



(Copy for OCRG)

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

REMARKS/ANNOTATION

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 <u>Eastern Samar</u>		Registry No. <u>98-363</u>	
City/Municipality <u>Canavie</u>			
1. NAME (First) (Middle) (Last) <u>Patrik</u> <u>T.</u> <u>Ambait</u>		For OCRG USE ONLY: Population Reference No. <u>2605-A98Q501-5</u>	
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) (month) (year) <u>26</u> <u>August</u> <u>1998</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <u>Carolina, Canavie, Eastern Samar</u>		TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR	
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) (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>3750</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>Rosita</u> <u>G.</u> <u>Torales</u>		41 <u>9800363</u>	
7. CITIZENSHIP <u>Filipino</u>		48 <u>1</u>	
8. RELIGION <u>Roman Catholic</u>		49 50 <u>1</u> <u>260898</u>	
9a. Total number of children born alive: <u>06</u>		56 <u>26054</u>	
b. No. of children still living including this birth: <u>06</u>		61 <u>1</u>	
c. No. of children born alive but are now dead: <u>00</u>		62 64 <u>06</u> <u>2750</u>	
10. OCCUPATION <u>Housekeeper</u>		68 69 <u>1</u> <u>1</u>	
11. Age at the time of this birth: <u>37</u> years		70 72 74 <u>06</u> <u>06</u> <u>00</u>	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province)		76 78 <u>220</u> <u>37</u>	
13. NAME (First) (Middle) (Last) <u>Rosita</u> <u>G.</u> <u>Ambait</u>		81 <u>26054</u>	
14. CITIZENSHIP <u>Filipino</u>		86 87 <u>1</u> <u>1</u>	
15. RELIGION <u>Roman Catholic</u>		88 91 <u>641</u> <u>45</u>	
16. OCCUPATION <u>Fisherman</u>		93 <u>1</u> <u>08/04/1989</u>	
17. Age at the time of this birth: <u>45</u> years		94 <u>4</u> <u>26054</u>	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>0-1-84 - Carolina Roman Catholic Church, Carolina, Canavie</u>			
19a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input checked="" type="checkbox"/> 4 Helet (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify)			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at _____ o'clock am/pm on the date stated above.			
Signature <u>Rosita G. Ambait</u> Name in Print <u>ROSITA G. AMBAIT</u> Title or Position <u>Traditional Midwife</u>		Address <u>Rosita G. Ambait</u> Date <u>26 August 1998</u>	
20. INFORMANT Signature <u>Rosita G. Ambait</u> Name in Print <u>ROSITA G. AMBAIT</u> Relationship to the child <u>Mother</u>			
21. PREPARED BY Signature <u>Gloria G. Bagacay</u> Name in Print <u>GLORIA G. BAGACAY</u> Title or Position <u>Mun. Civil Registrar</u> Date <u>14 September 1998</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>Gloria G. Bagacay</u> Name in Print <u>GLORIA G. BAGACAY</u> Title or Position <u>Mun. Civil Registrar</u> Date <u>14 September 1998</u>	

06905-AE-999MST-07785-BI001

BEST POSSIBLE IMAGE

T089069059990778511272018001
VM100863107

BReN

02605-A98Q501-8

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority



Republic of the Philippines
**SOCIAL SECURITY SYSTEM
PERSONAL RECORD**

34-8370266-3

Basic Information

Name of Applicant: AMBAIT, PATRICK TORALBA

Date of Birth: 08/26/1998 (mm/dd/yyyy)

Gender: MALE

Marital Status: SINGLE

Nationality: FILIPINO

Religion: CHRISTIAN

Place of Birth: CAN-AVID EASTERN SAMAR PHILIPPINES

Home Address: UNIT 5 LOT 23 BLOCK 4 DOÑA ISIDORA KAPALARAN HOLY SPIRIT QUEZON CITY METRO MANILA 1127

Telephone No:

Mobile No: (0966) 365-0161

Email Address: isanambait@yahoo.com

Name of Father: AMBAIT, PERCIVAL GIBA

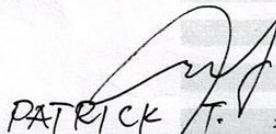
Name of Mother: TORALBA, ROSITA COLANGOY

Beneficiary(ies)

