

NATIONAL POLICE CERTIFICATE



AFP Ref: 2264812PC
Client Ref:

23 March 2016

Australian Federal Police
Criminal Records
Locked Bag 8550
CANBERRA CITY ACT 2601
Ph: 02 6140 6502
ABN 17 864 931 143



RENECHITO MERCADO STO DOMINGO
21 WELLINGTON ST
VIRGINIA QLD 4014

Complete Disclosure All recorded offences released Name Check Only



This is to certify that there are **no disclosable court outcomes** recorded against the name of:



STO DOMINGO, Renechito Mercado born on 05 October 1962

in the records of the Australian Federal Police and the police in all Australian States and Territories as at 15 March 2016.



This document is not issued as a form of identification.

Authorised by:



Co-ordinator
Criminal Records



CRIMTRAC

The information contained in this document is valid as at date displayed.

This certificate is produced on secure paper to provide proof of authenticity.
Several security features are integrated within the document, some of which are described overleaf.
The absence of any of the security features indicates this is not an original document.

NATIONAL POLICE CERTIFICATE

ED35251



Police Information Centre

200 Roma St, Brisbane, 4000

G.P.O Box 1440, Brisbane, Queensland, 4001

TEL (07) 3364 6705 FAX (07) 3364 4393

Email: PIC.CLO@police.qld.gov.au

www.police.qld.gov.au

This is to certify that there are no court outcomes in the records of the Australian police services that are disclosable by the Queensland Police Service for:

Name: Leonora DONATO STO DOMINGO

Birth Date: 5 February 1964

Birth Place: Philippines

This is based on a national check of name/s and date of birth details of this person.

A handwritten signature in black ink, appearing to be 'M. H. ...'.

.....
Manager - Police Information Centre

Issue Date: 3 December 2015

Issued By: QUEENSLAND POLICE SERVICE

CRIMTRAC
Queensland Police Service

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15 December 2015

Leonora Donato StoDomingo

21 Wellington Street
Virginia
Queensland 4014
Australia

Dear Leonora Donato StoDomingo

Criminal Conviction Information held by Ministry of Justice as at 15 December 2015.

MoJ request number: 3094723

Your reference: chitostodomingo@gmail.com

In response to your request received on 18 November 2015 for criminal conviction information held about you by the Ministry of Justice, I can advise there is no information held in respect of the identity particulars you have supplied, as set out below:

Name: Donato StoDomingo, Leonora

Date of birth: 05 February 1964

Gender: Female

Yours sincerely

Criminal Records Officer

Note: Unless specifically requested by the individual concerned, or where required by law, criminal conviction information will not be disclosed to a third party where an individual is eligible to have that information concealed under the Criminal Records (Clean Slate) Act 2004 or where that information is suppressed by statute or Court order.



15 December 2015

Renechito Mercado Sto Domingo

21 Wellington Street
Virginia
Queensland 4014
Australia

Dear Renechito Sto Domingo

Criminal Conviction Information held by Ministry of Justice as at 15 December 2015.

MoJ request number: 3094782

Your reference: chitostodomingo@gmail.com

In response to your request received on 18 November 2015 for criminal conviction information held about you by the Ministry of Justice, I can advise there is no information held in respect of the identity particulars you have supplied, as set out below:

Name: Sto Domingo, Renechito Mercado

Date of birth: 05 October 1962

Gender: Male

Yours sincerely

Criminal Records Officer

Note: Unless specifically requested by the individual concerned, or where required by law, criminal conviction information will not be disclosed to a third party where an individual is eligible to have that information concealed under the Criminal Records (Clean Slate) Act 2004 or where that information is suppressed by statute or Court order.



Municipal Form No. 102—(Revised Dec. 1, 1953)

REPUBLIC OF THE PHILIPPINES

(TO BE ACCOMPLISHED IN DUPLICATE)

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Province: _____

Register Number: _____

City or Municipality: Manila

(a) Civil Registrar-General No. _____

(b) Local Civil Registrar No. 4001 (Jbr)

1. PLACE OF BIRTH

a. PROVINCE

b. CITY OR MUNICIPALITY

Leon Guinto Sr. corner Herran, Manilac. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Clinica Sta. Teresa

d. IS PLACE OF BIRTH INSIDE CITY LIMITS?

