

CS Form No. 33-A
Revised 2018



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY



Ms. LILIAN E. CARINGAL

You are hereby appointed as Day Care Worker II (SG - 8) under Permanent
(Position Title) (Permanent, Temporary, etc.)
status at the Office of the Municipal Social Welfare & Development with a compensation
(Permanent, Temporary, etc.) (Office/Department/Unit)
rate of Twelve Thousand Five Hundred Sixty Nine Pesos (P 12,569.00) per month.

The nature of this appointment is Promotion vice -0-
(Original, Promotion, etc.)

who -0- with Plantilla Item No. 153 Page 9.
(Transferred, Retired, etc.)

This appointment shall take effect on the date of signing by the appointing authority.
(The employee shall be reverted to her former position in case the promotional appointment is disapproved/
invalidated as per CSC MC No. 21 S-2019)

Very truly yours,

JANET MAGPANTAY ILAGAN
Municipal Mayor

Date of Signing
October 10, 2019

CSC ACTION: APPROVED

ULY BETH L. MAJOMOT
Director II

Authorized Official

11 NOV 2019

Date

NOV 21 2019
8008
(Stamp of Date Release)

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

PERSONAL DATA SHEET

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1 CS ID No

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	CARINGAL		
FIRST NAME	LILIAN		
MIDDLE NAME	ESPARAGOZA		
NAME EXTENSION (JR., SR)	N/A		
3. DATE OF BIRTH (mm/dd/yyyy)	OCT. 1, 1971	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	LIPA CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	#14 House/Block/Lot No. Street N/A BARANGAY II Subdivision/Village Barangay MATAASNAKAHOY BATANGAS City/Municipality Province
7. HEIGHT (m)	4'11	ZIP CODE	
8. WEIGHT (kg)	70 KG.	18. PERMANENT ADDRESS	#14 House/Block/Lot No. Street N/A BARANGAY II Subdivision/Village Barangay MATAASNAKAHOY BATANGAS City/Municipality Province
9. BLOOD TYPE	O+	ZIP CODE	4223
10. GSIS ID NO.	02004041821	19. TELEPHONE NO.	09194505807
11. PAG-IBIG ID NO.	1210-0582-3452	20. MOBILE NO.	09194505807
12. PHILHEALTH NO.	09-2000-387810	21 E-MAIL ADDRESS (if any)	caringalilian@gmail.com
13. SSS NO.	N/A		
14. TIN NO.	306-224-964-000		
15. AGENCY EMPLOYEE NO.	SWD-002		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	CARINGAL		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RICKY	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	LAYGO		MA. RICA CARINGAL MERIN	10/30/1988
OCCUPATION	RET. SOLDIER		RELAINA C. MENDOZA	10/11/1991
EMPLOYER/BUSINESS NAME	N/A		RIZZA CARINGAL	02/24/1992
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	043-461-0930			
24. HER'S SURNAME	ESPARAGOZA			
FIRST NAME	LORETO	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	MAMBONG			
25. MOTHER'S MAIDEN NAME				
SURNAME	ESPAÑOLA			
FIRST NAME	NELIA			
MIDDLE NAME	ABSALON			

(Continue on separate sheet if necessary)

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/Academic Honors Received
			From	To			
ELEMENTARY	GUADENCIO B. LONTOK	ELEMENTARY	1979	1984	GRADUATE	1984	TOP 10
SECONDARY	THE MABINI ACADEMY	HIGH SCHOOL	1984	1988	GRADUATE	1988	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	01-04-2021	CS FORM 212 (Revised 2017), Page 1 of 4
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VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
IMMACULATE VOICES OF MATAASNAKAHOY	2014	PRESENT	N/A	N/A
KABABAIHAN	2007	PRESENT	N/A	N/A
MEMBER OF INCIDENT MANAGEMENT TEAM	2015	PRESENT	N/A	N/A
NEW NORMAL EXTRA ORDINARY MINISTRY ON HOLY COMMUNION	2020	PRESENT	N/A	N/A
MEMBER OF CHOIRANTINE	2020	PRESENT	N/A	N/A
PRESIDENT MUNICIPAL ADVISORY COUNCIL	2020	PRESENT	N/A	N/A

