

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province **Pangasinan** Registry No **97- 736**
City/Municipality **Umingan**

REMARKS/ANNOTATION

Dominga A. Nuesca
Asst. MGR

Umingan, Pangasinan
June 28, 2024

O.R.# 1795207 8.

1. NAME (First) LOWELL ED		(Middle) SABADO	(Last) LLAMES	For OCRG USE ONLY: Population Reference No. 5504-A97Q507-7			
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH * (day) 5 (month) August (year) 1997		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR			
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ BIRTH House No., Street, Barangay) Carayungan Sur, Umingan, Pang.				41			
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> <input type="checkbox"/> 3 Others, Specify _____		42			
c. BIRTH ORDER (live births and fetal deaths including this delivery) First (first, second, third, etc.)				d. WEIGHT AT BIRTH grams			
6. MAIDEN NAME EDIVIN		(First) EDIVIN	(Middle) SABADO	43			
CITIZENSHIP Fil.		8. RELIGION R.C.		44			
9a. Total number of children born alive: 1		b. No. of children still living including this birth: 1	c. No. of children born alive but are now dead: 0	45			
10. OCCUPATION Housekeeper		11. Age at the time of this birth: 22 years		46			
12. RESIDENCE (House No., Street, Barangay) Carayungan Sur, Umingan, Pang.		(City/Municipality) Umingan (Province) Pangasinan		47			
13. NAME (First) LEANRITO		(Middle) LLAMES	(Last)	48			
14. CITIZENSHIP Fil.		15. RELIGION R.C.		49			
16. OCCUPATION Driver		17. Age at the time of this birth: 32 years		50			
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) June 3, 1996, Umingan, Pang.				51			

19a. ATTENDANT

1 Physician
2 Nurse
3 Midwife
4 Hilot (Traditional Midwife)
5 Others (Specify) _____

19b. CERTIFICATION OF BIRTH

I hereby certify that I attended the birth of the child who was born alive at **2:30 AM** o'clock am/pm on the date stated above.

Signature *Margarita Lacasandile* Address **Umingan, Pang.**
Name in Print **MARGARITA LACASANDILE**
Title or Position **TM** Date **Aug. 7, 1997**

20. INFORMANT

Signature *Margarita Lacasandile* Address **Umingan, Pang.**
Name in Print **MARGARITA LACASANDILE**
Relationship to the child **None** Date **Aug. 7, 1997**

21. PREPARED BY

Signature *Dominga A. Nuesca*
Name in Print **Dominga A. NUESCA**
Title or Position **Reg. Officer II**
Date **Aug. 7, 1997**

22. RECEIVED AT THE OFFICE OF
THE CIVIL REGISTRAR

Signature *Engr. Rodolfo M. Bobidente*
Name in Print **ENGR. RODOLFO M. BOBIDENTE**
Title or Position **Mun. Civil Registrar**
Date **Aug. 7, 1997**

61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79

80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99

100



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy to: CCRG)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province	Pampanga	Registry No.	96-7125
City/Municipality	San Fernando		
1. NAME (First) ANA DOMINIQUE	(Middle) DE VILLA	(Last) PEÑA	
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	3. DATE OF BIRTH 18 August 1996		
4. PLACE OF BIRTH House No., Street, Barangay) JBLMRH San Fernando, Pampanga	(Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)		
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc.	b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		
c. BIRTH ORDER (live births and fetal deaths (including this delivery) 1st (first, second, third, etc.)	d. WEIGHT AT BIRTH 3,250 grams		
6. MAIDEN NAME Susan	(Middle) Ponte	(Last) De Villa	
7. CITIZENSHIP fil.	8. RELIGION r/c		
9a. Total number of children born alive: 1	b. No. of children still living including this birth: 1	c. No. of children born alive but are now dead: 0	
10. OCCUPATION none	11. Age at the time of this birth: 20 years		
12. RESIDENCE (House No., Street, Barangay) Blk. 26 Lot B, Sta Monica Village, San Fdo. Pamp.	(City/Municipality) JBLMRH San Fernando, Pamp.	(Province)	
13. NAME (First) Venancio	(Middle) Lapuz	(Last) Peña	
14. CITIZENSHIP fil.	15. RELIGION r/c		
16. OCCUPATION messenger	17. Age at the time of this birth: 24 years		

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Acknowledgment of Paternity at the back.)

April 2, 1995 San Luis, Pampanga

19a. ATTENDANT

1 Physician
 2 Nurse
 3 Midwife
 4 Hilot (Traditional Midwife)
 5 Others (Specify)

19b. CERTIFICATION OF BIRTH

I hereby certify that I attended the birth of the child who was born alive at 6:40 a.m. o'clock am/pm on the date stated above.