Purpose of Application

Purpose: FOR EMPLOYMENT

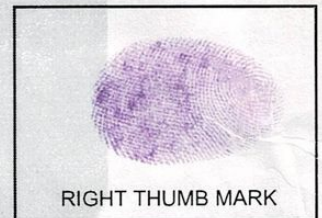
Applicant's Certification


PATRICK T. AMBAIT
Signature Over Printed Name

08/22/19
Date



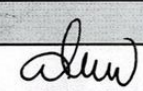
LEFT THUMB MARK



RIGHT THUMB MARK

TO BE FILLED OUT BY SSS

EVALUATED BY:


Annalyn B. Bengua
Senior Member, Senior Representative

AUG 22 2019

Date

8:03pm

Time

Diliman

Branch

Social Security System
MAC, Diliman Branch



Republic of the Philippines
Department of Finance
Bureau of Internal Revenue

Application for Registration

BIR Form No.

1902

January 2018 (ENCS)

For Individuals Earning Purely Compensation Income
(Local and Alien Employee)

750 - 583 - 740 - 00000

New TIN to be issued, if applicable (To be filled out by BIR)

Fill in all applicable white spaces. Write "NA" for those not applicable. Mark all appropriate boxes with an "X"

Part I - Taxpayer/Employee Information

1 PhilSys Number (PSN)	2 Taxpayer Type <input type="checkbox"/> Local <input type="checkbox"/> Resident Alien <input type="checkbox"/> Special Non-Resident Alien	3 BIR Registration Date (To be filled out by BIR) (MM/DD/YYYY)
4 Taxpayer Identification Number (TIN) (For Taxpayer with existing TIN)	5 RDO Code (To be filled out by BIR)	
6 Taxpayer's Name Last Name: AMBAIT Middle Name: TORALBA First Name: PATRICK Suffix: Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
8 Civil Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Legally Separated		
9 Date of Birth (MM/DD/YYYY) 06/26/1998	10 Place of Birth CAN-AVID, EASTERN SAMAR	
11 Mother's Maiden Name (First Name, Middle Name, Last Name) ROSITA, COLANGDOY, TORALBA		
12 Father's Name (First Name, Middle Name, Last Name) PERCIVAL, GIBA, AMBAIT		
13 Citizenship FILIPINO	14 Other Citizenship	
15 Local Residence Address Unit/Room/Floor/Building No. Building Name/Tower Lot/Block/Phase/House No. Street Name 282 CRISOLOGO Barangay CAROLINA Municipality/City CAN-AVID Province ZIP Code EASTERN SAMAR 6800		
16 Foreign Address		

17 Municipality Code (To be filled out by BIR)	18 Tax Type INCOME TAX	19 Form Type BIR Form No. 1700	20 ATC II 011
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21 Identification Details (e.g. passport, government issued ID, company ID, etc.)			
Type	Number	Effective Date (MM/DD/YYYY)	Expiry Date (MM/DD/YYYY)
Issuer	Place/Country of Issue		

22 Preferred Contact Type <input type="checkbox"/> Landline No. <input checked="" type="checkbox"/> Mobile Number 09663650161	Email Address (required) AMBAITPATRICIA@gmail.com
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Part II - Spouse Information (if applicable)

23 Employment Status of Spouse <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Locally <input type="checkbox"/> Employed Abroad <input type="checkbox"/> Engaged in Business/Practice of Profession	24 Spouse Name Last Name: First Name: Middle Name: Suffix: 25 Spouse TIN 00000
26 Spouse Employer's Name (Last Name, First Name, Middle Name, If Individual) (Registered Name, If Non Individual)	

REPUBLIC OF THE PHILIPPINES
Philippine Postal Corporation
POSTAL IDENTITY CARD

PHLPOST

PATRICK TORALBA AMBAIT

Address
ROOM 5 LOT 23 BLK 4 DONA ISIDORA ST
KASIYAHAN HOLY SPIRIT 1127 QUEZON
CITY NCR

Date of Birth: 26 Aug 98 Nationality: PHL
Issuing Post Office: MNL-MN Valid Until: 05 Jul 22

PRN D94190305542

HOLDER'S SIGNATURE

POSTAL ID

Joel L. Otarra
Postmaster General & CEO

PREMIUM



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



PhilHealth
Your Partner in Health



02-027289535-0

AMBAIT, PATRICK TORALBA

AUGUST 26, 1998 - MALE
CAROLINA CAN-AVID, EASTERN SAMAR - 6806

[Signature]
Signature



0 2 0 2 7 2 8 9 5 3 5 0

INFORMAL ECONOMY