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
ORIENTATION ON SUPPLEMENTARY FEEDING ENHANCED QUARANTINE	11/26/2020	11/26/2020	8.0	TECHNICAL	VITUAL ORIENTATION
TRAINING OF TRAINERS (TOT) ON FOOD & NUTRITION SECURITY FOR DSWD SUPPLEMENTARY FEEDING PROGRAM IMPLEMENTED IN CALABARZON REGION	07/27/2018	07/27/2018	8.0	TECHNICAL	DSWD-REGION IV-A
OMNIBUS RULES ON APPOINTMENT & OTHER HUMAN RESOURCE ACTIVITIES (ORA-OHRA)	07/22/2018	07/22/2018	8.0	TECHNICAL	LOCAL GOVERNMENT UNIT
SUPPLEMENTARY FEEDING PROGRAM REVIEW & PLANNING WORKSHOP	03/14/2018	03/16/2018	16.0	TECHNICAL	DSWD-REGION IV-A
FLOWER ARRANGEMENT WORKSHOP	10/16/2018	10/16/2018	8.0	TECHNICAL	MAYORA ELLERY SILVA
LGU PARTNERSHIP REVIEW	10/11/2018	10/11/2018	8.0	TECHNICAL	LOCAL GOVERNMENT UNIT
SEMINAR / WORKSHOP ON LAUGHTER THERAPY	11/27/2018	11/27/2018	8.0	TECHNICAL	LOCAL GOVERNMENT UNIT
PRACTICAL EMERGENCY LOGISTICS TRAINING	09/17/2017	09/24/2017	56.0	TECHNICAL	WORLD FOOD
SEMINAR / WORKSHOP ON LANGUAGE PROFICIENCY	09/13/2018	09/14/2018	16.0	TECHNICAL	LOCAL GOVERNMENT UNIT
INCIDENT COMMAND SYSTEM	02/21/2017	02/23/2017	24.0	TECHNICAL	ERNESTO TORALBA / WORLD FOOD
CONTINGENCY PLANNING TRAINING COURSE	03/15/2017	03/17/2017	24.0	TECHNICAL	FE HERNANDEZ / WORLD FOOD
BASIC CUSTOMER SERVICE SKILLS TRAINING	04/04/2017	04/06/2017	24.0	TECHNICAL	CIVIL SERVICE COMMISSION
TRAINING ON EARLYHOOD CARE & DEV/TOOL ON ACCREDITATION	04/11/2017	N/A	8.0	TECHNICAL	LOCAL GOVERNMENT UNIT

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
JUDGE	EXEMPLARY PANTAWID PAMILYA CHILDREN	
PLAYING V. BALL	OUTSTANDING DAYCARE WORKER	N/A
DANCING		
AWARDEE	SEARCH AND RESCUE OPERATIONS	

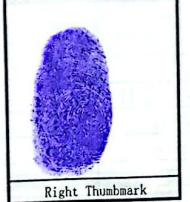
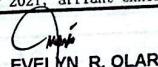
(Continue on separate sheet if necessary)

SIGNATURE

DATE

01-04-2021

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<p>34. Are you related by consanguinity or affinity to the chief of bureau or office or to the person who has Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit)</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details:</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Date Filed: _____ Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details:</p>												
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details:</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details:</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country):</p>												
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No:</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)</p> <table border="1"> <thead> <tr> <th>NAME</th> <th>ADDRESS</th> <th>TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>HON. JANET M. ILAGAN</td> <td>LOCAL GOVERNMENT UNIT, MATAASNAKAYO, BATANGAS</td> <td>461-0107</td> </tr> <tr> <td>ROSALINDA M. AGUILAR, RSW</td> <td>BRGY. CALINGATAN</td> <td>461-0930</td> </tr> <tr> <td>VICE MAYOR JAY M. ILAGAN</td> <td>LOCAL GOVERNMENT UNIT, MATAASNAKAYO, BATANGAS</td> <td>461-2110</td> </tr> </tbody> </table>	NAME	ADDRESS	TEL. NO.	HON. JANET M. ILAGAN	LOCAL GOVERNMENT UNIT, MATAASNAKAYO, BATANGAS	461-0107	ROSALINDA M. AGUILAR, RSW	BRGY. CALINGATAN	461-0930	VICE MAYOR JAY M. ILAGAN	LOCAL GOVERNMENT UNIT, MATAASNAKAYO, BATANGAS	461-2110	
NAME	ADDRESS	TEL. NO.											
HON. JANET M. ILAGAN	LOCAL GOVERNMENT UNIT, MATAASNAKAYO, BATANGAS	461-0107											
ROSALINDA M. AGUILAR, RSW	BRGY. CALINGATAN	461-0930											
VICE MAYOR JAY M. ILAGAN	LOCAL GOVERNMENT UNIT, MATAASNAKAYO, BATANGAS	461-2110											
<p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head / authorized representative to verify/validate the contents stated herein. I agree that any</p>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</p> <table border="1"> <tr> <td>Government Issued ID:</td> <td>LGU</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>SWD002</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>20016 MATAASNAKAYO</td> </tr> </table>	Government Issued ID:	LGU	ID/License/Passport No.:	SWD002	Date/Place of Issuance:	20016 MATAASNAKAYO	<p>Signature (Sign inside the box) 01-04-2021 Date Accomplished</p> <p></p>						
Government Issued ID:	LGU												
ID/License/Passport No.:	SWD002												
Date/Place of Issuance:	20016 MATAASNAKAYO												
<p>Subscribed and sworn to before me this 4th day of January 2021, affiant exhibiting his/her validly issued government ID as indicated above</p> <p> EVELYN R. OLARTE MUNICIPAL HUMAN RESOURCE MANAGEMENT OFFICER</p> <p>CS FORM 212 (Revised 2017), Page 4 of</p>													

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. GS ID No. (Do not fill up. For CSC use only.)

