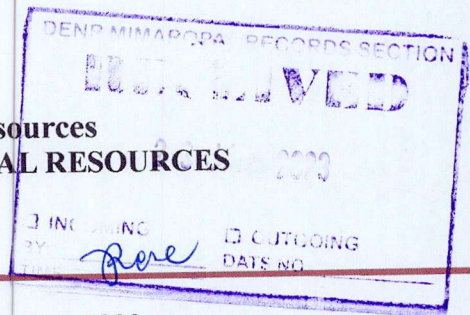




Republic of the Philippines
Department of Environment and Natural Resources
PROVINCIAL ENVIRONMENT AND NATURAL RESOURCES
REGION IV – MIMAROPA



January 16, 2023

MEMORANDUM

FOR : The Regional Executive Director
DENR-MIMAROPA Region
1515 DENR By the Bay Building, Roxas Blvd.,
Brgy 668, Ermita, Manila

FROM : The OIC, PENR Officer

SUBJECT : **TERMINAL LEAVE CLAIM**

Submitted herewith are the additional documentary requirements such as Ombudsman Clearance and Birth Certificates of surviving spouse and children for the terminal leave claim of retired Forest Ranger Benedicto D. Mojica.

For information and consideration.


ERNESTO E. TAÑADA



Republic of the Philippines
Department of Environment and Natural Resources
PROVINCIAL ENVIRONMENT AND NATURAL RESOURCES
REGION IV – MIMAROPA

January 16, 2023

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REPUBLIC OF THE PHILIPPINES
OFFICE OF THE OMBUDSMAN

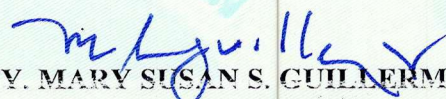
0249713 - 0

C L E A R A N C E

This certifies that our records show that as of 04 July 2022, **BENEDICTO DIMAPILIS MOJICA, DENR-PENRO Occidental Mindoro**, has NO PENDING CRIMINAL AND ADMINISTRATIVE CASES with the Office of the Ombudsman.

Issued on **05 July 2022** upon the request of **BENEDICTO DIMAPILIS MOJICA** for whatever legal purposes it may serve.

BY AUTHORITY OF THE OMBUDSMAN


ATTY. MARY SUSAN S. GUILLERMO
DSP/Acting Assistant Ombudsman
Public Assistance and Corruption Prevention Office

NOT VALID WITHOUT DRY SEAL.
NOT VALID WITH ERASURES/ALTERATIONS.

OR#: LBP 47852398 / P150.00 / 2022-05-23
CONTROL NO. 22-249713-0
/AAN

WE PROTECT



REPUBLIC OF THE PHILIPPINES
OFFICE OF THE OMBUDSMAN

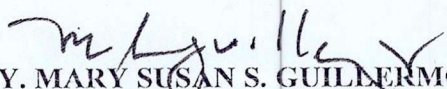
0249713 - 0

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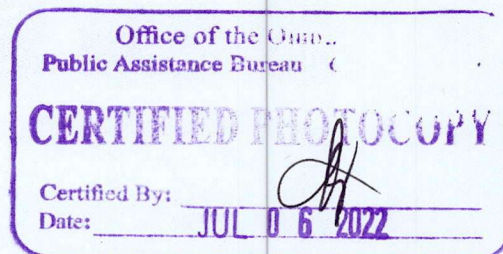
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OR#: LBP 47852398 / P150.00 / 2022-05-23
CONTROL NO. 22-249713-0
/AAN



WE PROTECT

Republic of the Philippines
PHILIPPINE STATISTICS AUTHORITY

OFFICIAL RECEIPT

DR No. 220516-105-43-KTE-00224
MOJICA
ELIZABETH B.

