFFICE**  
**DRIVER'S LICENSE**




Last Name, First Name, Middle Name  
**RAMIREZ, REGINE CARLE**

Nationality Sex Date of Birth Weight (kg) Height (m)  
 PHL F 1994/09/16 53 1.57

Address  
 117 DAO ST STO NIÑO CITY OF CALAPAN

License No. Expiration Date Agency Code  
 D05-17-000143 2026/09/16 D05

Blood Type Eyes Color  
 A+ BROWN

DL Codes Conditions  
 6, B1, B2 1


Signature of Licensee *Regine Ramirez*

EDGAR D. CALIBRANTE  
 Assistant Secretary

Regine Ramirez

Regine Ramirez

Regine Ramirez



III. ORGAN DONATION  
 I WILL NOT DONATE ANY ORGAN

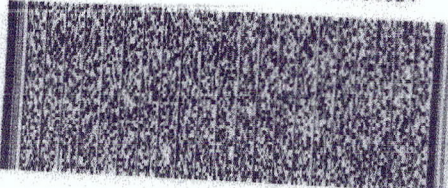
IV. IN CASE OF EMERGENCY NOTIFY:  
 NAME: GLENN DARY RAMIREZ  
 ADDRESS: CALAPAN CITY - ORIENTAL MINDORO  
 TEL. NO: 0977802728

**SEARCHED INDEXED SERIALIZED FILED**

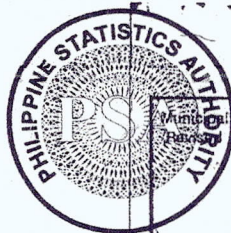
I. DL CODES  
 A. MOTORCYCLE  
 A1. TRICYCLE  
 B. UP TO 2000 KGS GVW/10 SEATS  
 B1. UP TO 3000 KGS GVW/11 OR MORE SEATS  
 B2. GVW/11 OR MORE SEATS  
 C. GVW/11 OR MORE SEATS  
 D. GVW/11 OR MORE SEATS  
 E. TRAILERS 1200 KGS  
 F. MANIPULATED G - 3500 KGS COMBINED GVW

II. CONDITIONS  
 1. WEAR CORRECTIVE LENSES  
 2. DRIVE ONLY W/ OFFICIAL LGT FOR UPPER/LOWER LIMBS  
 3. DRIVE CUSTOMIZED MOTOR VEHICLE ONLY  
 4. DAYLIGHT DRIVING ONLY  
 5. HEARING AID REQUIRED

Serial Number  
 145154324






 Municipal Form No. 102  
 Revised January 1993

(To be accomplished in quadruplicate)

(Copy for OCRG)

 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 ORIENTAL MINDORO Registry No. 94-1005  
 City/Municipality VICTORIA

CHILD	1. NAME (First) (Middle) (Last) <u>REGINE</u> <u>CARLE</u> <u>RAMIREZ</u>	For OCRG USE ONLY: Population Reference No. <u>5215- A94TG01-3</u>	
	2. SEX <u>1</u> Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>16</u> September <u>1994</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Merit, Victoria, Or. Mindoro</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify _____
	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>2nd</u> (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3105</u> grams

MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Holine</u> <u>Carle</u>	41 <u>9401005</u> 48 <u>1</u> 49 <u>2</u> 50 <u>160994</u> 56 <u>52159</u> 61 <u>1</u> 62 <u>02</u> 64 <u>3105</u> 68 <u>1</u> 69 <u>1</u> 70 <u>02</u> 72 <u>02</u> 74 <u>00</u> 76 <u>220</u> 79 <u>34</u> 81 <u>52159</u> 86 <u>1</u> 87 <u>1</u> 88 <u>176</u> 91 <u>34</u> 93 <u>1</u> 1780 94 <u>4</u>	
	7. CITIZENSHIP <u>Filipino</u>		8. RELIGION <u>Roman Catholic</u>
	9a. Total number of children born alive: <u>2</u>		b. No. of children still living including this birth: <u>2</u>
	c. No. of children born alive but are now dead: <u>0</u>		
	10. OCCUPATION <u>Housekeeper</u>		11. Age at the time of this birth: <u>34</u> years
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Merit, Victoria, Or. Mindoro</u>			

FATHER	13. NAME (First) (Middle) (Last) <u>Gil</u> <u>Ramirez</u>
	14. CITIZENSHIP <u>Filipino</u>
	15. RELIGION <u>Roman Catholic</u>
16. OCCUPATION <u>Govt Employee</u>	17. Age at the time of this birth: <u>34</u> years

 18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)  
January 13, 1986 - Victoria, Or. Mindoro

 19a. ATTENDANT  
1 Physician 2 Nurse 3 Midwife  
X 4 Healer (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 9:00 o'clock  
 am/pm on the date stated above.

 Signature \_\_\_\_\_  
 Name in Print EUFEMIA BEGAR  
 Title or Position Traditional Midwife

 Address Subhan, Victoria  
Oriental Mindoro  
 Date \_\_\_\_\_

## 20. INFORMANT

 Signature \_\_\_\_\_  
 Name in Print FLORENTINO ABANILLA  
 Relationship to the child Grandfather

 Address Merit, Victoria  
Oriental Mindoro  
 Date September 29, 1994

## 21. PREPARED BY

 Signature \_\_\_\_\_  
 Name in Print HERNAN L. OZARA  
 Title or Position Asst. Reg. Officer  
 Date September 29, 1994

## 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

 Signature \_\_\_\_\_  
 Name in Print REGINO Y. COMBICO  
 Title or Position Local Civil Registrar  
 Date September 29, 1994

07838-15-127LCH-00267-BI008

BEST POSSIBLE IMAGE


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 Y0200248785

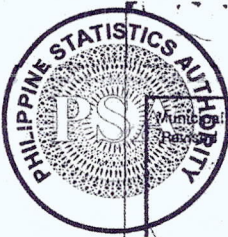
BReN

05215-A94TG02-9

 Documentary  
 Stamp Tax Paid

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



Form No. 102  
Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

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 <u>ORIENTAL MINDORO</u>		Registry No. <u>94-1005</u>
City/Municipality <u>VICTORIA</u>		
CHILD	1. NAME (First) (Middle) (Last) <u>REGINE</u> <u>CARLE</u> <u>RAMIREZ</u>	For OCRG USE ONLY: Population Reference No. <u>5215- A94TG01-3</u>
	2. SEX 1 Male <input checked="" type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>16 September 1994</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Merit, Victoria, Or. Mindoro</u>	TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify
	c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.) <u>2nd</u>	d. WEIGHT AT BIRTH <u>3105</u> grams
MOTHER	6. MAIDEN NAME (First) (Middle) (Last) <u>Holine</u> <u>Carle</u>	41 <u>9401005</u>
	7. CITIZENSHIP <u>Filipino</u>	48 <u>1</u>
	8. RELIGION <u>Roman Catholic</u>	49 50 <u>2</u> <u>160994</u>
	9a. Total number of children born alive: <u>2</u>	b. No. of children still living including this birth: <u>2</u>
	c. No. of children born alive but are now dead: <u>0</u>	56 <u>52159</u>
10. OCCUPATION <u>Housekeeper</u>	11. Age at the time of this birth: <u>34</u> years	61 <u>1</u>
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Merit, Victoria, Or. Mindoro</u>		62 64 <u>02</u> <u>3105</u>
FATHER	13. NAME (First) (Middle) (Last) <u>Gil</u> <u>Ramirez</u>	68 69 <u>1</u> <u>1</u>
	14. CITIZENSHIP <u>Filipino</u>	15. RELIGION <u>Roman Catholic</u>
	16. OCCUPATION <u>Govt Employee</u>	17. Age at the time of this birth: <u>34</u> years
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>January 13, 1986 - Victoria, Or. Mindoro</u>		70 72 74 <u>02</u> <u>02</u> <u>00</u>
19a. ATTENDANT 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> <input checked="" type="checkbox"/> 4 Hilot (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)		76 79 <u>220</u> <u>34</u>
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>9:00</u> o'clock am/pm on the date stated above.		81 <u>52159</u>
Signature _____ Address <u>Merit, Victoria</u> Name in Print <u>EUFEMIA REGAR</u> <u>Oriental Mindoro</u> Title or Position <u>Traditional Midwife</u> Date _____		86 87 <u>1</u> <u>1</u>
20. INFORMANT Signature _____ Address <u>Merit, Victoria</u> Name in Print <u>FLORENTINO ABANILLA</u> <u>Oriental Mindoro</u> Relationship to the child <u>Grandfather</u> Date <u>September 29, 1994</u>		88 91 <u>176</u> <u>34</u>
21. PREPARED BY Signature _____ Name in Print <u>REGINE I. GREGAR</u> Title or Position <u>Asst. Reg. Officer</u> Date <u>September 29, 1994</u>	22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>REGINE I. GREGAR</u> Title or Position <u>Asst. Civil Registrar</u> Date <u>September 29, 1994</u>	93 94 <u>1</u> <u>4</u>

07838-15-127LCH-00267-BI008

BEST POSSIBLE IMAGE



T127078381270026706172021008  
Y0200248785

BReN

05215-A94TG02-9

Documentary  
Stamp Tax Paid

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







Form No. 102  
January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

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 ORIENTAL MINDORO

Registry No.

City/Municipality VICTORIA94-1005

CHILD	1. NAME (First) (Middle) (Last) <u>REGINE</u> <u>CARLE</u> <u>RAMIREZ</u>	For OCRG USE ONLY: Population Reference No. <u>5215= A94TG01-3</u>	
	2. SEX <u>1</u> Male <u>X</u> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>16</u> September <u>1994</u>
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province) House No., Street, Barangay) <u>Merit, Victoria, Or. Mindoro</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR
	5a. TYPE OF BIRTH <u>X</u> 1 Single <u>2</u> Twin <u>3</u> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <u>1</u> First <u>2</u> Second <u>3</u> Others, Specify
MOTHER	c. BIRTH ORDER (live births and fetal deaths including this delivery) <u>2nd</u> (first, second, third, etc.)	d. WEIGHT AT BIRTH <u>3105</u> grams	
	6. MAIDEN NAME (First) (Middle) (Last) <u>Ioline</u> <u>Carle</u>	41 <u>9401005</u>	
	7. CITIZENSHIP <u>Filipina</u>	48 <u>1</u>	
	8. RELIGION <u>Roman Catholic</u>	49 50 <u>2</u> <u>160994</u>	
FATHER	9a. Total number of children born alive: <u>2</u>	b. No. of children still living including this birth: <u>2</u>	
	c. No. of children born alive but are now dead: <u>0</u>	56 <u>52159</u>	
	10. OCCUPATION <u>Housekeeper</u>	11. Age at the time of this birth: <u>34</u> years	
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>Merit, Victoria, Or. Mindoro</u>	61 <u>1</u>	
13. NAME (First) (Middle) (Last) <u>Gil</u> <u>Ramirez</u>	62 64 <u>02</u> <u>3105</u>	68 69 <u>1</u> <u>1</u>	
14. CITIZENSHIP <u>Filipino</u>	15. RELIGION <u>Roman Catholic</u>	70 72 74 <u>02</u> <u>02</u> <u>00</u>	
16. OCCUPATION <u>Gov't Employee</u>	17. Age at the time of this birth: <u>34</u> years	76 79 <u>220</u> <u>34</u>	

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

January 13, 1986 - Victoria, Or. Mindoro

19a. ATTENDANT

1 Physician 2 Nurse 3 Midwife  
X 4 Healer (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 9:00 o'clock  
am/pm on the date stated above.