I. PERSONAL INFORMATION

2. SURNAME	CARINGAL		
FIRST NAME	LILIAN	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	ESPARAGOZA		
3. DATE OF BIRTH (mm/dd/yyyy)	OCT. 1, 1971	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	LIPA CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	#14 BOUNDARY House/Block/Lot No. Street N/A BARANGAY II Subdivision/Village Barangay MATAASNAKAHOY BATANGAS City/Municipality Province
7. HEIGHT (m)	4'11	ZIP CODE	
8. WEIGHT (kg)	70 KG.		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	#14 BOUNDARY House/Block/Lot No. Street N/A BARANGAY II Subdivision/Village Barangay MATAASNAKAHOY BATANGAS City/Municipality Province
10. GSIS ID NO.	02004041821	ZIP CODE	4223
11. PAG-IBIG ID NO.	1210-0582-3452		
12. PHILHEALTH NO.	09-2000-387810	19. TELEPHONE NO.	09194505807
13. SSS NO.	N/A	20. MOBILE NO.	09194505807
14. TIN NO.	306-224-964-000	21. E-MAIL ADDRESS (if any)	caringalilian@gmail.com
15. AGENCY EMPLOYEE NO.	SWD-002		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	CARINGAL		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RICKY	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	LAYGO		MA. RICA CARINGAL MERIN	10/30/1988
OCCUPATION	RET. SOLDIER		RELAINA C. MENDOZA	10/11/1991
EMPLOYER/BUSINESS NAME	N/A		RIZZA CARINGAL	02/24/1992
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	043-461-0930			
24. HER'S SURNAME	ESPARAGOZA			
FIRST NAME	LORETO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	MAMBONG			
25. MOTHER'S MAIDEN NAME				
SURNAME	ESPAÑOLA			
FIRST NAME	NELIA			
MIDDLE NAME	ABSALON		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP / ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	GUADENCIO B. LONTOK	ELEMENTARY	1979	1984	GRADUATE	1984	TOP 10
SECONDARY	THE MABINI ACADEMY	HIGH SCHOOL	1984	1988	GRADUATE	1988	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	<i>lilian</i>	DATE	01-04-2021	CS FORM 212 (Revised 2017), Page 1 of 4
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VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	IMMACULATE VOICES OF MATAASNAKAHYOY	2014	PRESENT	N/A	N/A
	KABABAIHAN	2007	PRESENT	N/A	N/A
	MEMBER OF INCIDENT MANAGEMENT TEAM	2015	PRESENT	N/A	N/A
	NEW NORMAL EXTRA ORDINARY MINISTRY ON HOLY COMMUNION	2020	PRESENT	N/A	N/A
	MEMBER OF CHOIRANTINE	2020	PRESENT	N/A	N/A
	PRESIDENT MUNICIPAL ADVISORY COUNCIL	2020	PRESENT	N/A	N/A

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ORIENTATION ON SUPPLEMENTARY FEEDING ENHANCED QUARANTINE	11/26/2020	11/26/2020	8.0	TECHNICAL	VITUAL ORIENTATION
	TRAINING OF TRAINERS (TOT) ON FOOD & NUTRITION SECURITY FOR DSWD SUPPLEMENTARY FEEDING PROGRAM IMPLEMENTED IN CALABARZON REGION	07/27/2018	07/27/2018	8.0	TECHNICAL	DSWD-REGION IV-A
	OMNIBUS RULES ON APPOINTMENT & OTHER HUMAN RESOURCE ACTIVITIES (ORA-OHRA)	07/22/2018	07/22/2018	8.0	TECHNICAL	LOCAL GOVERNMENT UNIT
	SUPPLEMENTARY FEEDING PROGRAM REVIEW & PLANNING WORKSHOP	03/14/2018	03/16/2018	16.0	TECHNICAL	DSWD-REGION IV-A
	FLOWER ARRANGEMENT WORKSHOP	10/16/2018	10/16/2018	8.0	TECHNICAL	MAYORA ELLERY SILVA
	LGU PARTNERSHIP REVIEW	10/11/2018	10/11/2018	8.0	TECHNICAL	LOCAL GOVERNMENT UNIT
	SEMINAR / WORKSHOP ON LAUGHTER THERAPY	11/27/2018	11/27/2018	8.0	TECHNICAL	WORLD FOOD
	PRACTICAL EMERGENCY LOGISTICS TRAINING	09/17/2017	09/24/2017	56.0	TECHNICAL	LOCAL GOVERNMENT UNIT
	SEMINAR / WORKSHOP ON LANGUAGE PROFICIENCY	09/13/2018	09/14/2018	16.0	TECHNICAL	ERNESTO TORALBA / WORLD FOOD
	INCIDENT COMMAND SYSTEM	02/21/2017	02/23/2017	24.0	TECHNICAL	FE HERNANDEZ / WORLD FOOD
	CONTIGENCY PLANNING TRAINING COURSE	03/15/2017	03/17/2017	24.0	TECHNICAL	CIVIL SERVICE COMMISSION
	BASIC CUSTOMER SERVICE SKILLS TRAINING	04/04/2017	04/06/2017	24.0	TECHNICAL	
	TRAINING ON EARLYHOOD CARE & DEV/TOOL ON ACCREDITATION	04/11/2017	N/A	8.0	TECHNICAL	LOCAL GOVERNMENT UNIT

