



REPUBLIC OF THE PHILIPPINES  
PROVINCE OF LAGUNA  
CABUYAO CITY  
**BARANGAY MAMATID**  
OFFICE OF THE BARANGAY CHAIRMAN

**CERTIFICATE OF INDIGENCY**

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TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY THAT AS PER RECORD KEPT IN THIS OFFICE THAT \_\_\_\_\_, HIS/HER TRU NAME, OF LEGAL AGE,  
IS A BONA FIDE RESIDENT OF OUR BARANGAY WITH POSTAL ADDRESS AT \_\_\_\_\_.

THIS FURTHER CERTIFIES THAT THE ABOVE-MENTIONED PERSON HAS STAYED IN OUR BARANGAY FOR \_\_\_\_\_. THAT THEIR FAMILY  
IS ONE OF THE MANY **INDIGENT FAMILIES** IN OUR BARANGAY.

THIS CERTIFICATION IS ISSUED UPON REQUEST OF \_\_\_\_\_, FOR PUBLIC ATTORNEY'S OFFICE  
ASSISTANCE PURPOSES ONLY.

GIVE THIS DAY \_\_\_\_ OF \_\_\_\_\_ AT BARANGAY MAMATID, CITY OF CABUYAO, LAGUNA.

CERTIFIED CORRECT BY:

**HON. ERNANI G. HIMPISAO**  
PUNONG BARANGAY  
MAMATID, CITY OF CABUYAO, LAGUNA  
CERTIFIED CORRECT BY:

*\*not valid without official seal*

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