Signature [Signature]  
Name in Print EUFEMIA BELGAR  
Title or Position Traditional Midwife

Address Sanbain, Victoria  
Oriental Mindoro  
Date

20. INFORMANT

Signature [Signature]  
Name in Print FLORENTINO ABANILLA  
Relationship to the child Grandfather

Address Merit, Victoria  
Oriental Mindoro  
Date September 29, 1994

21. PREPARED BY

Signature [Signature]  
Name in Print HERNAN L. ONSARA  
Title or Position Asst. Reg. Officer  
Date September 29, 1994

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature [Signature]  
Name in Print REGINO Y. COMBICO  
Title or Position Local Civil Registrar  
Date September 29, 1994

REMARKS/ANNOTATION

For OCRG USE ONLY:  
Population Reference No.5215= A94TG01-3TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR41  
940100548  
149 50  
2 16099456  
5215961  
162 64  
02 310568 69  
1 170 72 74  
02 02 0076 79  
220 3481  
5215986 87  
1 188 91  
176 3493  
1 178094  
4

07838-15-127LCH-00267-BI008

BEST POSSIBLE IMAGE



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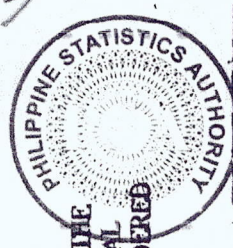
BReN  
05215-A94TG02-9

Documentary  
Stamp Tax Paid

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







Municipal Form No. 102  
(Revised 1985)

REPUBLIC OF THE PHILIPPINES  
**CERTIFICATE OF LIVE BIRTH**  
(Fill out completely, accurately and legibly in ink or typewriter)

110 to be attached in triplicate

REMARKS: PURSUANT TO THE ORDER DATED JUNE 13, 2008 RENDERED BY JUDGE MANUEL C. LUNA, JR. OF THE REGIONAL TRIAL COURT, FOURTH JUDICIAL REGION, BRANCH XXXIX (39), CALAPAN CITY, ORIENTAL MINDORO, UNDER SPL. PROC. NO. CV-07-5849, THE GENDER (SEX) OF THE CHILD IS HEREBY ORDERED CORRECTED FROM FEMALE TO MALE.

CERTIFIED CORRECT:

PROVINCE Oriental Mindoro  
CITY/MUNICIPALITY Calapan LOCAL CIVIL REGISTRY NO. 457

1. NAME (Last) CLERK DANIL (Middle) CARLE (First) RAMON

2. SEX (Place 'X' on appropriate answer)  
☒ Male ☐ Female

3. DATE OF BIRTH (Day) 12 (Month) January (Year) 1987

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay) OMPH (City/Municipality) (Province)

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)  
☒ Single ☐ Twin ☐ Three or more

5b. IF MULTIPLE BIRTH, CHILD WAS  
☐ 1 First ☐ 2 Second ☐ 3 Third, 4th, etc.

6. MAIDEN NAME (First) LOISE (Middle) CARLE (Last) RAMON

7. NATIONALITY PHILIPINO

8. RELIGION R.O.

9. NAME (First) CL (Middle) RAMON (Last) RAMON

10. NATIONALITY PHILIPINO

11. RELIGION R.O.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important; if not applicable, fill Affidavit of Acknowledgment of the birth)

13. CERTIFICATE OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born alive at Iligan clock a.m./p.m. on the date stated above.

Signature Sta. Cynthia S. S. S. Address Calapan, Or. Mindoro  
Name in print M. D.  
Title or position M. D. Date 2-9-87

14. INFORMANT  
Signature Sta. Cynthia S. S. S. Address Calapan, Or. Mindoro  
Name in print M. D.  
Relationship to child Daughter Date 2-9-87

15. PREPARED BY  
Signature Sta. Cynthia S. S. S. Address Calapan, Or. Mindoro  
Name in print M. D.  
Title or position M. D. Date 2-9-87

16. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Signature Sta. Cynthia S. S. S. Address Calapan, Or. Mindoro  
Name in print M. D.  
Title or position M. D. Date 2-9-87

17. INFORMATION GIVEN IN SUPPLEMENTAL REPORT  
b. DATE WHEN INFORMATION WAS SUPPLIED

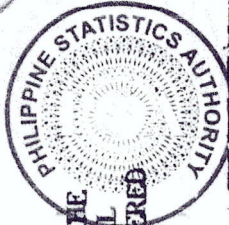
Important! Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar

PROVINCE Oriental Mindoro Local Civil Registry No. 8700452  
CITY/MUNICIPALITY Calapan Registration Status 1

17. Weight at Birth (in grams) 9999

18. Birth Order of Child (1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th, 101st, 102nd, 103rd, 104th, 105th, 106th, 107th, 108th, 109th, 110th, 111th, 112th, 113th, 114th, 115th, 116th, 117th, 118th, 119th, 120th, 121st, 122nd, 123rd, 124th, 125th, 126th, 127th, 128th, 129th, 130th, 131st, 132nd, 133rd, 134th, 135th, 136th, 137th, 138th, 139th, 140th, 141st, 142nd, 143rd, 144th, 145th, 146th, 147th, 148th, 149th, 150th, 151st, 152nd, 153rd, 154th, 155th, 156th, 157th, 158th, 159th, 160th, 161st, 162nd, 163rd, 164th, 165th, 166th, 167th, 168th, 169th, 170th, 171st, 172nd, 173rd, 174th, 175th, 176th, 177th, 178th, 179th, 180th, 181st, 182nd, 183rd, 184th, 185th, 186th, 187th, 188th, 189th, 190th, 191st, 192nd, 193rd, 194th, 195th, 196th, 197th, 198th, 199th, 200th, 201st, 202nd, 203rd, 204th, 205th, 206th, 207th, 208th, 209th, 210th, 211st, 212th, 213th, 214th, 215th, 216th, 217th, 218th, 219th, 220th, 221st, 222nd, 223rd, 224th, 225th, 226th, 227th, 228th, 229th, 230th, 231st, 232nd, 233rd, 234th, 235th, 236th, 237th, 238th, 239th, 240th, 241st, 242nd, 243rd, 244th, 245th, 246th, 247th, 248th, 249th, 250th, 251st, 252nd, 253rd, 254th, 255th, 256th, 257th, 258th, 259th, 260th, 261st, 262nd, 263rd, 264th, 265th, 266th, 267th, 268th, 269th, 270th, 271st, 272nd, 273rd, 274th, 275th, 276th, 277th, 278th, 279th, 280th, 281st, 282nd, 283rd, 284th, 285th, 286th, 287th, 288th, 289th, 290th, 291st, 292nd, 293rd, 294th, 295th, 296th, 297th, 298th, 299th, 300th, 301st, 302nd, 303rd, 304th, 305th, 306th, 307th, 308th, 309th, 310th, 311st, 312th, 313th, 314th, 315th, 316th, 317th, 318th, 319th, 320th, 321st, 322nd, 323rd, 324th, 325th, 326th, 327th, 328th, 329th, 330th, 331st, 332nd, 333rd, 334th, 335th, 336th, 337th, 338th, 339th, 340th, 341st, 342nd, 343rd, 344th, 345th, 346th, 347th, 348th, 349th, 350th, 351st, 352nd, 353rd, 354th, 355th, 356th, 357th, 358th, 359th, 360th, 361st, 362nd, 363rd, 364th, 365th, 366th, 367th, 368th, 369th, 370th, 371st, 372nd, 373rd, 374th, 375th, 376th, 377th, 378th, 379th, 380th, 381st, 382nd, 383rd, 384th, 385th, 386th, 387th, 388th, 389th, 390th, 391st, 392nd, 393rd, 394th, 395th, 396th, 397th, 398th, 399th, 400th, 401st, 402nd, 403rd, 404th, 405th, 406th, 407th, 408th, 409th, 410th, 411st, 412th, 413th, 414th, 415th, 416th, 417th, 418th, 419th, 420th, 421st, 422nd, 423rd, 424th, 425th, 426th, 427th, 428th, 429th, 430th, 431st, 432nd, 433rd, 434th, 435th, 436th, 437th, 438th, 439th, 440th, 441st, 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1512nd, 1513th, 1514th, 1515th, 1516th, 1517th, 1518th, 1519th, 1520th, 1521st, 1522nd, 1523rd, 1524th, 1525th, 1526th, 1527th, 1528th, 1529th, 1530th, 1531st, 1532nd, 1533rd, 1534th, 1535th, 1536th, 1537th, 1538th, 1539th, 1540th, 1541st, 1542nd, 1543rd, 1544th, 1545th, 1546th, 1547th, 1548th, 1549th, 1550th, 1551st, 1552nd, 1553rd, 1554th, 1555th, 1556th, 1557th, 1558th, 1559th, 1560th, 1561st, 1562nd, 1563rd, 1564th, 1565th, 1566th, 1567th, 1568th, 1569th, 1570th, 1571st, 1572nd, 1573rd, 1574th, 1575th, 1576th, 1577th, 1578th, 1579th, 1580th, 1581st, 1582nd, 1583rd, 1584th, 1585th, 1586th, 1587th, 1588th, 1589th, 1590th, 1591st, 1592nd, 1593rd, 1594th, 1595th, 1596th, 1597th, 1598th, 1599th, 1600th, 1601st, 1602nd, 1603rd, 1604th, 1605th, 1606th, 1607th, 1608th, 1609th, 1610th, 1611st, 1612nd, 1613th, 1614th, 1615th, 1616th, 1617th, 1618th, 1619th, 1620th, 1621st, 1622nd, 1623rd, 1624th, 1625th, 1626th, 1627th, 1628th, 1629th, 1630th, 1631st, 1632nd, 1633rd, 1634th, 1635th, 1636th, 1637th, 1638th, 1639th, 1640th, 1641st, 1642nd, 1643rd, 1644th, 1645th, 1646th, 1647th, 1648th, 1649th, 1650th, 1651st, 1652nd, 1653rd, 1654th, 1655th, 1656th, 1657th, 1658th, 1659th, 1660th, 1661st, 1662nd, 1663rd, 1664th, 1665th, 1666th, 1667th, 1668th, 1669th, 1670th, 1671st, 1672nd, 1673rd, 1674th, 1675th, 1676th, 1677th, 1678th, 1679th, 1680th, 1681st, 1682nd, 1683rd, 1684th, 1685th, 1686th, 1687th, 1688th, 1689th, 1690th, 1691st, 1692nd, 1693rd, 1694th, 1695th, 1696th, 1697th, 1698th, 1699th, 1700th, 1701st, 1702nd, 1703rd, 1





REMARKS: PURSUANT TO THE ORDER DATED JUNE 13, 2008 RENDERED BY JUDGE MANUEL C. LUNA, JR. OF THE REGIONAL TRIAL COURT, FOURTH JUDICIAL REGION, BRANCH XXXIX (39), CALAPAN CITY, ORIENTAL MINDORO, UNDER SPL. PROC. NO. CV-07-5849, THE GENDER (SEX) OF THE CHILD IS HEREBY ORDERED CORRECTED FROM FEMALE TO MALE.