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
JUDGE	EXEMPLARY PANTAWID PAMILYA CHILDREN	
PLAYING V. BALL	OUTSTANDING DAYCARE WORKER	N/A
DANCING		
AWARDEE	SEARCH AND RESCUE OPERATIONS	

(Continue on separate sheet if necessary)

SIGNATURE

Date

01-04-2021

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<p>34. Are you related by consanguinity or affinity to the chief of bureau or office or to one person who has Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit)</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <hr/>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details:</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details:</p> <p>Date Filed: _____ Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details:</p> <hr/>												
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details:</p> <hr/>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details:</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details:</p> <hr/>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country):</p> <hr/>												
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify:</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No:</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No:</p> <hr/>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)</p> <table border="1"> <thead> <tr> <th>NAME</th> <th>ADDRESS</th> <th>TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>HON. JANET M. ILAGAN</td> <td>LOCAL GOVERNMENT UNIT, MATAASNAKHOY, BATANGAS</td> <td>461-0107</td> </tr> <tr> <td>ROSLINDA M. AGUILAR, RSW</td> <td>BRGY. CALINGATAN</td> <td>461-0930</td> </tr> <tr> <td>VICE MAYOR JAY M. ILAGAN</td> <td>LOCAL GOVERNMENT UNIT, MATAASNAKHOY, BATANGAS</td> <td>461-2110</td> </tr> </tbody> </table>	NAME	ADDRESS	TEL. NO.	HON. JANET M. ILAGAN	LOCAL GOVERNMENT UNIT, MATAASNAKHOY, BATANGAS	461-0107	ROSLINDA M. AGUILAR, RSW	BRGY. CALINGATAN	461-0930	VICE MAYOR JAY M. ILAGAN	LOCAL GOVERNMENT UNIT, MATAASNAKHOY, BATANGAS	461-2110	
NAME	ADDRESS	TEL. NO.											
HON. JANET M. ILAGAN	LOCAL GOVERNMENT UNIT, MATAASNAKHOY, BATANGAS	461-0107											
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VICE MAYOR JAY M. ILAGAN	LOCAL GOVERNMENT UNIT, MATAASNAKHOY, BATANGAS	461-2110											
<p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head / authorized representative to verify/validate the contents stated herein. I agree that any</p>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</p> <table border="1"> <tr> <td>Government Issued ID:</td> <td>LGU</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>SWD002</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>20016 MATAASNAKHOY</td> </tr> </table>	Government Issued ID:	LGU	ID/License/Passport No.:	SWD002	Date/Place of Issuance:	20016 MATAASNAKHOY	<p>Signature (Sign inside the box) 01-04-2021 Date Accomplished</p> <p></p>						
Government Issued ID:	LGU												
ID/License/Passport No.:	SWD002												
Date/Place of Issuance:	20016 MATAASNAKHOY												
<p>Subscribed and sworn to before me this 4th day of January 2021, affiant exhibiting his/her validly issued government ID as indicated above</p> <p></p> <table border="1"> <tr> <td>EVELYN R. OLARTE</td> </tr> <tr> <td>MUNICIPAL HUMAN RESOURCE MANAGEMENT OFFICER</td> </tr> </table>	EVELYN R. OLARTE	MUNICIPAL HUMAN RESOURCE MANAGEMENT OFFICER	<p>CS Form 212 (Revised 2017), Page 4 of 4</p>										
EVELYN R. OLARTE													
MUNICIPAL HUMAN RESOURCE MANAGEMENT OFFICER													

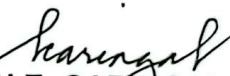


Republic of the Philippines
Province of Batangas
Municipality of Mataasnakahoy

OATH OF OFFICE

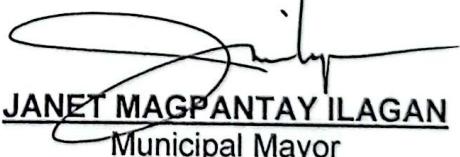
I, LILIAN E. CARINGAL of Brgy. II, Mataasnakahoy, Batangas, having been appointed to the position of Day Care Worker II hereby solemnly swear, that I will faithfully discharge to the best of my ability, the duties of my present position and of all others that I may hereafter hold under the Republic of the Philippines; that I will bear true faith and allegiance to the same; that I will obey the laws, legal orders, and decrees promulgated by the duly constituted authorities of the Republic of the Philippines; and that I impose this obligation upon myself voluntarily, without mental reservation or purpose of evasion.

