

Pr	ovince LAGUN	AV		<b>1</b>		Registry No.	-645	
Cit	· / / / / / / / / / / / / / / / / / / /	ITY OF	SANTA ROS	SA				
	1. NAME (First)			Middle)		(Las		
	ZACH EZE  2. SEX (Male / Female)	KIEL 3. DA		AMIREZ (Day)	349 / 3 / 3 <del>/ 4 / 4 / 4</del>	RATONE (Month)		
C	Male	BIR		03		February		ear) 2017
H	4. PLACE OF (Name of Hospi House No., St.,	ital/Clinic/In Barangay	stitution/	(City/M	unicipality)		rovince)	
L	Santa Rosa Hospital and	Medical	Center Baliba	go	City of S	Santa Rosa FORDER (Order of this bird	Laguna	GHTAT BIRTH
D	(Single, Twin, Triplet, etc.)		rst, Second, Third, etc		previous live	births including fetal death) and, Third, etc.)	th to O. VYEI	GRIAIBIKIN
	Single	No	ot Applicable			Second	3490	gram
	7. MAIDEN (First) NAME		(	Middle)		(L	ast)	
M	8.CITIZENSHIP			BONS		RAN IGIOUS SECT	IIREZ	
O	Filipino			Aglipay				
H	10a. Total number of children born alive living including		10c. No. of children I	oom 11.0	OCCUPATIO			GE at the time of t
ER	1 1	ig and bital	0			Sales Staff		nth (completed year 24
	13. RESIDENCE (House No., St.			y/Municipal	ty)	(Province)	(Country)	
	B2 L34 P8 Geneva St. Brgy Malusak	Garden V	Oily Oi	Santa R	osa	Laguna	Phil	ppines
F	14. NAME (First)	EDT	(1	Viiddle)			ast)	
A	JOHN ALE		ION/RELIGIOUS SEC	VOLA	17. OCCU		RATONE 18. AC	E at the time of the
T	Filipino		Roman Catho	lic	Q	uality Assurance	11.17.19.59 (12.7-12.7)	(completed year 25
E								
	19. RESIDENCE (House No., St.	. Baranoav	) (CI	tv/Municina	litú	Technician (Province)		
MAI Oa.	19. RESIDENCE (House No., St. B2 L34 P8 Geneva St. Brgy Malusak RRIAGE OF PARENTS (if not.) DATE (Month) (Day) September 03 2016	Married, acc (Year)	(City of Compilsh Affidavit of Action 20b. PLACE	ty/Municipa Santa R	osa	(Province) Laguna	(Country Phili	ppines
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National Statistician and Civil Registrar General
Philippine Statistics Authority