CERTIFIED CORRECT:

Municipal Form No. 102  
(Revised 1988)

REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH  
(Fill in completely, accurately and legibly in ink or typewriter)

1 to be accompanied in triplicate)

PROVINCE Oriental Mindoro  
CITY/MUNICIPALITY Calapan LOCAL CIVIL REGISTRY NO. 457

1. NAME (PLN) GLENN DANIEL (Middle) CARLE (Last) ROSA REZ

2. SEX (Place 'X' on appropriate answer)  
☒ Male ☐ Female

3. DATE OF BIRTH (Day) 12 (Month) January (Year) 1987

4. PLACE OF BIRTH (Name of Hospital/Institution; if not in hospital, give street/barangay) OMPH (City/Municipality) (Province)

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)  
☒ Single ☐ Twin ☐ Three or more

5b. IF MULTIPLE BIRTH, CHILD WAS  
☐ 1 First ☐ 2 Second ☐ 3 Third, 4th, etc.

6. MAIDEN (First) (Middle) (Last)  
NAME LOISE CARLE

7. NATIONALITY PHILIPINO 8. RELIGION R.O.

9. NAME (First) (Middle) (Last)  
GLENN DANIEL ROSA REZ

10. NATIONALITY PHILIPINO 11. RELIGION R.O.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment at the back)

13. CERTIFICATE OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 2:00 o'clock a.m./p.m. on the date stated above.

Signature Sta. Cynthia Soriano Address Calapan, Oz. Mindoro  
Name in print  
Title or position M.D. Date 2-9-87

14. INFORMANT  
Signature [Signature] Address Calapan, Oz. Mindoro  
Name in print  
Relationship to child Father Date 2-9-87

15. PREPARED BY  
Signature [Signature] Address Calapan, Oz. Mindoro  
Name in print Helmer F. Asturias  
Title or position Asst. Reg. Clerk Date 02-09-87

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT  
b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Signature [Signature] Date 2-9-87  
Name in print DANIELLO D. WILLADOZA  
Title or position Asst. LOR

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

PROVINCE Oriental Mindoro Local Civil Registry No. 8700452 Registration Status 1

CITY/MUNICIPALITY Calapan

17. Weight at Birth (in grams) 9199

18. Birth Order of Child  
Ex. first, second, etc. 1st

19a. Total Number of Children Born Alive 1

19b. How many children are now living including this birth? 1

19c. How many children were born alive but are now dead? 0

20. Usual Occupation Employee

21. Age at the time of this Birth 26

22. Usual Residence (Barangay) Marina Victoria Oz. Mindoro (City/Municipality) (Province)

23. Usual Occupation Employee

24. Age at the time of this Birth 26

25. Attendance at Birth (Place 'X' on appropriate answer)  
☒ Physician ☐ Nurse ☐ Midwife ☐ Healer ☐ Other

26a. Date of Birth 120287

26b. Place of Birth 32030

26c. Mother's Nationality 1

26d. Father's Nationality 1

27. NAME OF CHILD  
First GLENN DANIEL Last ROSA REZ

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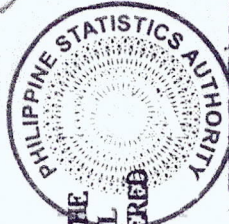
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Documentary

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





REMARKS: PURSUANT TO THE ORDER DATED JUNE 13, 2008 RENDERED BY JUDGE MANUEL C. LUNA, JR. OF THE REGIONAL TRIAL COURT, FOURTH JUDICIAL REGION, BRANCH XXXIX (39), CALAPAN CITY, ORIENTAL MINDORO, UNDER SPL. PROC. NO. CV-07-5849, THE GENDER (SEX) OF THE CHILD IS HEREBY ORDERED CORRECTED FROM FEMALE TO MALE.

CERTIFIED CORRECT:

RESERVE FOR

Municipal Form No. 102  
(Revised 1983)

REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH  
(Fill out completely, accurately and legibly in ink or typewriter)

to be accompanied in triplicate

PROVINCE Oriental Mindoro  
CITY/MUNICIPALITY Calapan LOCAL CIVIL REGISTRY NO. 457

1. NAME (Last) CLAREN DAREL (Middle) CARLE (First) RAMI REZ

2. SEX (Place 'X' on appropriate answer)  
☒ Male ☐ Female

3. DATE OF BIRTH (Day) 12 (Month) January (Year) 1987

4. PLACE OF BIRTH (Name of Hospital/Institution: if not in hospital, give street/barangay) OMPH (City/Municipality) (Province)

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)  
☒ Single ☐ Twin ☐ Three or more

5b. IF MULTIPLE BIRTH, CHILD WAS  
☐ 1 First ☐ 2 Second ☐ 3 Third, 4th, etc.

6. MAIDEN NAME (Last) LOJHE (Middle) CARLE (First)

7. NATIONALITY PHILIPINO 8. RELIGION R.O.

9. NAME (Last) CLAREN (Middle) RAMI REZ (First)

10. NATIONALITY PHILIPINO 11. RELIGION R.O.

12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: if not applicable, fill Affidavit of Acknowledgment of the birth)

13. CERTIFICATE OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born alive at \_\_\_\_\_ o'clock a.m./p.m. on the date stated above.

Signature \_\_\_\_\_ Address Calapan, Or, Mindoro  
Name in print Sta. Cynthia Soriano  
Title or position M.D. Date 2-9-87

14. INFORMANT  
Signature \_\_\_\_\_ Address Calapan, Or, Mindoro  
Name in print Dr. \_\_\_\_\_  
Relationship to child Doctor Date 2-9-87

15. PREPARED BY  
Signature \_\_\_\_\_ Address \_\_\_\_\_  
Name in print Helma F. Asturias  
Title or position Sr. Civil Reg. Clerk Date 02-09-87

16. INFORMATION GIVEN IN SUPPLEMENTAL REPORT  
a. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Signature \_\_\_\_\_ Name in print DARWIN O. VILLANUEVA  
Title or position Asst. LOR Date 2-9-87  
b. DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

PROVINCE Oriental Mindoro Local Civil Registry No. 87004572 Registration Status 1

CITY/MUNICIPALITY Calapan

17. Weight at Birth (in grams) 9999

18. Birth Order of Child (Ex. first, second, etc.) 1st

19a. Total Number of Children Born Alive 1

19b. How many children are now living including this birth? 1

19c. How many children were born alive but are now dead? 0

20. Usual Occupation Employee

21. Age at the time of this Birth 26

22. Usual Residence (Barangay) \_\_\_\_\_ (City/Municipality) \_\_\_\_\_ (Province) \_\_\_\_\_

23. Usual Occupation Employee

24. Age at the time of this Birth 26

25. Attendance at Birth (Place 'X' on appropriate answer)  
☒ Physician ☐ Nurse ☐ Midwife ☐ Other

26a. Date of Birth 120287

26b. Place of Birth 32030

26c. Mother's Nationality 1

26d. Father's Nationality 1

27. NAME OF CHILD  
First CLAREN Middle CARLE Last RAMI REZ

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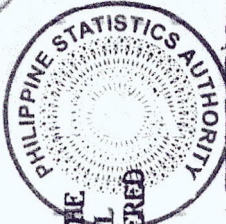
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Documentary

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





REMARKS: PURSUANT TO THE ORDER DATED JUNE 13, 2008 RENDERED BY JUDGE MANUEL C. LUNA, JR. OF THE REGIONAL TRIAL COURT, FOURTH JUDICIAL REGION, BRANCH XXXIX (39), CALAPAN CITY, ORIENTAL MINDORO, UNDER SPL. PROC. NO. CV-07-5849, THE GENDER (SEX) OF THE CHILD IS HEREBY ORDERED CORRECTED FROM FEMALE TO MALE.