SO HELP ME GOD.


LILIAN E. CARINGAL
(Signature over Printed Name of the Appointee)

Government ID: LGU-ID
ID Number : SWD-002
Date Issued : _____

Subscribed and sworn to before me this 10th day of October, 2019 in Mataasnakahoy Batangas, Philippines.


JANET MAGPANTAY ILAGAN
Municipal Mayor



CS Form No. 4
Revised 2018

Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

CERTIFICATION OF ASSUMPTION TO DUTY

This is to certify that Ms. LILIAN E. CARINGAL has assumed the duties and responsibilities as Day Care Worker II in the Office of the Municipal Social Welfare and Development effective October 10, 2019.

This certification is issued in connection with the issuance of the appointment of Ms. Caringal as Day Care Worker II.

Done this 10th day of October, 2019 in Mataasnakahoy, Batangas.


JANET MAGPANTAY ILAGAN
Municipal Mayor

Date: October 10, 2019

Attested by:


EVELYN R. OLARTE
Mun. Human Res. Mgt. Officer

201 file
Admin
COA
CSC



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

OFFICE OF THE MUNICIPAL BUDGET

CERTIFICATION

: THIS IS TO CERTIFY that funds are available for the position of Day Care Worker II in the Office of the Municipal Social Welfare and Development this municipality, with Salary Grade 8 amounting to ONE HUNDRED FIFTY THOUSAND EIGHT HUNDRED TWENTY EIGHT PESOS (P 150,828.00) per annum as per Annual Budget CY-2019 of this municipality.

Issued this 10th day of October 2019 at Mataasnakahoy, Batangas.


ROSARIE C. DE LA PAZ
Municipal Budget Officer



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that in connection with the appointment of LILIAN E. CARINGAL as Day Care Worker II in the Office of the Municipal Social Welfare and Development this municipality, all pertinent requirements contained in RA 7160 in section 325 on limitation of personal services in the total annual/supplemental appropriation, salary rate, etc., have been complied with.


JANET MAGPANTAY ILAGAN
Municipal Mayor

Republic of the Philippines
POSITION DESCRIPTION FORM
DBM-CSC Form No. 1
(Revised Version No. 1, s. 2018)

1. POSITION TITLE (as approved by authorized agency) with
 parenthetical title

Day Care Worker II

2. ITEM NUMBER

3. SALARY GRADE

153 - 9

SG - 8

4. FOR LOCAL GOVERNMENT POSITION, ENUMERATE GOVERNMENTAL UNIT AND CLASS

Province
 City
 Municipality

1st Class
 2nd Class
 3rd Class
 4th Class

5th Class
 6th Class
 Special

5. DEPARTMENT, CORPORATION OR AGENCY/
 LOCAL GOVERNMENT

6. BUREAU OR OFFICE

Local Government Unit of Mataasnakahoy, Batangas

Office of the Municipal Social Welfare and Development

7. DEPARTMENT / BRANCH / DIVISION

8. WORKSTATION / PLACE OF WORK

Office of the Municipal Social Welfare and
 Development

Office of the Municipal Social Welfare and Development

9. PRESENT APPROP
 ACT

10. PREVIOUS APPROP ACT

11. SALARY AUTHORIZED

12. OTHER COMPENSATION

P 12,569.00

P 11,307.00

P 12,569.00

PERA P 2,000.00

13. POSITION TITLE OF IMMEDIATE SUPERVISOR

14. POSITION TITLE OF NEXT HIGHER SUPERVISOR

Municipal Social Welfare and Development Officer

None

15. POSITION TITLE, AND ITEM OF THOSE DIRECTLY SUPERVISED

(if more than seven (7) list only by their item numbers and titles)

POSITION TITLE

ITEM NUMBER

Municipal Social Welfare and Development Officer

150 - 9

16. MACHINE, EQUIPMENT, TOOLS, ETC., USED REGULARLY IN PERFORMANCE OF WORK

Telephone, Ballpen, Computer, Logbook,, Calculator

17. CONTACTS / CLIENTS / STAKEHOLDERS

17a. Internal	Occasional	Frequent	17b. External	Occasional	Frequent
Executive /			General Public	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Managerial	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supervisors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Others (Please Specify):		
Non-Supervisors	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>			

18. WORKING CONDITION

Office Work Other/s (Please Specify)
 Field Work

19. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE UNIT OR SECTION

Frontliner in the delivery of service which has to do with immediate relief during and assistance in the aftermath of manmade and natural disaster and natural calamities.

20. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE POSITION (Job Summary)

Assist the MSWDO in the delivery of services and ensure the safety and welfare of children before and after school.

21. QUALIFICATION STANDARDS

21a. Education	21b. Experience	21c. Training	21d. Eligibility
High School Graduate	One year of relevant experience	4 hours of relevant training	None required (MC 11, s. 96 - Cat III)

21e. Core Competencies

None Yet

Competency Level

None Yet

21f. Leadership Competencies

None Yet

Competency Level

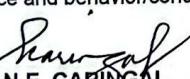
None Yet

22. STATEMENT OF DUTIES AND RESPONSIBILITIES (Technical Competencies)

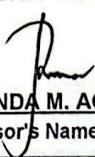
Percentage of Working Time	(State the duties and responsibilities here:)	Competency Level
10%	Assist in child development and youth welfare program	
10%	Plans and carries out the daily activities of the Day Care children.	
10%	Organizes.plans in carrying out all aspects of the program.	
10%	Prepare budget proposal or request for donation for supplies materials, equipment, food commodities and other needs of the center to be submitted to proper authority.	
10%	Assist the MSWDO in interpreting programs of the Day Care Center to the community.	
10%	Prepares and arranges necessary programs, supplies and equipment.	
10%	Keep the center clean, comfortable and safe and keeps food commodities, supplies and equipment in good condition to prevent loss and deterioration.	None Yet
5%	Assist and organize schedule of Day Care parents in the preparation of meals for their children.	
10%	Handles training for Day Care Workers	
10%	Monitors all day care centers within the municipality and submit report of the same to the MSWDO.	
5%	Perform other functions and responsibilities that may be assigned from time to time.	

23. ACKNOWLEDGMENT AND ACCEPTANCE:

I have received a copy of this position description. It has been discussed with me and I have freely chosen to comply with the performance and behavior/conduct expectations contained herein.


LILIAN E. CARINGAL
Employee's Name, Date and Signature

10/10/2019


ROSALINDA M. AGUILAR
Supervisor's Name, Date and Signature

THE MABINI ACADEMY
Lipa City

Record No. 095-'84

Name ESPARAGOZA, Lilian E. Date of birth: Year 1971 Month Oct. Day 1
 Place of birth: Province Loreto Esparagoza City/Town Lipa City Brgy _____
 Parent or Guardian Occupation Laborer
 Address of Parent or guardian Latag, Lipa City
 Elementary course completed (school) G.B. Lontok Mem. School Year 1983-84
 Total number of years in school to complete elementary course 6 Gen. Average 82

FIRST YEAR THE MABINI ACADEMY	YR.	1984-85	SECOND YEAR	THE MABINI ACADEMY	YR.	1985-86	
S U B J E C T S	Subj. Ave.	Action Taken	Credits Earned	S U B J E C T S	Subj. Ave.	Action Taken	Credit Earned
Comm. Arts I (English)	80	P	2	Comm. Arts II (English)	80	P	1
Comm. Arts I (Pilipino)	80	P	1	Comm. Arts II (Pilipino)	80	P	1
Soc. Studies I (The Community)	80	P	1	Soc. Studies II (The Nation)	75	P	1
Science I	80	P	1	Science II (Biology)	75	P	1
Mathematics I	80	P	1	Mathematics II (Elem. Algebra)	75	P	1
Practical Arts I	80	P	1	Practical Arts II	80	P	1
Y.D.T. I	85	P	1	Elective: Earth Science	80	P	1
Homeroom	85	P		Y.D.T. II	80	P	1
				Homeroom	80	P	

Days of School: 188 Days Present: 187 Days of School: 187 Days Present: 179

THIRD YEAR THE MABINI ACADEMY YR. 1986-87 FOURTH YEAR THE MABINI ACADEMY YR. 1987-88

S U B J E C T S	Subj. Ave.	Action Taken	Credits Earned	S U B J E C T S	Subj. Ave.	Action Taken	Credits Earned
Comm. Arts III (English)	80	P	1	Comm. Arts IV(English)	75	P	1
Soc. Studies III (Dev. And Prog.)	75	P	1	Soc. Studies IV (The World)	75	P	1
Science III (Chemistry)	75	P	2	Science IV (Physics)	75	P	2
Mathematics III (Geometry)	75	P	1	Mathematics IV (Adv. Algebra)	75	P	1
Comm. Arts III (Pilipino)	75	P	1	Comm. Arts IV (Pilipino)	75	P	1
Practical Arts III	80	P	1	Practical Arts IV	80	P	1
Elective: Public Speaking	80	P	1	Elective: Trigonometry	75	P	1
Statistics	75	P	1	English Grammar	75	P	1
Y.D.T. III	80	P	1	C.A.T. I	85	P	1
Homeroom	80	P		Homeroom	80	P	

