



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

**CERTIFICATE OF RESIDENCY**

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY THAT AS PER RECORD KEPT IN THIS OFFICE THAT \_\_\_\_\_, IS A RESIDENT OF OUR BARANGAY  
PARTICULARLY RESIDING AT \_\_\_\_\_ . THAT HE/ SHE IS RESIDING IN THIS  
BARANGAY FOR \_\_\_\_\_ .

THIS FURTHER CERTIFIES THAT THE ABOVE-MENTIONED NAME IS PERSON WITH DISABILITY. THAT THEIR FAMILY BELONGS  
TO MANY INDIGENT FAMILIES IN OUR BARANGAY.

THIS CERTIFICATION IS ISSUED UPON REQUEST OF \_\_\_\_\_, FOR **VERIFICATION AND**  
**IDENTIFICATION PWD** PURPOSE 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

*\*not valid without official seal*