Tran No. 08171-105-00416-005
BENEDICTO D MOJICA 04/25/2021
COPY ISSUANCE - DEATH CERTIFICATE
Unit Cost: 155.00
Qty: 1

AMOUNT

TOTAL

155.00

AMOUNT TENDERED

155.00

CASH

155.00

RELEASED
MAY 16 2022

INCLUDES DOCUMENTARY
PHP30.00

Collecting Office



Municipal Form No. 103 (Revised August 2016)		Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF DEATH		() *Completed in quadruplicate using black ink)	
Province OCCIDENTAL MINDORO City/Municipality MAMBURAO			Regisry No. 2021-123		
1. NAME (First) (Middle) (Last) BENEDICTO DIMAPILIS MOJICA			2. SEX (Male/Female) MALE		
3. DATE OF DEATH (Day, Month, Year) 26 APRIL 2021		4. DATE OF BIRTH (Day) (Month) (Year) 06 MAY 1957		5. AGE AT THE TIME OF DEATH (Fill in below according to age category) a. IF 1 YEAR OR ABOVE (2) Completed years 63 b. IF UNDER 1 YEAR (1) Months (2) Days (3) Hours (4) Min/Sec	
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) OCC. MINDORO PROVINCIAL HOSPITAL MAMBURAO OCCIDENTAL MINDORO			7. CIVIL STATUS (Single/Married/Widow/Widower/Annulled/Divorced) MARRIED		
8. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC		9. CITIZENSHIP FILIPINO		10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) PAYOMPON, MAMBURAO, OCCIDENTAL MINDORO, PHILIPPINES	
11. OCCUPATION NONE		12. NAME OF FATHER (First, Middle, Last) LUCIO MOJICA		13. MAIDEN NAME OF MOTHER (First, Middle, Last) RITA DE LEMOS DIMAPILIS	
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. CEREBROVASCULAR DISEASE - HEMORRHAGE Antecedent cause : b. Underlying cause : c. COMMUNITY ACQUIRED PNEUMONIA - HIGH RISK II. Other significant conditions contributing to death: DIABETES MELLITUS TYPE II, HYPERTENSION STAGE II					
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 Health Officer 2 Public Health Officer 3 Hospital Authority 4 None 5 Others (Specify) X Authority					21b. If attended, state duration (mm/dd/yy) From 04/20/2021 To 04/26/2021
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 <input type="checkbox"/> have attended/ <input type="checkbox"/> have not attended the deceased and that death occurred at 07:35 PM am/pm on the date of death specified above. X					
Signature [Signature] Name in Print SHEMATAH PHOEBE F. MORALES, MD. Title or Position PHYSICIAN Address OCC. MINDORO PROVINCIAL HOSPITAL, MAMBURAO, OCC. MINDORO Date APRIL 26, 2021			REVIEWED BY: [Signature] PAUL MARK M. RASING, M.D. Signature Over Printed Name of Health Officer APR 28 2021 Date		
23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) Burial		24a. BURIAL/CREMATION PERMIT Number 6279902 8 2021 Date Issued April 28, 2021		24b. TRANSFER PERMIT Number Date Issued	
25. NAME AND ADDRESS OF CEMETERY OR CREMATORY MUNICIPAL CEMETERY, Mamburao, Occidental Mindoro					
26. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature [Signature] Name in Print FRANDYBOY B. MOJICA Relationship to the Deceased SON Address SAMPAGA CENTRO BATANGAS CITY Date APRIL 26, 2021			27. PREPARED BY Signature [Signature] Name in Print ERICKA Q. ALCAIDE Title or Position NURSE Date APRIL 26, 2021		
28. RECEIVED BY Signature [Signature] Name in Print JENNIFER R. BORJA Title or Position Asst. Registration Officer Date APR 28 2021			29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature [Signature] Name in Print MARIA THERESA T. PAGLICAVAN Title or Position Registration Officer I Date APR 28 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) 2 6 3 0 8 0 1 6 0 8 0 5 1 0 6 9 9 9 1 8 8					