Days of School: 186 Days Present: 176 1/2 Days of School: 183 Days Present: 154

YEAR THE MABINI ACADEMY	YR.	Final Grade	Action Taken	Credits Earned	YEAR THE MABINI ACADEMY	YR.	Final Grade	Action Taken	Credits Earned
S U B J E C T S					S U B J E C T S				

Days of School: _____ Days Present: _____ Days of School: _____ Days Present: _____

TO BE USED AS SUPPORTING DOCUMENTS

LIPA CITY

TRANSFER

SWORN AND CERTIFIED CORRECT
 I certify that this is a true record of
 This student on this ~~10/10~~ day of September, 2019 eligible for admission to the collegiate
 year and has no property responsibility in this school.

IMELDA S. PERADILLA
REGISTRAR

liliane
LILIAN E. ESPARAGOZA
 IMELDA S. PERADILLA
Registrar

LIPA CITY
EDUCATIONAL ACADEMY

REFURBISH NG PILIPINAS
Republiko ng Pilipinas
KAGAWANAN NG EDUKASYON, KULTURA AT ISPORTS
Department of Education, Culture & Sports
REGION IV
Region IV

VERIFIED AND CERTIFIED CORRECT
DATE: 09/07/2019



LIPA CITY

PROFICIENTHAYAN NIYONG NIYONG
THIS CERTIFIES THAT

Lilian E. Esparragoza

ay maluwakhang Nakalpas ng kurso sa Sekundarya na hinakda para sa Malasas na
has successfully completed THE SECONDARY COURSE PRESCRIBED FOR HIGH
Paaralan ng Kagawaran ng Edukasyon, Kultura at Isports - kaya pinagkaloban siya niyong
scorers, ay tayo DEPARTMENT OF EDUCATION.

DIPLOMA

Inilagda na pinungad ng Lipa, Philippines ngayong ika 30, ng Adun
GIVEN IN THE CITY OF LIPA, PHILIPPINES THIS TWENTIETH DAY OF MARCH
Labiangpan-ad han al matulungan at walo

UNIVERSITY-PROMOTED AND SIGNED BY

SPECIAL OFFICER FOR THE UNIVERSITY
President, Board of Regents

DATED MARCH 30, 2019

President
General



MUNICIPAL FORM NO. 103-2 (Edition Dec. 1, 1958)

REPUBLIC OF THE PHILIPPINES

(TO BE ACCOMPLISHED IN DUPLICATED)

CERTIFICATE OF LIVE BIRTH

FILL OUT COMPLETELY, ACCURATELY IN INK OR TYPEWRITER

Province: _____
City or Municipality: _____

Register Number:

(a) Civil Registrar-General No. _____
(b) Local Civil Registrar No. _____

1. PLACE OF BIRTH a. PROVINCE b. CITY OR MUNICIPALITY c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. IS PLACE OF BIRTH INSIDE CITY LIMITS	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. PROVINCE b. CITY OR MUNICIPALITY c. NUMBER AND STREET d. IS RESIDENCE INSIDE CITY LIMITS YES <input type="checkbox"/> NO <input type="checkbox"/>	3. Is RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------

CHILD 1. SEX 2. NAME 3. AGE (At time of this birth) 4. MOTHER'S NAME 5. MOTHER'S AGE (At time of this birth) 6. MOTHER'S ADDRESS 7. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)	4. DATE OF BIRTH 5. IF TWIN OR TRIPLETS, WAS CHILD SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLETS <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DAY OF BIRTH Month 10 Day 1 Year 71			
	RELATION 7. PARENT 8. MOTHER'S NAME 9. MOTHER'S AGE (At time of this birth) 10. MOTHER'S ADDRESS 11. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)	7. NATIONALITY 8. RELIGION 9. OCCUPATION 10. KIND OF BUSINESS OR INDUSTRY			
12. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)					
<table border="1"> <tr> <td>c. How many children are now living? <input type="checkbox"/></td> <td>d. How many other children were born alive but are now dead? <input type="checkbox"/></td> <td>e. How many fetal deaths (stillborn born dead any time after conception)? <input type="checkbox"/></td> </tr> </table>			c. How many children are now living? <input type="checkbox"/>	d. How many other children were born alive but are now dead? <input type="checkbox"/>	e. How many fetal deaths (stillborn born dead any time after conception)? <input type="checkbox"/>
c. How many children are now living? <input type="checkbox"/>	d. How many other children were born alive but are now dead? <input type="checkbox"/>	e. How many fetal deaths (stillborn born dead any time after conception)? <input type="checkbox"/>			