CERTIFIED CORRECT:

RESERVE FOR

FOR

FOR

FOR

Municipal Form No. 102  
(Revised 1983)

REPUBLIC OF THE PHILIPPINES  
CERTIFICATE OF LIVE BIRTH  
(Fill out completely, accurately and legibly in ink or typewriter)

1. To be accompanied in triplicate

PROVINCE Oriental Mindoro LOCAL CIVIL REGISTRY NO. 452  
CITY/MUNICIPALITY Calapan

1. NAME (Last) CLARENCE (Middle) DAVID (First) DAVID  
2. SEX (Place 'X' on appropriate answer) Male  
3. DATE OF BIRTH (Day) 12 (Month) January (Year) 1987  
4. PLACE OF BIRTH (Name of Hospital/Institution: if not in hospital, give street/house no.) OMPH (City/Municipality) (Province)

5a. TYPE OF BIRTH (Place 'X' on appropriate answer) 1 Single 2 Twin 3 Three or more  
b. IF MULTIPLE BIRTH, CHILD WAS 1 First 2 Second 3 Third, 4th, etc.  
6. MAIDEN NAME (First) LOMBE (Middle) CARLE (Last) DAVID  
7. NATIONALITY PHILIPINO  
8. RELIGION R.C.  
9. NAME (First) CLARENCE (Middle) DAVID (Last) DAVID  
10. NATIONALITY PHILIPINO  
11. RELIGION R.C.  
12. DATE AND PLACE OF MARRIAGE OF PARENTS (Important: If not applicable, fill Affidavit of Acknowledgment of the birth.)  
13. CERTIFICATE OF ATTENDANT AT BIRTH  
I hereby certify that I attended the birth of the child who was born alive at 2:00 o'clock a.m./p.m. on the date stated above.  
Signature Dr. Cynthia S. Sison Address Calapan, Oz. Mindoro  
Name in print Dr. Cynthia S. Sison  
Title or position M.D. Date 2-9-87

14. INFORMANT  
Signature Dr. Cynthia S. Sison Address Calapan, Oz. Mindoro  
Name in print Dr. Cynthia S. Sison  
Relationship to child Doctor Date 2-9-87

15. PREPARED BY  
Signature Dr. Cynthia S. Sison Address Calapan, Oz. Mindoro  
Name in print Dr. Cynthia S. Sison  
Title or position Dr. Cynthia S. Sison Date 2-9-87

16. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR  
Signature Dr. Cynthia S. Sison Address Calapan, Oz. Mindoro  
Name in print Dr. Cynthia S. Sison  
Title or position Dr. Cynthia S. Sison Date 2-9-87

17. INFORMATION GIVEN IN SUPPLEMENTAL REPORT  
b. DATE WHEN INFORMATION WAS SUPPLIED

(Important: Informant should also provide information for items 17 to 25. The code boxes are to be filled out at the Office of the Local Civil Registrar)

PROVINCE Oriental Mindoro Local Civil Registry No. 8700452 Registration Status 1  
CITY/MUNICIPALITY Calapan

17. Weight at Birth (in grams) 9199  
18. Birth Order of Child Ex. first, second, etc. 1st  
19a. Total Number of Children Born Alive 1  
19b. How many children are now living including this birth? 1  
19c. How many children were born alive but are now dead? 0  
20. Usual Occupation Employee  
21. Age at the time of this Birth 26  
22. Usual Residence (House no.) 12030 (City/Municipality) (Province) Calapan, Oz. Mindoro  
23. Usual Occupation Employee  
24. Age at the time of this Birth 26  
25. Attendance at Birth (Place 'X' on appropriate answer) 1 Physician 2 Nurse 3 Midwife 4 Healer 5 Other  
26a. Date of Birth 12/01/87  
26b. Place of Birth 12030  
26c. Mother's Nationality 1  
26d. Father's Nationality 1  
27. NAME OF CHILD (First) CLARENCE (Middle) DAVID (Last) DAVID

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Documentary

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





## AFFIDAVIT OF ACKNOWLEDGMENT

(Each parent or the mother alone may accomplish the Affidavit)

We, Oil Restres and \_\_\_\_\_ parents/  
of the child mentioned in the Certificate of Live Birth, do hereby solemnly swear that the information contained herein are  
true and correct to the best of our knowledge and belief.

D. A. C. RESTRES  
(Signature of Father)

(Signature of Mother)

Residence Certificate No. 2996125  
Date issued January 14, 1987  
Place issued Calapan, Or. Mindoro

Residence Certificate No. \_\_\_\_\_  
Date issued \_\_\_\_\_  
Place issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this 9th day of  
February, 1987  
at Calapan, Or. Mindoro, Philippines.

Asst. Local Civil Registrar

(Title/Designation)

Calapan, Or. Mindoro

(Address)

DARWETO G. PILLAROSA

(Name of Priest)

## AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(This Affidavit is for birth prior to February 27, 1983. Either the parent himself, if 21 years old or over, or father/mother/guardian may accomplish the Affidavit)

\_\_\_\_\_ of legal age, single/married and with residence and postal address of \_\_\_\_\_  
after having been duly sworn to in accordance with law.

I do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of \_\_\_\_\_
2. That I/he/she was born on \_\_\_\_\_
3. That I/he/she is a citizen of \_\_\_\_\_
4. That the reason for the delay in registering my/his/her birth was due to \_\_\_\_\_
5. That a copy of my/his/her birth certificate is needed for the purpose of \_\_\_\_\_
6. For the applicant only: That I am married to \_\_\_\_\_
7. For father/mother/guardian: That I am the father/mother/guardian of the said person.

Residence Certificate No. \_\_\_\_\_  
Date issued \_\_\_\_\_ Place issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
at \_\_\_\_\_, Philippines.

(Signature of Affiant)

(Signature of Affirming Officer)

(Title/Designation)

(Address)

HOW TO ACCOMPLISH THIS FORM

1. Accomplish this form in triplicate copies. Upon registration submit the original and duplicate copies to the Local Civil Registrar, and keep the third copy for your personal file.
2. Type or write legibly in ink on the blank spaces provided.
3. Fill up all items in this form completely and accurately.
4. For correctness and accuracy of data, the mother or the father shall be preferred as informant over any other person.
5. The informant shall be asked to sign item 14 of this form upon completion. Before doing so he should review the entries for each item, and make sure that the entries made therein are all correct and that the name of the child is written in the name of the parents are correctly spelled.
6. Registration status refers to whether or not registration is delayed. If delayed, place "2" in box 15; otherwise place "1".

## PENALTY CLAUSE OF ACT NO. 3783

Section 16 - False Statements - Any person who shall knowingly make false statements in the forms furnished and shall present the entry in the civil register, shall be punished by imprisonment for not less than one month nor more than six, or by a fine of not less than two hundred pesos nor more than five hundred or both, in the discretion of the court.

Section 17 - Failure to Report - Other Violations - Any person whose duty is to report any fact concerning the civil status of persons, and who knowingly fails to perform such duty, and any person convicted of having violated any of the provisions of this Act, shall be punished by a fine of not less than two hundred pesos nor more than five hundred pesos.

Section 18 - Neglect of Duty with Reference to the Provisions of this Act. Any local civil registrar who fails properly to perform his duties in accordance with the provisions of this Act and of the regulations issued hereunder, shall be punished for the first offense, by an administrative fine in a sum equal to his salary for not less than fifteen days nor more than three months, and for a second or repeated offense, by removal from the service.

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Documentary

CLAIRE DENNIS S. MAPA, Ph. D.

National Statistician and Civil Registrar General

Philippine Statistics Authority





## AFFIDAVIT OF ACKNOWLEDGMENT

(Each parent or the mother alone may accomplish the Affidavit)

We, Oil Remon and \_\_\_\_\_ parents/  
parent of the child mentioned in the Certificate of Live Birth, do hereby solemnly swear that the information contained herein are  
true and correct to the best of our/our knowledge and belief.

C. D. C. R. R. R.  
(Signature of Father)

(Signature of Mother)

Residence Certificate No. 2296125  
Date issued January 14, 1987  
Place issued Calapan, Or. Mindoro

Residence Certificate No. \_\_\_\_\_  
Date issued \_\_\_\_\_  
Place issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this 9th day of February, 1987  
at Calapan, Or. Mindoro, Philippines.

(Signature of Adminstrating Officer)  
DARWETO G. PILLAROSA  
(Name in Print)

Asst. Local Civil Registrar  
(Title/Designation)  
Calapan, Or. Mindoro  
(Address)

## AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(This affidavit is for birth prior to February 27, 1931. Either the parent/guardian, if 21 years old or over, or father/mother/guardian may accomplish the Affidavit)

\_\_\_\_\_ of legal age, single/married and with residence and postal address of \_\_\_\_\_, 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 \_\_\_\_\_
2. That I/he/she was born on \_\_\_\_\_
3. That I/he/she is a citizen of \_\_\_\_\_
4. That the reason for the delay in registering my/his/her birth was due to \_\_\_\_\_
5. That a copy of my/his/her birth certificate is needed for the purpose of \_\_\_\_\_
6. For the applicant only: That I am married to \_\_\_\_\_
7. For father/mother/guardian: That I am the father/mother/guardian of the said person.

(Signature of Adminstrating Officer)  
SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
at \_\_\_\_\_, Philippines.

Residence Certificate No. \_\_\_\_\_  
Date issued \_\_\_\_\_ Place issued \_\_\_\_\_

(Signature of Adminstrating Officer)  
SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
at \_\_\_\_\_, Philippines.

Residence Certificate No. \_\_\_\_\_  
Date issued \_\_\_\_\_ Place issued \_\_\_\_\_

(Signature of Adminstrating Officer)  
SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
at \_\_\_\_\_, Philippines.

Residence Certificate No. \_\_\_\_\_  
Date issued \_\_\_\_\_ Place issued \_\_\_\_\_

(Signature of Adminstrating Officer)  
SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
at \_\_\_\_\_, Philippines.

Residence Certificate No. \_\_\_\_\_  
Date issued \_\_\_\_\_ Place issued \_\_\_\_\_

(Signature of Adminstrating Officer)  
SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
at \_\_\_\_\_, Philippines.

Residence Certificate No. \_\_\_\_\_  
Date issued \_\_\_\_\_ Place issued \_\_\_\_\_

NOTE: In case of a child born out of wedlock, the father shall be preferred as informant over any other person.

## HOW TO ACCOMPLISH THIS FORM

1. Accomplish this form in triplicate copies. Upon registration submit the original and duplicate copies to the Local Civil Registrar, and keep the third copy for your personal file.
2. Type or write legibly in ink on the blank spaces provided.
3. Fill up all items in this form completely and accurately.
4. For each statement and accuracy of data, the father or the mother shall be preferred as informant over any other person.
5. The informant shall be asked to sign item 14 of this form upon completion. Before doing so he should review the entries for each item, and make sure that the entries made therein are all correct and that the name of the child as well as the names of the parents are correctly spelled.
6. Registration status refers to whether or not registration is delayed. If delayed, place "2" in box 13; otherwise place "1".

## PENALTY CLAUSE OF ACT NO. 3763

- Section 16 - False Statements - Any person who shall knowingly make false statements in the forms furnished and shall present the entry in the civil register, shall be punished by imprisonment for not less than one month nor more than six (6) months, or by a fine of not less than two hundred pesos nor more than five hundred pesos, both in the discretion of the court.
- Section 17 - Failure to Report - Other Violations - Any person whose duty is to report any fact concerning the civil status of persons, and who knowingly fails to perform such duty, and any person convicted of having violated any of the provisions of this Act, shall be punished by a fine of not less than ten nor more than two hundred pesos.
- Section 18 - Neglect of Duty with Reference to the Provisions of this Act - Any local civil registrar who fails properly to perform his duties in accordance with the provisions of this Act and of the regulations issued hereunder, shall be punished for the first offense, by an administrative fine in a sum equal to his salary for not less than three (3) nor more than three months, and for a second or repeated offense, by removal from the service.

