

VERIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that Mr./Miss/Mrs. _____ has fully complied and submitted the following documents in proper order:

- _____ Two (2) copies of Certificates of IP Membership from the Barangay and Tribal Chieftain/Leaders from the **APPLICANTS PLACE OF ORIGIN**
- _____ Two (2) copies of Xerox copy Birth Certificate
- _____ Two (2) copies of Joint Affidavit of two (2) disinterested persons to the tribal membership of the applicant
- _____ Two (2) copies of 2” X 2” picture (Cell phone copied pictures are not accepted)
- _____ Two (2) pieces of Documentary stamps
- _____ Endorsement from concerned CDO III and Provincial Officer.

RECEIVING OFFICER:

ODEZA GRACE G. LUIS
Administrative Aide I

This is to certify that we have examined the above documents and we are fully satisfied of their authenticity. We likewise certify that we have interviewed the applicant and declare to the best of our knowledge that the applicant belongs to the _____ ICCs.

Evaluated and Verified by the COC Committee Members:

LUCIANO B. LUMANCAS
Community Development Officer III

GIRLIE M. CAMPO-AMOR
Nurse II

SWEET JERREL L. ECOY
TAA III

REMARKS:



REPUBLIC OF THE PHILIPPINES
OFFICE OF THE PRESIDENT
NATIONAL COMMISSION ON INDIGENOUS PEOPLES
SARANGANI PROVINCIAL OFFICE

COC Form I

CERTIFICATE OF CONFIRMATION

Information Index

(Please print all entries legibly and avoid erasures)

Purpose: (Check one (1) box only)

- | | |
|--|--|
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> NAPOLCOM |
| <input type="checkbox"/> Travel Abroad | <input type="checkbox"/> BJMP |
| <input type="checkbox"/> Civil Service Requirement | <input type="checkbox"/> AFP |
| <input type="checkbox"/> Land Matter | <input type="checkbox"/> BFP |
| <input type="checkbox"/> IP Identification | <input type="checkbox"/> Others: Specify _____ |

I. PERSONAL INDEX (Please print all entries legibly)

Name _____ Civil Status _____ ICCs: _____
Address _____
Place of Origin _____
Place of Birth _____ Date of Birth _____
If married, name of spouse _____ ICCs _____

II. EDUCATIONAL BACKGROUND:

Highest Educational Attainment: _____ Degree Obtained: _____

III. PARENTAL BACKGROUND:

FATHER

Name _____
Address _____
Tribe _____
Grandfather _____
Tribe _____
Grandmother _____
Tribe _____

MOTHER

Name _____
Address _____
Tribe _____
Grandfather _____
Tribe _____
Grandmother _____
Tribe _____

IV. If purpose of certification is land matter, fill up the following:

Homestead/Free Patent No. _____ Lot No. _____
Date of Issuance _____ Area _____
Location _____

I declare under the penalties of perjury that the answers given are true and correct to the best of my knowledge and belief, without prejudice to the right of the NCIP to revoke/cancel the issuance of this certification.

(Printed Name/Signature of Applicant)

Res. Cert. No. _____
Issued at _____
Issued on _____

SUBSCRIBED AND SWORN to before me on _____ at _____,
affiant showed to me his/her competent evidence of identity mentioned above.

Doc. No. _____
Page N. _____
Book No. _____
Series of 2025

OFFICE OF THE PUNONG BARANGAY

CERTIFICATION

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that _____ is a resident of _____, Philippines.

Certify further that the parent/s and/or ascendants of _____ belongs to _____ ICCs/IPs and a resident of this barangay for more than _____ years.

This certification is issued upon his/her request to support his/her application for the Certificate of Confirmation of IP Membership.

Issued this _____ of _____ 2025.

Punong Barangay

Republic of the Philippines
Province of SARANGANI
Municipality of _____
Barangay of _____

OFFICE OF THE TRIBAL CHIEFTAIN

CERTIFICATION

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that _____ of
_____ belonging to the _____
Indigenous Cultural Communities (ICCs). His/her
parents _____ and _____
being members of the _____ and _____ ICCs,
respectively.

Certify further that the parent/s and or ascendants
of _____ are original residents of this place.

This certification is issued for _____ purpose.

Issued this _____ of _____ 2025.

IPS Head/Tribal Chieftain

Barangay IPMR

Municipal Tribal Chieftain

Republic of the Philippines)
Province of _____)
Municipality of _____) S. S.

JOINT AFFIDAVIT OF TWO-DISINTERESTED PERSONS

WE, _____ and _____ both
of legal age, Filipino citizen, single/married and bonafide residents of
_____ and _____ Philippines
respectively. After been duly sworn in accordance with the law, do hereby depose and say:

That we know personally _____ and
_____ to be husband and wife being our neighbors at
_____.

That after couple of years living together the couple have a child born name _____
_____ as their _____ born child.

That _____ is a member of the Indigenous Peoples
belonging to the _____ ICCs being his/her father
_____ and mother _____ belonging to
the _____ and _____ ICCs, respectively.

That we are executing this Joint Affidavit to establish the fact and truth surrounding the IP
membership of _____.

IN WITNESS WHEREOF, we have hereunto affixed our signature this _____ day of
_____ at _____, Philippines.

Affiant

Affiant

Comm. Tax Cert. No. _____
Issued on: _____
Issued at: _____

Comm. Tax Cert. No _____
Issued on: _____
Issued at: _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ at
_____, Philippines.

WITNESS MY HAND AND SEAL.

Doc. No. ____
Page N. ____
Book No. ____
Series of 2025



REPUBLIC OF THE PHILIPPINES
OFFICE OF THE PRESIDENT
NATIONAL COMMISSION ON INDIGENOUS PEOPLES
SARANGANI PROVINCIAL OFFICE

Great Grandfather	Great Grandmother	Great Grandfather	Great Grandmother	Great Grandfather	Great Grandmother	Great Grandfather	Great Grandmother
ICCs: _____ Place of Origin: _____	ICCs: _____ Place of Origin: _____	ICCs: _____ Place of Origin: _____	ICCs: _____ Place of Origin: _____	ICCs: _____ Place of Origin: _____	ICCs: _____ Place of Origin: _____	ICCs: _____ Place of Origin: _____	ICCs: _____ Place of Origin: _____
Grandfather		Grandmother		Grandfather		Grandmother	
ICCs: _____ Place of Origin: _____		ICCs: _____ Place of Origin: _____		ICCs: _____ Place of Origin: _____		ICCs: _____ Place of Origin: _____	
Father				Mother			
ICCs: _____ Place of Origin: _____				ICCs: _____ Place of Origin: _____			
EGO (Representative)							
ICCs: _____ Place of Origin: _____							

Certified Correct:

Attested by:

Conformed:

Barangay Tribal Chieftain

LUCIANO B. LUMANCAS
Community Development Officer III

Municipal Tribal Chieftain

Barangay IPMR

Barangay _____

ICCs= Indigenous Cultural Communities (IP Group)