08171-DH-105MDL-00416-DI005

BEST POSSIBLE IMAGE



T105081711050041605162022005

MP100053148

Documentary
Stamp Tax Paid

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





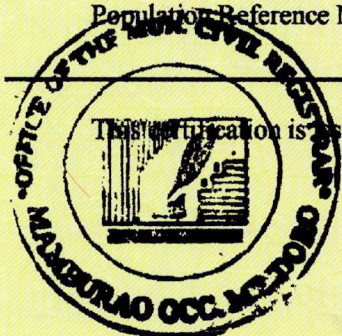
Republic of the Philippines
OFFICE OF THE MUNICIPAL CIVIL REGISTRAR
 Mamburao, Occidental Mindoro

June 01, 2021

TO WHOM IT MAY CONCERN:

WE CERTIFY THAT, among others, the following facts of birth appear in our Register of Births on page 49 of book number 2:

LCR Registry Number : 132
 Date of Registration : August 29, 1955
 Name of Child : **ELIZABETH BAUTISTA**
 Sex : Female
 Date of Birth : August 27, 1955
 Place of Birth : Pob., Mamburao, Occ. Mindoro
 Name of Mother : Esperanza Mulingbayan
 Nationality of Mother : Filipino
 Name of Father : Juan Bautista
 Nationality of Father : Filipino
 Date of Marriage of Parents : No column in the registry book
 Place of Marriage of Parents : No column in the registry book
 Population Reference No. (PRN): Not Available



This certification is issued to PSA - OCRG for archiving purposes.

J. Esquerra
JOCELYN S. ESGUERRA
 Municipal Civil Registrar

Verified by:

J. Borja
JENNIFER R. BORJA
 Asst. Registration Officer

Amount Paid : *****
 O.R. Number : *****
 Date Paid : *****

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

07860-BH-127APN-00210-BI005

BEST POSSIBLE IMAGE



T127078601270021007092021005
 Y0500260039

BReN
 05106-A55RT01-0

Documentary
 Stamp Tax Paid

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





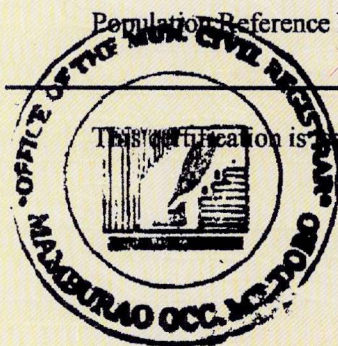
Republic of the Philippines
OFFICE OF THE MUNICIPAL CIVIL REGISTRAR
 Mamburao, Occidental Mindoro

June 01, 2021

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 Name of Mother : Esperanza Mulingbayan
 Nationality of Mother : Filipino
 Name of Father : Juan Bautista
 Nationality of Father : Filipino
 Date of Marriage of Parents : No column in the registry book
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 Population Reference No. (PRN): Not Available



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Joecelyn S. Esguerra
JOCELYN S. ESGUERRA
 Municipal Civil Registrar

Verified by:

Jennifer Q. Borja
JENNIFER Q. BORJA
 Asst. Registration Officer

Amount Paid : *****
 O.R. Number : *****
 Date Paid : *****

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

07936-8F-127APN-00121-BI002

BEST POSSIBLE IMAGE



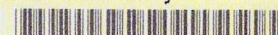
T127079361270012109232021002

BP800026125

BReN
 05106-A55RT01-0

Documentary
 Stamp Tax Paid

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



Republic of the Philippines
PHILIPPINE STATISTICS AUTHORITY

OFFICIAL RECEIPT

DR No. 220516-105-43-KTE-00220
MOJICA,
ELIZABETH B.

AMOUNT

Tran No. 08171-105-00416-001
ANNA RECHELL B MOJICA 04/23/1982
COPY ISSUANCE - BIRTH CERTIFICATE
Unit Cost: 155.00 Qty: 1 155.00

TOTAL 155.00

AMOUNT TENDERED REFUSED 155.00

CHANGE MAY 16 1982 0.00

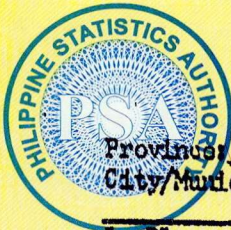
CASH

INCLUDES DOCUMENTARY STAMP TAX OF
PHP30.00/COPY

Collecting Officer: EXTRA, KRISTINA CYRI
L. T.

