



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

CERTIFICATE OF INDIGENCY

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 OUR
BARANGAY.

THIS FURTHER CERTIFIES THAT THE ABOVE-MENTIONED NAME IS ASKING FOR A **MEDICAL/ FINANCIAL ASSISTANCE**
INTENDED FOR ANIMAL BITE VACCINATION. THAT THEIR FAMILY BELONGS TO **MANY INDIGENT FAMILIES** IN OUR
BARANGAY.

THIS CERTIFICATION IS ISSUED UPON REQUEST OF _____, RESIDENT IS FOR **ANIMAL**
BITE VACCINATION 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

**not valid without official seal*