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Documentary

CLAIRE DENNIS S. MAPA, Ph. D.

National Statistician and Civil Registrar General  
Philippine Statistics Authority



(each paragraph of the report alone may constitute the entire report)

parent of the child mentioned in the Certificate of Live Birth, do hereby solemnly swear that the information contained herein is true and correct to the best of the City knowledge and belief.

Signature of Member

Residence Certificate No. \_\_\_\_\_  
Date issued \_\_\_\_\_  
Place issued \_\_\_\_\_

February 1987

Asst. Local Civil Registrar

Calapan, Or. Mindoro

27. 1931. Either the person himself, if 27 years old or over, or father/mother/guardian, by undersigned the Affiant

Mr. Crosby, deposes and says:

11. Do I am the applicant for the delayed registration of my birth / of the birth of

2. The date she was born on \_\_\_\_\_

Q. And 1/ he/ she is a citizen of

14. From the reason for the delay in registering my /his /her birth was due to

5. That a copy of my/his/her birth certificate is needed for the purpose of

2. ~~Do~~ For the applicant only: The I am married to

For Father / mother / guardian) That I am the father / mother / guardian of the said person.

1

Residence Certificate No. \_\_\_\_\_ Date issued \_\_\_\_\_ Place issued \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this

Philippines

100

### 1. Definition of Assaulting

Date	Description	Amount	Balance
1/1/19	Opening Balance		100.00
1/15/19	Deposit	50.00	150.00
2/1/19	Withdrawal	25.00	125.00
2/15/19	Deposit	75.00	200.00
3/1/19	Withdrawal	100.00	100.00
3/15/19	Deposit	30.00	130.00
3/31/19	Balance Forward		130.00

(A461436)

## HOW TO ACCOMPLISH THIS FORM

1. Accompany this form in triplicate copies. Upon registration submit the original and duplicate copies to the Local Civil Agency, and keep the third copy for your personal file.

Do not type or write legibly in the unlined spaces provided.

1. Fill up all items in this form completely and accurately.

4. If person factors are not accounted for:

2. The informant shall be either a son, the mother or the father shall be preferred as informant over any other person.

For each item, and make sure that the entries made in the form are all correct and that the

as well as the names of the parents are correctly spelled.

(\*) Registration status refers to whether or not registration is delayed. If delayed, place "2" in box 19, otherwise place "1".

PENALTY CLAUSE OF ACT NO. 3703

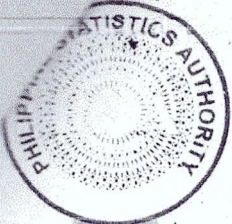
Section 16 - False Statements - Any person who shall knowingly make false statements in the forms furnished and shall represent the entry in the civil register, shall be punished by imprisonment for not less than one month nor more than six, or by a fine of not less than two hundred pesos nor more than five hundred or both, in the discretion of the court.

Section 17 - Failure to Report - Civil Violations - Any person whose duty is to report any fact concerning the civil status of persons, and who knowingly fails to perform such duty, and any person convicted of having violated any of the provisions of this Act, shall be punished by a fine of not less than ten nor more than two hundred pesos.

Section 19 - Duty with Reference to the Provisions of this Act. Any local civil registrar who fails properly to perform his duties in accordance with the provisions of this Act and of the regulations issued hereunder, shall be punished for the first offense, by an administrative fine in a sum equal to his salary for not less than fifteen days nor more than three months, and for a second or repeated offense, by removal from the service.







## AFFIDAVIT OF ACKNOWLEDGMENT

(Each parent or the mother alone may accomplish the Affidavit)

We, 011 Ramon and                      parents/  
parent of the child mentioned in the 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)

Residence Certificate No. 296125Date issued January 14, 1987Place issued Calapan, Or. MindoroResidence Certificate No.                     Date issued                     Place issued                     

SUBSCRIBED AND SWORN to before me this 9th day of  
Calapan, Or. Mindoro, Philippines.

February, 1987

DARWETO G. PILLAROSA

(Notary Public)

Asst. Local Civil Registrar

(Title/Description)

Calapan, Or. Mindoro

(Address)

## AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(This affidavit is for filing prior to February 27, 1991. Either the parent/himself, if 21 years old or over, or father/mother/guardian, by accomplishing this Affidavit)

                    , of legal age, single/married and with residence and postal address of                     ,  
after having been duly sworn to in accordance with law.

I do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of                     2. That I/he/she was born on                     3. That I/he/she is a citizen of                     4. That the reason for the delay in registering my/his/her birth was due to                     5. That a copy of my/his/her birth certificate is needed for the purpose of                     6. (For the applicant only) That I am married to                     

7. (For father/mother/guardian) That I am the father/mother/guardian of the said person.

Residence Certificate No.                     Date issued                     Place issued                     SUBSCRIBED AND SWORN to before me this                      day of                     , 19                    

Philippines

(Signature of Notary Public)

(Title/Description)

(Address)

## HOW TO ACCOMPLISH THIS FORM

1. Accomplish this form in triplicate copies. Upon registration submit the original and duplicate copies to the Local Civil Registrar, and keep the third copy for your personal file.

2. Type or write legibly in ink on the blank spaces provided.

3. Fill up all items in this form completely and accurately.

4. For correctness and accuracy of data, the mother or the father shall be preferred as informant over any other person.

5. The informant shall be asked to sign Item 14 of this form upon completion. Before doing so he should review the entries for each item, and make sure that the entries made therein are all correct and that the name of the child is written in the name of the parents are correctly spoken.

6. Registration status refers to whether or not registration is delayed. If delayed, place "2" in box 13; otherwise place "1".

## PENALTY CLAUSE OF ACT NO. 3783

Section 16 - False Statements - Any person who shall knowingly make false statements in the forms furnished and shall present the entry in the civil register shall be punished by imprisonment for not less than one month nor more than six (6) months or by a fine of not less than two hundred pesos nor more than five hundred pesos, both in the discretion of the court.

Section 17 - Failure to Report - Other Violations - Any person whose duty is to report any fact concerning the civil status of persons and who knowingly fails to perform such duty, and any person convicted of having violated any of the provisions of this Act, shall be punished by a fine of not less than ten nor more than two hundred pesos.

Section 18 - Neglect of Duty with Reference to the Provisions of this Act - Any local civil registrar who fails properly to perform his duties in accordance with the provisions of this Act and of the regulations issued hereunder, shall be punished for the first offense, by an administrative fine in a sum equal to his salary for not less than fifteen days nor more than three months, and for a second or repeated offense, by removal from the service.

07838-DB-127LCH-00267-B1002

POSSIBLE IMAGE

BReN

05205-A87AC09-8

Documentary

CLAIRE DENNIS S. MAPA, Ph. D.

National Statistician and Civil Registrar General  
Philippine Statistics Authority





Taguig City  
Philippines

Taguig City Hall,  
Gen. Antonio Luna St.  
Tuktukan, Taguig City  
1637 Philippines  
Tel. No. (632) 555 7800  
Fax No. (632) 642 3588  
www.taguig.gov.ph



Municipal Form No. 103  
(Revised At 16)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR - GENERAL  
**CERTIFICATE OF DEATH**

Province <b>Metro Manila</b>		Registry No. <b>2021-2097</b>	
City/Municipality <b>Taguig City</b>			
1. NAME (First) (Middle) (Last) <b>LOLINE MONDRAGON CARLE</b>		2. SEX (Male/Female) <b>Female</b>	
3. DATE OF DEATH (Day, Month, Year) <b>24 May 2021</b>		4. DATE OF BIRTH (Day) (Month) (Year) <b>28 June 1960</b>	
5. AGE AT THE TIME OF DEATH (Fill-in below according to age category) a. IF 1 YEAR OR ABOVE (2) Completed years <b>60</b> b. IF UNDER 1 YEAR (1) Months (0) Days Hours Min/Sec		6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) <b>MEDICAL CENTER TAGUIG Levi Mariano Brgy Ususan, Taguig City, Metro Manila Phil.</b>	
7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) <b>Single</b>		8. RELIGION/RELIGIOUS SECT <b>Roman Catholic</b>	
9. CITIZENSHIP <b>Filipino</b>		10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) <b>117 Dao St. Sto. Niño Calapan City, Oriental Mindoro, Philippines</b>	
11. OCCUPATION <b>Budget Officer</b>		12. NAME OF FATHER (First, Middle, Last) <b>Felimon M. Carle</b>	
13. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>Prescila M. Mondragon</b>			
<b>MEDICAL CERTIFICATE</b> (For ages 0 to 7 days, accomplish items 14-19a at the back)			
19b. CAUSES OF DEATH (If the deceased is aged 8 days and over) I. Immediate cause : a. <b>Acute Coronary Syndrome</b> Antecedent cause : b. <b>Aspiration Pneumonia</b> Underlying cause : c. <b>Small Intestinal Metastatic Carcinoma</b> II. Other significant conditions contributing to death: <b>Anemia sec. to Chronic Illness (small intestinal carcinoma) 2. Acute Tubular Necrosis sec. to Hypoperfusion and Infection on Top of CKD sec. to Diabetic Nephropathy, Electrolyte Imbalance sec. to Hypertransaminemia Hypoalbuminemia prob. sec. to Hepatorenal Syndrome</b>			
19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old) a. pregnant, not in labour b. pregnant, in labour c. less than 42 days after delivery d. 42 days to 1 year after delivery e. None of the choices			
19d. DEATH BY EXTERNAL CAUSES a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.) b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.)			
20. AUTOPSY (Yes / No) <b>No</b>			
21a. ATTENDANT X1 Private Physician 2 Public Health Officer 3 Hospital Authority 4 None 5 Others (Specify) 21b. If attended, state duration (mm/dd/yy) From <b>May 12, 2021</b> To <b>May 24, 2021</b>			
22. CERTIFICATION OF DEATH I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I <input checked="" type="checkbox"/> have attended/ <input type="checkbox"/> have not attended the deceased and that death occurred at <b>5:49 AM</b> am/pm on the date of death specified above.			
Signature <b>Nicole Sanchez, M.D.</b> Name in Print <b>NICOLE SANCHEZ, M.D.</b> Title or Position <b>Physician</b> Address <b>Medical Center Taguig, Levi Mariano Ave. Brgy. Ususan, Taguig City</b> Date <b>May 24, 2021</b>			
REVIEWED BY: Signature <b>Virgilio D. Dela Torre</b> Name in Print <b>VIRGILIO D. DELA TORRE</b> Title or Position <b>City Health Officer</b> Address <b>Taguig City Health Office</b> Date <b>24 MAY 2021</b>			
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) <b>Burial</b>			
24a. BURIAL/CREMATION PERMIT Number <b>N/A</b> Date Issued <b>24 MAY 2021</b>			
24b. TRANSFER PERMIT Number <b>621442</b> Date Issued <b>24 MAY 2021</b>			
25. NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>DIVINE MERCY CEMETERY CALAPAN ORIENTAL MINDORO</b>			
26. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature <b>Glenn Daryl C. Ramirez</b> Name in Print <b>Glenn Daryl C. Ramirez</b> Relationship to the Deceased <b>Son</b> Address <b>117 Dao St. Sto. Niño Calapan City, Oriental Mindoro</b> Date <b>May 24, 2021</b>			
27. PREPARED BY Signature <b>Arnold C. Omay</b> Name in Print <b>Arnold C. Omay</b> Title or Position <b>Medical Records Staff</b> Date <b>May 24, 2021</b>			
28. RECEIVED BY Signature <b>Geraldine T. Fetalcorin</b> Name in Print <b>GERALDINE T. FETALCORIN</b> Title or Position <b>ADMIN AIDE II</b> Date <b>24 MAY 2021</b>			
29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <b>Virginia E. Dela Torre</b> Name in Print <b>VIRGINIA E. DELA TORRE</b> Title or Position <b>ASST. REGISTRATION OFFICER CITY OF TAGUIG</b> Date <b>24 MAY 2021</b>			
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)			
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR			
5 8 9 10 11 19a(a)/19b 19a(c)			