Terminal Code: 43

Date-Time: 05/16/2022 03:15:57



Republic of the Philippines
CERTIFICATE OF LIVE BIRTH

Occidental Mindoro

Province: **Mamburno**
City/Municipality: _____

(A.) Civil Reg. Con. No. _____
(B.) Local Civil Reg. No. **209-C-82**

1. Place of Birth		2. Usual Residence of mother	
A. Province Occidental Mindoro		B. Province Occidental Mindoro	
b. City or Municipality Mamburno		b. City or Municipality Mamburno	
c. Name of Hospital or Institution (If not in hospital, in home address)		c. Number and Street	
d. Is Place of Birth Inside City Limits		d. Is Residence Inside City: Is residence on farm	
Yes / / No / /		Yes / / No / /	
3. Name (Type or print)		4. Sex: This birth	
First ANITA Middle BASTISTA Last MOJICA		Single / / Twin / / 1st / / 2nd / / 3rd / /	
5. Age (at time of this birth) 23		6. Date of Birth April 26, 1962	
7. Maiden Name ANITA BASTISTA		8. Religion A.C. Nationality Phil. Race Brown	
9. Age (at time of this birth) 25		10. Previous Deliveries to mother (Do not include this birth)	
11. Infants at birth		12. How many children How many other How many fetal	
BENEDICTO MOJICA		now living: 2 children: 0 born dead: 0 (fetuses)	
13. Mother's Mailing Address		14. Received in the Office of the Loc. Civ. Reg.	
Mamburno, Occidental Mindoro		Given name added from Supplemental Report	
15. Signature of attendant at birth		16. Title of attendant at birth	
ANITA BASTISTA		M.D.	
17. Name in Print ANITA BASTISTA		18. Date When Given Name Was Supplied	
19. Address 7-11		20. Date April 26, 1962	
21. Length of Pregnancy		22. Weight at birth	
Completed Weeks: _____ lbs. _____		Ounces: _____	
23. Date and Place of Marriage of parents (For Legitimate)		24. This Certificate is Prepared by	
Dec. 20, 1960		CLARE S. MAPA	
City or Municipality Mamburno Province Occ. Mindoro		Date April 26, 1962	

Ivescalona/82

2200

08171-F5-105MDL-00416-BI001

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MF500053158

BREN

05106-A82HP01-3

Documentary
Stamp Tax Paid

CSM

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



Republic of the Philippines
PHILIPPINE STATISTICS AUTHORITY

OFFICIAL RECEIPT

OR No. 220516-105-43-KTE-00222

MOJICA,
ELIZABETH B.

AMOUNT

Tran No. 08171-105-00416-003

FRANDYBOY B MOJICA 10/05/1980

COPY ISSUANCE - BIRTH CERTIFICATE

Unit Cost: 155.00 Qty: 1 155.00

TOTAL 155.00

AMOUNT TENDERED 155.00

CHANGE 0.00

RELEASED

CASH

MAY 16 2022

INCLUDES DOCUMENTARY STAMP TAX OF
PHP30.00/COPY

Collecting Officer: EXTRA, KRISTINA CYRI
L T.

Terminal Code: 43

Date-Time: 05/16/2022 03:16:53PM



Mandatory Form No. 102—(Revised Dec. 1, 1958)

(TO BE ACCOMPLISHED IN DUPLICATE)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Register Number:

Province: Oce, Mindoro

(a) Civil Registrar-General No. _____

City or Municipality: Marikina(b) Local Civil Registrar No. 482-1-80

1. PLACE OF BIRTH		2. USUAL RESIDENCE OF MOTHER (Where does mother live?)	
a. PROVINCE <u>Oce, Mindoro</u>	b. CITY OR MUNICIPALITY <u>Marikina</u>	a. PROVINCE <u>Oce, Mindoro</u>	b. CITY OR MUNICIPALITY <u>Marikina</u>
3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>Not in hospital</u>	c. NUMBER AND STREET <u>Brgy. 1</u>	d. IS RESIDENCE INSIDE CITY LIMITS? <u>Yes</u>	e. IS RESIDENCE ON A FARM? <u>No</u>
4. IS PLACE OF BIRTH INSIDE CITY LIMITS? <u>Yes</u>	f. IS RESIDENCE INSIDE CITY LIMITS? <u>Yes</u>	g. IS RESIDENCE ON A FARM? <u>No</u>	h. IS RESIDENCE ON A FARM? <u>No</u>
3. NAME (Type or print) <u>FRANCIS</u> <u>BAUTISTA</u> <u>NOTICA</u>			
4. SEX <u>M</u>	5a. THIS BIRTH <u>SINGLE</u>	5b. IF TWIN OR TRIPLET, WAS CHILD <u>1st</u>	6. DATE OF BIRTH <u>Oct 5 1980</u>
7. NAME <u>Benedicto</u> <u>NOTICA</u>	RELIGION <u>R.C.</u>	8. NATIONALITY <u>Phil.</u>	9a. RACE <u>Other</u>
9. AGE (At time of this birth) <u>22</u>	10. BIRTHPLACE <u>Marikina, Cavite</u>	11a. USUAL OCCUPATION <u>driver</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>1</u>
12. MAIDEN NAME <u>Kristine</u> <u>Bautista</u>	RELIGION <u>R.C.</u>	13. NATIONALITY <u>Phil.</u>	13a. RACE <u>Other</u>
14. AGE (At time of this birth) <u>24</u>	15. BIRTHPLACE <u>Marikina, Oce, Mindoro</u>	16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth) <u>0</u>	17. How many other children were born alive but are now dead? <u>0</u>
17a. INFORMANT'S SIGNATURE <u>[Signature]</u>	17b. NAME IN PRINT: <u>BENEDICTO NOTICA</u>	17c. ADDRESS: <u>Marikina, Oce, Mindoro</u>	17d. How many total deaths (fetuses born dead any time since conception)? <u>0</u>
18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province) <u>Marikina, Oce, Mindoro</u>			
19. I HEREBY CERTIFY that I attended the birth of this child who was born alive at <u>3:00</u> o'clock <u>P.</u> M. on the date above indicated.			
a. SIGNATURE: <u>[Signature]</u>	b. NAME IN PRINT: <u>KLARA ADELAR</u>	c. ADDRESS: <u>Marikina, Oce, Mindoro</u>	d. DATE SIGNED BY ATTENDANT AT BIRTH: <u>1</u>
e. TITLE OR POSITION: <u>Midwife</u>	f. DATE WHEN GIVEN NAME WAS SUPPLIED: <u>99</u>	20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY: <u>[Signature]</u>	21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT: <u>4</u>
22a. LENGTH OF PREGNANCY <u>Completed Week</u>	22b. WEIGHT AT BIRTH <u>10</u> lbs. <u>0</u> oz.	23. LEGITIMATE <u>Yes</u>	24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth) <u>Oce, Mindoro 30 1978</u>
25. THIS CERTIFICATE IS PREPARED BY: <u>[Signature]</u>	26. NAME IN PRINT: <u>KLARA ADELAR</u>	27. TITLE OR POSITION: <u>Midwife</u>	28. DATE: <u>Oct 6 1980</u>
29. CITY OR MUNICIPALITY <u>Marikina</u> Province <u>Oce, Mindoro</u>			

08171-53-105MDL-00416-BI003

BEST POSSIBLE IMAGE



T105081711050041605162022003

MP000053156

BReN

05106-A80U501-0

Documentary
Stamp Tax Paid

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

RESERVE FOR BINDING



LCR FORM NO. 1A

Republic of the Philippines
OFFICE OF THE MUNICIPAL CIVIL REGISTRAR
 Mamburao, Occidental Mindoro

June 01, 2021

TO WHOM IT MAY CONCERN:

WE CERTIFY THAT, among others, the following facts of birth appear in our Register of Births on page 49 of book number 2:

LCR Registry Number : 132
 Date of Registration : August 29, 1955
 Name of Child : **ELIZABETH BAUTISTA**
 Sex : Female
 Date of Birth : August 27, 1955
 Place of Birth : Pob., Mamburao, Occ. Mindoro
 Name of Mother : Esperanza Mulingbayan
 Nationality of Mother : Filipino
 Name of Father : Juan Bautista
 Nationality of Father : Filipino
 Date of Marriage of Parents : No column in the registry book
 Place of Marriage of Parents : No column in the registry book
 Population Reference No. (PRN): Not Available



This certification is issued to PSA - OCRG for archiving purposes.