Signature *Ma. Luisa del Rosario* Address JBLMRH San Fdo.
Name in Print Ma. Luisa del Rosario, M.D. Pamp.
Title or Position a.p. Date August 18, 1996

20. INFORMANT

Signature *Venancio Peña* Address Blk. 26 Lot B Sta Monica
Name in Print Venancio Peña Village, San Fdo. Pamp.
Relationship to the child Father Date August 18, 1996

21. PREPARED BY

Signature *Virginia Corpuz* Signature *Lisa Grace S. Bersales*
Name in Print Virginia Corpuz Name in Print Lisa Grace S. Bersales, Ph.D.
Title or Position RN Title or Position National Statistician and Civil Registrar General
Date August 18, 1996 Date August 30, 1996

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

5716-A96-1111-1

TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR

41

0102505

46

2

49

1 18896

56

14163

61

1

62

0132510

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010166

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290 26

81

14163

86

1 1

88

361 24

93

1

94

03170

06837-9D-008MMC-00525-B1001

BEST POSSIBLE IMAGE



T008068370080052509202018001

BReN
05416-A96RJ08-3

Documentary
Stamp Tax Paid

QM600818370

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.
National Statistician and Civil Registrar General
Philippine Statistics Authority



CRS Form No. 4 (CENOMAR)

Republic of the Philippines
PHILIPPINE STATISTICS AUTHORITY
Manila

OFFICE OF THE CIVIL REGISTRAR GENERAL

September 24, 2024

TO WHOM IT MAY CONCERN:

We certify that **LOWELL ED SABADO LLAMES** who is alleged to have been born on **August 05, 1997** in **Umingan, Pangasinan** to **LEANRITO LLAMES and EDIVIN SABADO**, does not appear in our National Indices of Marriages.

This certification is based on the records of **1945-2024** marriages enrolled in the database as of **August 31, 2024**.

Issued upon the request of **LOWELL ED S. LLAMES** for Marriage.

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

Documentary
Stamp Tax Paid

Note: This certification is not valid if it contains erasures or alterations.

09032-H0-991RJV-01904-ME001

24/M//SABADO/LOWELL ED*//////MALE////OFF
24/M//SABADO/LOWELL ED*//////FEMALE////OFF
24/M//LLAMES/LOWELL ED*//////FEMALE////OFF



T080090329910190409232024001

ZR300187635





Form No. 4 (CENOMAR)

Republic of the Philippines
PHILIPPINE STATISTICS AUTHORITY
Manila

OFFICE OF THE CIVIL REGISTRAR GENERAL

September 19, 2024

TO WHOM IT MAY CONCERN:

We certify that **ANA DOMINIQUE DE VILLA PEÑA** who is alleged to have been born on **August 18, 1996** in **San Fernando City, Pampanga** to **VENANCIO LAPUZ PEÑA** and **SUSAN PONTE DE VILLA**, does not appear in our National Indices of Marriages.

This certification is based on the records of **1945-2024** marriages enrolled in the database as of **August 31, 2024**.

Issued upon the request of **ANA DOMINIQUE D. PEÑA** for Marriage.

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

Documentary
Stamp Tax Paid

Note: This certification is not valid if it contains erasures or alterations.

09027-DF-991R27-04932-ME001

25/M/PEÑA/ANA DOMINIQUE///FEMALE
25/M//PEÑA/ANA DOMINIQUE///SUSAN///FEMALE///OFF
25/M//P*/A*/DE VILLA/SUSAN///FEMALE///OFF



T080090279910493209182024001

ZR700161434





Pre-Marriage Orientation

CERTIFICATE OF COMPLIANCE

Control No.: 3279 - 14

Date: October 9, 2024

This is to certify that

f--

LOWELL ED C. LAMES

and

ANA DOMINIQUE D. PEÑA

have completed the Pre-Marriage Orientation (PMO) session,

in accordance with Section 15 of R.A. 10354.

This certificate will be valid until the issuance of the marriage license.

Conducted by:

Marites C. Diaz, RM

PMO Facilitator

Maryzen S. David, RM

PMO Facilitator

Issued by:

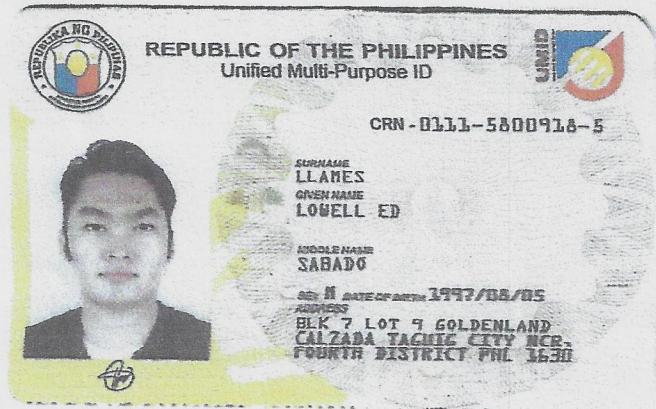
Ma. Criselda V. Flores, MD

Family Planning Medical Coordinator
Taguig City Health Office

Not Valid Without Official Dry Seal

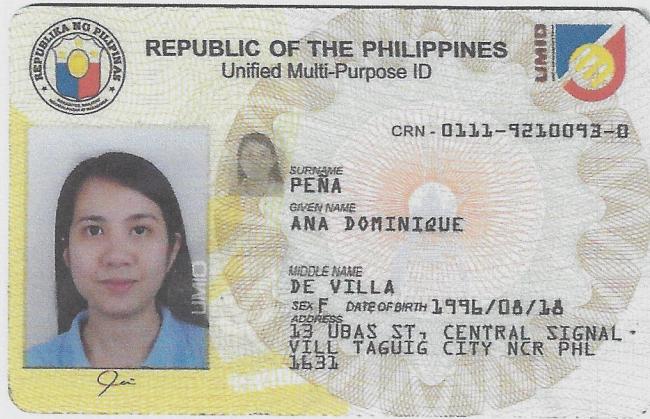


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