CERTIFIED TRUE/MACHINE COPY :

VIRGINIA E. DELA TORRE  
ASST. REGISTRATION OFFICER, CITY OF TAGUIG

VERIFIED BY:

JUL 19 2021

JERELYN E. SILANG  
ADMIN ASSISTANT II





Taguig City  
Philippines

Taguig City Hall,  
Gen. Antonio Luna St.  
Tuktukan, Taguig City  
1637 Philippines  
Tel. No. (632) 555 7800  
Fax No. (632) 642 3588  
www.taguig.gov.ph



(Revised August 2016)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR  
GENERAL  
**CERTIFICATE OF DEATH**

Province **Metro Manila** Registry No. **2021-2097**  
City/Municipality **Taguig City**

1. NAME (First) (Middle) (Last) **LOLINE MONDRAGON CARLE** 2. SEX (Male/Female) **Female**

3. DATE OF DEATH (Day, Month, Year) **24 May 2021** 4. DATE OF BIRTH (Day) (Month) (Year) **28 June 1960** 5. AGE AT THE TIME OF DEATH (Fill-in below accord. to age category)  
a. IF 1 YEAR OR ABOVE (2) Completed years **60** b. IF UNDER 1 YEAR (11) Months (0) Days Hours Min/Sec

6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) **MEDICAL CENTER TAGUIG Levi Mariano Brgy Ususan, Taguig City, Metro Manila Phil.** 7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) **Single**

8. RELIGION/RELIGIOUS SECT **Roman Catholic** 9. CITIZENSHIP **Filipino** 10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) **117 Dao St. Sto. Niño Calapan City, Oriental Mindoro, Philippines**

11. OCCUPATION **Budget Officer** 12. NAME OF FATHER (First, Middle, Last) **Felimon M. Carle** 13. MAIDEN NAME OF MOTHER (First, Middle, Last) **Prescila M. Mondragon**

**MEDICAL CERTIFICATE**  
(For ages 0 to 7 days, accomplish items 14-19a at the back)

19b. CAUSES OF DEATH (If the deceased is aged 8 days and over) Interval Between Onset and Death  
I. Immediate cause : a. **Acute Coronary Syndrome**  
Antecedent cause : b. **Aspiration Pneumonia**  
Underlying cause : c. **Small Intestinal Metastatic Carcinoma**  
II. Other significant conditions contributing to death: **Anemia sec. to Chronic Illness (small intestinal carcinoma) 2. Acute Tubular Necrosis sec. to Hypoperfusion and Infection on Top of CKD sec. to Diabetic Nephropathy; Electrolyte Imbalance sec. to Hypertransaminemia Hypoalbuminemia prob. sec. to Hepatorenal Syndrome**

19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)  
a. pregnant, not in labour b. pregnant, in labour c. less than 42 days after delivery d. 42 days to 1 year after delivery e. None of the choices

19d. DEATH BY EXTERNAL CAUSES  
a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.)  
b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.)

20. AUTOPSY (Yes / No) **NO**

21a. ATTENDANT  
☒ 1 Private Physician ☐ 2 Public Health Officer ☐ 3 Hospital Authority ☐ 4 None ☐ 5 Others (Specify) \_\_\_\_\_

21b. If attended, state duration (mm/dd/yyyy) From **May 12, 2021** To **May 24, 2021**

22. CERTIFICATION OF DEATH  
I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I ☒ have attended/  
☐ have not attended the deceased and that death occurred at **5:49 AM** am/pm on the date of death specified above.

Signature **Nicole Sanchez, M.D.**  
Name in Print **NICOLE SANCHEZ, M.D.**  
Title or Position **Physician**  
Address **Medical Center Taguig, Levi Mariano Ave. Brgy. Ususan, Taguig City**  
Date **May 24, 2021**

REVIEWED BY:  
Signature **Arnold C. Omay**  
Name in Print **ARNOLD C. Omay**  
Title or Position **City Health Officer**  
Address **Taguig City Health Office**  
Date **24 MAY 2021**

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) **Burial** 24a. BURIAL/CREMATION PERMIT  
Number **118**  
Date Issued **24 MAY 2021**

24b. TRANSFER PERMIT  
Number **651442**  
Date Issued **24 MAY 2021**

25. NAME AND ADDRESS OF CEMETERY OR CREMATORY **DIVINE MERCY CEMETERY CALAPAN ORIENTAL MINDORO**

26. CERTIFICATION OF INFORMANT  
I hereby certify that all information supplied are true and correct to my own knowledge and belief.  
Signature **Glenn Daryl C. Ramirez**  
Name in Print **Glenn Daryl C. Ramirez**  
Relationship to the Deceased **Son**  
Address **117 Dao St. Sto. Niño Calapan City, Oriental Mindoro**  
Date **May 24, 2021**

27. PREPARED BY  
Signature **Arnold C. Omay**  
Name in Print **Arnold C. Omay**  
Title or Position **Medical Records Staff**  
Date **May 24, 2021**

28. RECEIVED BY  
Signature **Geraldine T. Fetalcorin**  
Name in Print **GERALDINE T. FETALCORIN**  
Title or Position **ADMIN AIDE II**  
Date **24 MAY 2021**

29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature **Virginia E. Dela Torre**  
Name in Print **VIRGINIA E. DELA TORRE**  
Title or Position **ASST. REGISTRATION OFFICER CITY OF TAGUIG**  
Date **24 MAY 2021**

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

5 8 9 10 11 19a(a)/19b 19a(c)

CERTIFIED TRUE/MACHINE COPY :

VIRGINIA E. DELA TORRE  
ASST. REGISTRATION OFFICER, CITY OF TAGUIG

VERIFIED BY:

JUL 19 2021

JERELYN E. SILANG  
ADMIN ASSISTANT II





Taguig City  
Philippines

Taguig City Hall,  
Gen. Antonio Luna St.  
Tuktukan, Taguig City  
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Tel. No. (632) 555 7800  
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www.taguig.gov.ph



(Revised August 2016)

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF DEATH**

Province **Metro Manila**

City/Municipality **Taguig City**

Registry No.

**2021-2097**

1. NAME (First) (Middle) (Last) <b>LOLINE MONDRAGON CARLE</b>			2. SEX (Male/Female) <b>Female</b>		
3. DATE OF DEATH (Day, Month, Year) <b>24 May 2021</b>		4. DATE OF BIRTH (Day) (Month) (Year) <b>28 June 1960</b>		5. AGE AT THE TIME OF DEATH (Fill-in below accordg. to age category) a. IF 1 YEAR OR ABOVE (2) Completed years <b>60</b> b. IF UNDER 1 YEAR (1) Months (0) Days ( ) Hours ( ) Min/Sec	
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) <b>MEDICAL CENTER TAGUIG Levi Mariano Brgy Ususan, Taguig City, Metro Manila Phil.</b>				7. CIVIL STATUS (Single/Married/Widow/ Widower/Annulled/Divorced) <b>Single</b>	
8. RELIGION/RELIGIOUS SECT <b>Roman Catholic</b>		9. CITIZENSHIP <b>Filipino</b>		10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) <b>117 Dao St. Sto. Niño Calapan City, Oriental Mindoro, Philippines</b>	
11. OCCUPATION <b>Budget Officer</b>		12. NAME OF FATHER (First, Middle, Last) <b>Felimon M. Carle</b>		13. MAIDEN NAME OF MOTHER (First, Middle, Last) <b>Prescila M. Mondragon</b>	

**MEDICAL CERTIFICATE**

(For ages 0 to 7 days, accomplish items 14-19a at the back)

19b. CAUSES OF DEATH (If the deceased is aged 8 days and over)		Interval Between Onset and Death	
I. Immediate cause : a. <b>Acute Coronary Syndrome</b>			
Antecedent cause : b. <b>Aspiration Pneumonia</b>			
Underlying cause : c. <b>Small Intestinal Metastatic Carcinoma</b>			
II. Other significant conditions contributing to death: <b>Anemia sec. to Chronic Illness (small intestinal carcinoma) 2. Acute Tubular Necrosis sec. to Hypoperfusion and Infection on Top of CKD sec. to Diabetic Nephropathy; Electrolyte Imbalance sec. to Hypertransaminase Hypoalbuminemia prob. sec. to Hepatorenal Syndrome</b>			
19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)			
a. pregnant, not in labour b. pregnant, in labour c. less than 42 days after delivery d. 42 days to 1 year after delivery e. None of the choices			
19d. DEATH BY EXTERNAL CAUSES		20. AUTOPSY (Yes / No)	
a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.)		<b>NO</b>	
b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.)			
21a. ATTENDANT		21b. If attended, state duration (mm/dd/yy)	
X1 Private Physician 2 Public Health Officer 3 Hospital Authority 4 None 5 Others (Specify)		From <b>May 12, 2021</b> To <b>May 24, 2021</b>	