13. ATTENDANT AT BIRTH I hereby certify that I attended the birth of this child who was born at 7:30 o'clock on the date above indicated.		d. DATE SIGNED BY ATTENDANT AT BIRTH: 10-5-71
e. SIGNATURE: f. NAME IN PRINT: g. ADDRESS:		g. TITLE OF ATTENDANT AT BIRTH: □ M.D. □ NURSE □ OTHERS (Specify)
h. DATE WHEN GIVEN NAME WAS SUPPLIED:		i. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY: a. SIGNATURE: b. NAME IN PRINT: c. TITLE OR POSITION: d. DATE:	21. LENGTH OF PREGNANCY COMPLETED WEEKS.	22. WEIGHT AT BIRTH Lbs. <input type="checkbox"/> Oz. <input type="checkbox"/>	23. LENGTH OF BIRTH Lbs. <input type="checkbox"/> Oz. <input type="checkbox"/>
24. DATE AND PLACE OF BIRTH OF PARENTS (For legitimate birth) Month: January Date: 16 Year: 71 City or Municipality: Davao City Province: Davao	25. THIS CERTIFICATE IS DRAFTED BY: SIGNATURE: NAME IN PRINT: TITLE OR POSITION: DATE: 10-5-71		

18-512 (SPACE FOR MEDICAL AND HEALTH RECORDS FOR SPECIAL PURPOSES)

375

07202-5A-105SOP-00072-BI001

BReN
01014-A71V102-0Documentary
Stamp Tax PaidCLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



MARRIAGE CONTRACT

MARGIN RESERVED FOR BINDING — WRITE PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Contracting Parties	HUSBAND	WIFE	
(a) Age	RICKY L. CARINGAL	LILIAN E. ESPARAGOSA	10/16
(b) Nationality	22 yrs old - 2 Mar 68	19 yrs old - 1 Oct 71	22
(c) Occupation or profession	Filipino	Filipino	1
(d) Residence	Soldier	Housewife	1
Single, widowed or divorced	Boundary, M-Kahoy, Bata.	Boundary, M-Kahoy, Bata.	10/18/1
Father	Single	Single	1
Nationality	Rufino Caringal	Loreto Esparragos	1
Mother	Filipino	Filipino	1
Nationality	Iluminada Laygo	Nelia Espanola	19
Witness	Filipino	Filipino	1
Residence	COL MIGUEL R. HINLO PAF	MISS BETTY TORRES	1
Person who give consent	FAB, Lipa City	FAB, Lipa City	10/18/1
(a) Relation to minor	-	-	1
(b) Residence	-	-	1
Place of Marriage	Our Lady of the Miraculous Medal Chapel, FAB, Lipa City		02
Date of Marriage	14 February 1991		14

Marriage Solemnized by Rev. Fr. RUFINO V. GARGA, CHS 91
 (a) Title Wing Chaplain (b) Address FAB Chapel, Lipa City

This is to certify that I, Ricky Caringal, I, Lilian Esparragos, on the date and at the place above given, of our own free will and accord and in the presence of the person solemnizing this marriage and of the above-named two witnesses, both of age, take each other as man and wife,

And I, Rev. FR. RUFINO V GARGA, CHS Wing Chaplain (Title)

CERTIFY, That on the date and at the Place above written, the aforesaid Ricky Caringal and Lillian Esparragos, were with their mutual consent lawfully joined together in matrimony by me in the presence of the above named witnesses, both of age; and I further certify that the Marriage License No. 9567806 issued at M-Kahoy, Bata. on 13th February 1991 in favor of said parties was exhibited to me for no marriage license was exhibited to me this marriage being of an exceptional character, performed under Art. ~~xxxxx~~ Chapter 2, Title III, Civil Code and that consent to such marriage was duly given, as required by law by the person or persons above-mentioned; and that the guardian or parent of the above contracting parties (if male is between the ages twenty and twenty five years, and the female between eighteen and twenty-three years of age) has been informed of this marriage.

IN WITNESS WHEREOF, we sign (or mark with our finger-print) this certificate in triplicate the 14th day of February 19 91.

RICKY L. CARINGAL

(Signature of male contracting party)

LILLIAN E. ESPARAGOSA

(Signature of female contracting party)

REV. FR. RUFINO V. GARGA, CHS

(Signature of person solemnizing marriage)

91-26-46-93

Wing Chaplain

(Title)

31 Dec 93

2090

COL MIGUEL R. HINLO

Witness

ROBLOTO SAMAZAR

Witness

Rubén Mañabag

Witness

Witness

Witness

MISS BETTY TORRES

Witness

ESTELITA GALAZAR

Witness

Anna Malabag

Witness

EMMA MALABAG

Witness

Witness

07202-9G-105SOP-00072-MI002

BEST POSSIBLE IMAGE



T10507202105007209202019002
QNO00554177

Documentary
Stamp Tax Paid

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