**CERTIFICATION**

**DATE**

**To Whom It May Concern:**

I hereby certify that the following are:

**PWD (person With Disability)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Surname** | **First Name** | **MI** | **Address** |
| 1 | Mateo | Enrico | M. | 834 Lopez Jaena St., Caridad, Cavite City |

|  |
| --- |
| **Ricofel C. Medina**  Barangay Chairman |