22. CERTIFICATION OF DEATH		REVIEWED BY:	
I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I <input checked="" type="checkbox"/> have attended/ <input type="checkbox"/> have not attended the deceased and that death occurred at <b>5:49 AM</b> am/pm on the date of death specified above.		Signature <b>Nicole Sanchez, M.D.</b>	
Signature <b>Nicole Sanchez, M.D.</b>		Signature Over Printed Name of Health Officer <b>Nicole Sanchez, M.D.</b>	
Name in Print <b>NICOLE SANCHEZ, M.D.</b>		City Health Officer <b>Taguig City Health Office</b>	
Title or Position <b>Physician</b>		Date <b>24 MAY 2021</b>	
Address <b>Medical Center Taguig, Levi Mariano Ave. Brgy. Ususan, Taguig City</b>			

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) <b>Burial</b>	24a. BURIAL/CREMATION PERMIT Number <b>NA</b> Date Issued <b>24 MAY 2021</b>	24b. TRANSFER PERMIT Number <b>64442</b> Date Issued <b>24 MAY 2021</b>
--	--	---

25. NAME AND ADDRESS OF CEMETERY OR CREMATORY  
**DIVINE MERCY CEMETERY CALAPAN ORIENTAL MINDORO**

26. CERTIFICATION OF INFORMANT		27. PREPARED BY	
I hereby certify that all information supplied are true and correct to my own knowledge and belief.		Signature <b>Arnold C. Omay</b>	
Signature <b>Glenn Daryl C. Ramirez</b>		Name in Print <b>Arnold C. Omay</b>	
Name in Print <b>Glenn Daryl C. Ramirez</b>		Title or Position <b>Medical Records Staff</b>	
Relationship to the Deceased <b>Son</b>		Date <b>May 24, 2021</b>	
Address <b>117 Dao St. Sto. Niño Calapan City, Oriental Mindoro</b>			
Date <b>May 24, 2021</b>			
28. RECEIVED BY		29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR	
Signature <b>Geraldine T. Fetalcorin</b>		Signature <b>VIRGINIA E. DELA TORRE</b>	
Name in Print <b>GERALDINE T. FETALCORIN</b>		Name in Print <b>ASST. REGISTRATION OFFICER</b>	
Title or Position <b>ADMIN AIDE II</b>		City of Taguig <b>CITY OF TAGUIG</b>	
Date <b>24 MAY 2021</b>		Date <b>24 MAY 2021</b>	

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

5 8 9 10 11 19a(a)/19b 19a(c)

CERTIFIED TRUE/MACHINE COPY:

VIRGINIA E. DELA TORRE  
ASST. REGISTRATION OFFICER, CITY OF TAGUIG

VERIFIED BY:

JUL 19 2021

JERELYN E. SILANG  
ADMIN ASSISTANT II



**FOR CHILDREN AGED 0 TO 7 DAYS**

14. AGE OF MOTHER _____	15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify) _____	16. LENGTH OF PREGNANCY: (in completed weeks) _____
17. TYPE OF BIRTH (Single, Twin, Triplet, etc) _____		18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc) _____

**MEDICAL CERTIFICATE**

19a. CAUSES OF DEATH

a. Main disease/condition of infant \_\_\_\_\_

b. Other diseases/conditions of infant \_\_\_\_\_

c. Main maternal disease/condition affecting infant \_\_\_\_\_

d. Other maternal disease/condition affecting infant \_\_\_\_\_

e. Other relevant circumstances \_\_\_\_\_

**CONTINUE TO FILL UP ITEM 20**

**POSTMORTEM CERTIFICATE OF DEATH**

I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was \_\_\_\_\_

Signature \_\_\_\_\_ Title/Designation \_\_\_\_\_

Name in Print \_\_\_\_\_ Address \_\_\_\_\_

Date \_\_\_\_\_

**CERTIFICATION OF EMBALMER**

I HEREBY CERTIFY that I have embalmed COLINET M. CARLE following all the regulations prescribed by the Department of Health.

Signature [Signature] Title/Designation LIC. EMB.

Name in Print E. PARMANIL License No. 5300

Address STA. NERESA HLA. Issued on 09/15/15 at MANILA

Expiry Date 10/5/22

**AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH**

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

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

1. That \_\_\_\_\_ died on \_\_\_\_\_ in \_\_\_\_\_ and was buried/cremated in \_\_\_\_\_ on \_\_\_\_\_

2. That the deceased at the time of his/her death:

☐ was attended by \_\_\_\_\_

☐ was not attended.

3. That the cause of death of the deceased was \_\_\_\_\_

4. That the reason for the delay in registering this death was due to \_\_\_\_\_

5. 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.

(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

### FOR CHILDREN AGED 0 TO 7 DAYS

14. AGE OF MOTHER _____	15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify) _____	16. LENGTH OF PREGNANCY: (in completed weeks) _____
17. TYPE OF BIRTH (Single, Twin, Triplet, etc) _____	18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc) _____	

### MEDICAL CERTIFICATE

#### 19a. CAUSES OF DEATH

- a. Main disease/condition of infant \_\_\_\_\_
- b. Other diseases/conditions of infant \_\_\_\_\_
- c. Main maternal disease/condition affecting infant \_\_\_\_\_
- d. Other maternal disease/condition affecting infant \_\_\_\_\_
- e. Other relevant circumstances \_\_\_\_\_

CONTINUE TO FILL UP ITEM 20

### POSTMORTEM CERTIFICATE OF DEATH

I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was \_\_\_\_\_

Signature \_\_\_\_\_ Title/Designation \_\_\_\_\_  
 Name in Print \_\_\_\_\_ Address \_\_\_\_\_  
 Date \_\_\_\_\_

### CERTIFICATION OF EMBALMER

I HEREBY CERTIFY that I have embalmed LOUISE M. CARLE following all the regulations prescribed by the Department of Health.

Signature [Signature] Title/Designation LIC. EMB.  
 Name in Print E. PARMINIL License No. 5300  
 Address STA. NERESA MIA. Issued on 09/15/15 at MANILA  
 Expiry Date 10/5/16

### AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH

I, \_\_\_\_\_, of legal age, single/married/divorced/widow/widower, with residence and postal address \_\_\_\_\_, after being duly sworn in accordance with law, do hereby depose and say:

1. That \_\_\_\_\_ died on \_\_\_\_\_ in \_\_\_\_\_ and was buried/cremated in \_\_\_\_\_ on \_\_\_\_\_

2. That the deceased at the time of his/her death:

- ☐ was attended by \_\_\_\_\_  
☐ was not attended.

3. That the cause of death of the deceased was \_\_\_\_\_

4. That the reason for the delay in registering this death was due to \_\_\_\_\_

5. 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.

(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

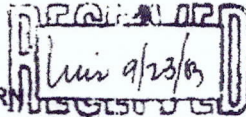




Civil Registry Form No. 1A  
(Birth-available)

Republic of the Philippines  
**OFFICE OF THE MUNICIPAL CIVIL REGISTRAR**  
Victoria, Oriental Mindoro

# **CERTIFICATE OF BIRTH**



02 September 2003

TO WHOM IT MAY CONCERN

CIVIL REGISTRY DIVISION  
We certify that among others, the following facts of birth appear in our  
Registry of Births on page 09 of book number 02

LCR registry number : 3059  
Date of registration : 07 July 1960  
Name of Child : LULINIE CARLE  
Nationality : FILIPINO  
Sex : FEMALE  
Date of birth : 28 June 1960  
Place of birth : Merit, Victoria, Oriental Mindoro  
Name of Mother : PRECILA MONDRAGON  
Citizenship : FILIPINO  
Name of Father : FELIMON CARLE  
Citizenship : FILIPINO  
Date of marriage of parents : Not stated  
Place of marriage of parents : Not stated

This certification is issued to OCRC - National Statistics Office upon their request.

*Guillermo M. Geneta*  
**GUILLERMO M. GENETA**  
Municipal Civil Registrar

Verified by:

*Nelia M. Moong*  
**NELIA M. MOONG**  
Clerk II

**NOTE: ANNOTATED DOCUMENT**

Child's First Name "LULINIE" is hereby corrected to "LOLINE" pursuant to Pet. No. CCE-0012-2002, APPROVED by MCR on 24 May 2002 and AFFIRMED by CRG on 21 June 2002 in accordance with R.A. NO. 9048

Amount Paid : P 50.00  
O. R. Number :  
Date Paid : 22 VERIFIED 9/23/03

*Guillermo M. Geneta*  
**GUILLERMO M. GENETA**  
Municipal Civil Registrar

NOTE: This certification is not valid if it has mark of erasure or alteration of any entry.

REMARKS: THE CHILD'S FIRST NAME IS HEREBY CORRECTED FROM LULINIE TO LOLINE PURSUANT TO THE DECISION OF MCR GUILLERMO M. GENETA ON MAY 24, 2002 IN ACCORDANCE WITH RA 9048.

CERTIFIED CORRECT:

*Normale M. Orlas*  
**NORMALE M. ORLAS**  
Clerk III

09-23-03

*CSM*



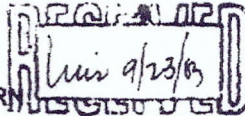


Civil Registry Form No. 1A  
(Birth-available)

Republic of the Philippines

**OFFICE OF THE MUNICIPAL CIVIL REGISTRAR**  
Victoria, Oriental Mindoro

**CERTIFICATE OF BIRTH**



02 September 2003

TO WHOM IT MAY CONCERN

CIVIL REGISTRY DIVISION

We certify that among others, the following facts of birth appear in our Registry of Births on page 09 of book number 02

LCR registry number : 3059  
Date of registration : 07 July 1960  
Name of Child : LULINIE CARLE  
Nationality : FILIPINO  
Sex : FEMALE  
Date of birth : 28 June 1960  
Place of birth : Merit, Victoria, Oriental Mindoro  
Name of Mother : PRECILA MONDRAGON  
Citizenship : FILIPINO  
Name of Father : FELIMON CARLE  
Citizenship : FILIPINO  
Date of marriage of parents : Not stated  
Place of marriage of parents : Not stated

This certification is issued to OCRG - National Statistics Office upon their request.

*[Signature]*  
**GUILLERMO M. GENETA**  
Municipal Civil Registrar

Verified by:

*[Signature]*  
**NELIA M. MOONG**  
Clerk II

**NOTE: ANNOTATED DOCUMENT**

Child's First Name "LULINIE" is hereby corrected to "LOLINE" pursuant to Pet. No. CCE-0012-2002, APPROVED by MCR on 24 May 2002 and AFFIRMED by CRG on 21 June 2002 in accordance with R.A. NO. 9048

Amount Paid : P 50.00  
O. R. Number :  
Date Paid : 22 VERIFIED 9/22/03

*[Signature]*  
**GUILLERMO M. GENETA**  
Municipal Civil Registrar

NOTE: This certification is not valid if it has mark of erasure or alteration of any entry.