Joecelyn S. Esguerra
JOCELYN S. ESGUERRA
 Municipal Civil Registrar

Verified by:

Jennifer B. Borja
JENNIFER B. BORJA
 Asst. Registration Officer

Amount Paid : *****
 O.R. Number : *****
 Date Paid : *****

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

07936-8F-127APN-00121-BI002

BEST POSSIBLE IMAGE



079361270012109232021002

300026125

BReN

05106-A55RT01-0

Documentary
 Stamp Tax Paid

Claire Dennis S. Mapa

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



Republic of the Philippines
PHILIPPINE STATISTICS AUTHORITY

OFFICIAL RECEIPT

OR No. 220516-105-43-KTE-00221
MOJICA,
ELIZABETH B.

AMOUNT

Tran No. 08171-105-00416-002
KRISTINE JOY B MOJICA 04/21/1984
COPY ISSUANCE - BIRTH CERTIFICATE
Unit Cost: 155.00 Qty: 1 155.00

TOTAL 155.00

AMOUNT TENDERED 155.00

CHANGE 0.00

CASH

INCLUDES DOCUMENTARY STAMP TAX OF
PHP30.00/COPY

Collecting Officer: EXTRA, KRISTINA CYRI
L T.

Terminal Code: 43

Date-Time: 05/16/2022 03:16:02PM



(To be accomplished in triplicate)

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

PROVINCE Occidental MindoroLOCAL CIVIL REGISTRY NO. 84-00239CITY/MUNICIPALITY Mamburao

1. NAME (First) (Middle) (Last)

KRISTINE JOYRAJATAMOJICA

2. SEX (Place 'X' on appropriate answer)

3. DATE OF BIRTH (Day)

(Month)

(Year)

1 Male 2 FemaleApril 21, 1984

(Province)

4. PLACE OF BIRTH (Name of Hospital/Institution: If not in hospital, give street/barangay)

(City/Municipality)

MamburaoOccidental Mindoro

5a. TYPE OF BIRTH (Place 'X' on appropriate answer)

b. IF MULTIPLE BIRTH, CHILD WAS

1 Single 2 Twin 3 Three or more1 First 2 Second 3 Third, 4th, etc.

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

7. NATIONALITY

8. RELIGION

Elizabeth Melincharan BautistaFilipinoRoman Catholic

NAME (First) (Middle) (Last)

10. NATIONALITY

11. RELIGION

Benedicto Pimollis MojicaFilipinoRoman Catholic

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

December 20, 1979, Mamburao, Occidental Mindoro

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 Agapita AndaleonAddress Mamburao, Occidental MindoroName in print AGAPITA ANDALEONDate Mamburao, Occidental MindoroTitle or position Trained Midwife

14. INFORMANT

Signature Benedicto MojicaAddress Mamburao, Occidental MindoroName in print BENEDICTO MOJICADate April 30, 1984Relationship to child Father

15a. PREPARED BY

b. RECEIVED AT THE OFFICE OF THE LOCAL CIVIL REGISTRAR

Signature Nilia T. AdvientoSignature Edo T. TalaName in print NILIA T. ADVIENTOName in print Edo T. TalaTitle or position Civil Registry ClerkTitle or position Local Civil RegistrarDate April 30, 1984Date April 30, 1984

16a. INFORMATION GIVEN IN SUPPLEMENTAL REPORT

b. DATE WHEN INFORMATION WAS SUPPLIED

08171-A4-105MDL-00416-BI002

BEST POSSIBLE IMAGE



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