REMARKS: THE CHILD'S FIRST NAME IS HEREBY CORRECTED FROM LULINIE TO LOLINE PURSUANT TO THE DECISION OF MCR GUILLERMO M. GENETA ON MAY 24, 2002 IN ACCORDANCE WITH RA 9048.

CERTIFIED CORRECT:

*[Signature]*  
**NORMALE M. ORLAS**  
Clerk III

09-23-03

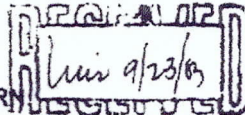




Civil Registry Form No. 1A  
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Date of marriage of parents : Not stated  
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This certification is issued to OCRG - National Statistics Office upon their request.

*Guillermo M. Geneta*  
**GUILLERMO M. GENETA**  
Municipal Civil Registrar

Verified by:

*Nelia M. Moong*  
**NELIA M. MOONG**  
Clerk II

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Amount Paid : P 50.00  
O. R. Number :  
Date Paid : 92203

*Guillermo M. Geneta*  
**GUILLERMO M. GENETA**  
Municipal Civil Registrar

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REMARKS: THE CHILD'S FIRST NAME IS HEREBY CORRECTED FROM LULINIE TO LOLINE PURSUANT TO THE DECISION OF MCR GUILLERMO M. GENETA ON MAY 24, 2002 IN ACCORDANCE WITH RA 9048.

CERTIFIED CORRECT:

*Normale M. Orlas*  
NORMALE M. ORLAS  
Clerk III

09-23-03

*CSM*



WAIVER OF RIGHTS

KNOW ALL MEN BY THESE PRESENTS:

We, **GLENN DARYL C. RAMIREZ**, of legal age, Filipino and a resident of Sto. Niño, Calapan City, Oriental Mindoro and **REGINE C. RAMIREZ**, of legal age, Filipino and a resident of Sto. Niño, Calapan City, Oriental Mindoro, by these presents, hereby state and allege:

- 1. That we are among the beneficiaries of the late, Loline M. Carle who died on **May 24, 2021** at Medical Center, Taguig City;
- 2. That for and in consideration of the love and affection, I, **GLENN DARYL C. RAMIREZ**, hereby waive my right in all death benefits, funeral claims, terminal leaves, MOWEL fund and other claims from Department of Environment and National Resources (DENR) particularly to, **REGINE C. RAMIREZ**, thereby authorizing her to file and claim whatever benefits she will receive from Department of Environment and National Resources (DENR);
- 3. That we hereby release and discharge Department of Environment and National Resources (DENR) from any and all liability in connection with the aforementioned waiver and release of the provident benefit in favor of the above named person;
- 4. That we are executing this affidavit to attest to the truth of the forgoing facts and statements and as one of the requirements prescribed by Department of Environment and National Resources (DENR) and other concerned government agencies in order that we may claim funeral and death benefits that may be issued thereafter.

IN WITNESS WHEREOF, we have hereunto set our hands this \_\_\_\_ day of \_\_\_\_\_, 2022 at Calapan City, Oriental Mindoro.

**GLENN DARYL C. RAMIREZ**  
Transferor / Beneficiary  
UMID Card No. CRN-0111-9217519-8

**REGINE C. RAMIREZ**  
Beneficiary / Claimant  
DL No. D05-17-000143

Signed in the presence of:

ACKNOWLEDGMENT

Republic of the Philippines )  
CITY OF CALAPAN ) S.S.  
Province of Oriental Mindoro )

BEFORE ME, this \_\_\_\_ day of \_\_\_\_\_, 2022 at Calapan City, Oriental Mindoro, personally appeared the aforementioned persons known to me and to me known to be the same persons who executed the foregoing instrument and acknowledged to me that the same is their free and voluntarily act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my notarial seal at the place and on the date above-written.

Doc No. 106  
Page No. 23  
Book No. 22  
Series of 2022

**ATTY. TYRON KIM D. BACULO**  
Notary Public  
Until December 31, 2022  
Roll of Attorneys No. 65809  
No. 014875 / Lifetime / Oriental Mindoro  
P.R. No. 0842260 / 12-03-21 (for 2022) / Calapan City  
MCLE Compliance No. VI-0022615 / 04-02-19



# WAIVER OF RIGHTS

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We, **GLENN DARYL C. RAMIREZ**, of legal age, Filipino and a resident of Sto. Niño, Calapan City, Oriental Mindoro and **REGINE C. RAMIREZ**, of legal age, Filipino and a resident of Sto. Niño, Calapan City, Oriental Mindoro, by these presents, hereby state and allege:

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**GLENN DARYL C. RAMIREZ**  
Transferor / Beneficiary  
UMID Card No. CRN-0111-9217519-8

*Regine C. Ramirez*  
**REGINE C. RAMIREZ**  
Beneficiary / Claimant  
DL No. D05-17-000143

Signed in the presence of:

## ACKNOWLEDGMENT

Republic of the Philippines )  
CITY OF CALAPAN ) S.S.  
Province of Oriental Mindoro )

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Doc No. 106  
Page No. 23  
Book No. 22  
Series of 2022

*Atty. Tyron Kim D. Baculo*  
**ATTY. TYRON KIM D. BACULO**  
Notary Public  
Until December 31, 2022  
Roll of Notaries No. 1234



# WAIVER OF RIGHTS

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**GLENN DARYL C. RAMIREZ**  
Transferor / Beneficiary  
UMID Card No. CRN-0114-9217519-8

*Atty. Kim*  
**REGINE C. RAMIREZ**  
Beneficiary / Claimant  
DL No. D05-17-000143

Signed in the presence of:

## ACKNOWLEDGMENT

Republic of the Philippines )  
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Series of 2022

*Atty. Kim*  
**ATTY. TYRON KIM D. BACULO**  
Notary Public  
Until December 31, 2022  
Office of Notaries, Calapan City




### Sertipikasyon

Ito ay pagpapatunay na lahat ng dapat gawin at mga kailangang dokumento para sa appointment na ito ay ayon sa CSC MC No. 40, S. 1998 ay nasunod na, narebisa ko napatunayang nasa ayos

Ang posisyon ay nalathala sa CSC Bulletin noong January 29, 2015.  
(The position was published at) (on)

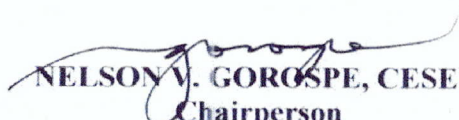
This is to certify that all requirements and supporting papers pursuant to MC # 40, S. 1998 have been complied with, reviewed and found to be in order.

  
**VIRGINIA M. REGODON**  
OIC Chief, Personnel Section

### Sertipikasyon

Ito ay pagpapatunay na ang nahirang ay nagdaan sa pagsusulit ng Personnel Selection Board at kwalipikado.

This is to certify that the appointee has been screened and found qualified by the Promotion/Personnel Selection Board.

  
**NELSON V. GOROSPE, CESE**  
Chairperson  
Regional Selection and Promotion Board

### Mga Notasyon

**ANUMANG BURA O PAGBABAGO SA AKSYONG GINAWA NG KOMISYON NG SERBISYO SIBIL AY MAGPAPAWALANG BISA SA PAGHIRANG NA ITO MALIBAN KUNG ANG PAGBABAGO AY NASULAT NA KINUMPIRMA NG KOMISYON.**

Petsa ng paglabas sa KSS/Komisyon

**MAY 18 2016**

Mga Pagbibigyan ng Kopya:

Orihinal	-	Kopya ng nahirang
Pangalawang Kopya	-	para sa Komisyon ng Serbisyo Sibil
Pangatlong Kopya	-	para sa Ahensiya



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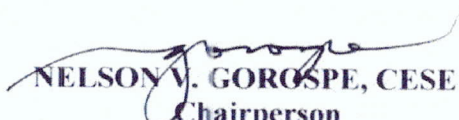
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Pangatlong Kopya	-	para sa Ahensiya



2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Multi Purpose Loan	GSIS	P 324,300.00
CAR Loan	Security Bank	P 898,000.00
CAR Loan	PS Bank	P 295,600.00
House& Lot(Tanza Cavite)	DENR-Project Hope	P 44,779.00
TOTAL LIABILITIES:		P 1,562,679.00
NET WORTH : Total Assets less Total Liabilities =		P 7,149,321.00

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant / Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household)

☒ I/ We do not have any business interest or financial connection.

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION
N/A	N/A	N/A	N/A

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

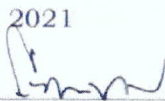
☐ I/ We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
Alberto Mondragon	Cousin	Legal Officer	DENR-Diliman Quezon City
Maritess Tordecilla	Niece	Master Teacher	COMEHI - Barcenaga, Naujan Or. Mindoro
Rhona Liwag	Niece	Forest Ranger	DENR-CENRO, Pasi Socorro Or. Mindoro

I hereby certify that these are true and correct statements of my assets, liabilities, net worth, business interests and financial connections, including those of my spouse and unmarried children below eighteen (18) years of age living in my household, and that to the best of my knowledge, the above-enumerated are names of my relatives in the government within the fourth civil degree of consanguinity or affinity.

I hereby authorize the Ombudsman or his/her duly authorized representative to obtain and secure from all appropriate government agencies, including the Bureau of Internal Revenue such documents that may show my assets, liabilities, net worth, business interests and financial connections, to include those of my spouse and unmarried children below 18 years of age living with me in my household covering previous years to include the year I first assumed office in government.

Date: January 05, 2021


  
(Signature of Declarant)

Government Issued ID: UMID Card  
ID No.: CRN-006-0007-7183-8  
Date Issued: Oct. 2014

N/A  
(Signature of Co-Declarant/ Spouse)

Government Issued ID: N/A  
ID No.: N/A  
Date Issued: N/A

SUBSCRIBED AND SWORN to before me this 6th day of January 2021, affiant exhibiting to me the above-stated government issued identification card.

  
NESTOR N. CUASAY  
In-Charge, Management Services Division



2. LIABILITIES\*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
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(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

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Maritess Tordecilla	Niece	Master Teacher	COMEHI - Barcenaga, Naujan Or. Mindoro
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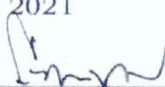
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