Yes ☒ No ☐

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. PROVINCE

b. CITY OR MUNICIPALITY

Sta. Ana, Manila

c. NUMBER AND STREET

2213 Suter

d. IS RESIDENCE INSIDE CITY LIMITS?

Yes ☒ No ☐

e. IS RESIDENCE ON A FARM?

Yes ☐ No ☐

CHILD

3. NAME (Type or print)

First

Renechito

Middle

Mercedo

Last

Sto. Domingo

4. SEX

male

5a. THIS BIRTH

SINGLE ☒ TWIN ☐ TRIPLET ☐

5b. IF TWIN OR TRIPLET, WAS CHILD

1st ☐ 2nd ☐ 3rd ☐

6. DATE OF BIRTH

Month Oct. Day 5, Year 1962

FATHER

7. NAME

First

Raynirio

Middle

Idbunao

Last

Sto. Domingo

RELIGION

R. Catholic

8. NATIONALITY

Filipino

9a. RACE

Brown

9. AGE (At time of this birth)

25

10. BIRTHPLACE

San Ildefonso, Bulacan

11a. USUAL OCCUPATION

Employee

11b. KIND OF BUSINESS OR INDUSTRY

Nation Economic Council

MOTHER

12. MAIDEN NAME

First

Felicita

Middle

Cajayon

Last

Mercedo

RELIGION

R. Catholic

13. NATIONALITY

Filipino

13a. RACE

Brown

14. AGE (At time of this birth)

27

15. BIRTHPLACE

Lubang, Occ. Mindoro

15. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)

0

17a. INFORMANT'S SIGNATURE:

Felicita C. Mercedo

b. NAME IN PRINT:

Felicita C. Mercedo

c. ADDRESS

2213 Suter, Sta. Ana, Manila

19. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)

Same as above

19

I HEREBY CERTIFY that I attended the birth of this child who was born alive at 4:38 o'clock PM on the date above indicated.

c. SIGNATURE:

d. NAME IN PRINT:

e. ADDRESS:

Marcelo C. Castillo, M.D.
Clinica Sta. Teresa

ATTENDANT AT BIRTH

d. DATE SIGNED BY ATTENDANT AT BIRTH: October 12, 1962

TITLE OF ATTENDANT AT BIRTH:

☐ M. D.☐ NURSE☐ MIDWIFE☐ OTHERS (Specify)

20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:

a. SIGNATURE:

b. NAME IN PRINT:

c. TITLE OR POSITION:

d. DATE:

NOV 20 1962

21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:

b. DATE WHEN GIVEN NAME WAS SUPPLIED:

05.50

22a. LENGTH OF PREGNANCY

36

COMPLETED WEEKS.

22b. WEIGHT AT BIRTH

Lbs.

Oz.

23. LEGITIMATE

☒ Yes ☐ No

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)

March 18, 1962Sta. Ana, Manila

(Month)

(Date)

(Year)

City or Municipality

Province

18-239

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

25. THIS CERTIFICATE IS PREPARED BY:

SIGNATURE:

NAME IN PRINT:

TITLE OR POSITION:

DATE:

Salvador S. BernalRecord ClerkOct. 22, 1962

05655-1B-999CBM-00162-BI001

BEST POSSIBLE IMAGE

BRen

03900-A62U526-7

Documentary
Stamp Tax Paid

Lisa Grace S. Bersales

LISA GRACE S. BERSALES, Ph.D.

National Statistician and Civil Registrar General
Philippine Statistics Authority

T08905655990016206262015001

QJ600622155





Administrative Form No. 102-1 (Revised Dec. 1, 1963)

REPUBLIC OF THE PHILIPPINES

(TO BE ACCOMPLISHED IN DUPLICATE)

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

D-1 (351)

Province: Batangas

City or Municipality: Batangas

Register Number:

(a) Civil Registrar-General No.

(b) Local Civil Registrar No. 528

1. PLACE OF BIRTH

a. PROVINCE Batangas

b. CITY OR MUNICIPALITY Batangas

c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Holy Family Hospital

d. IS PLACE OF BIRTH INSIDE CITY/TOWN Yes

Yes ☒ No ☐

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. PROVINCE Batangas

b. CITY OR MUNICIPALITY Batanga

c. NAME AND STREET

San Pascual, Bataan

d. IS RESIDENCE INSIDE CITY/TOWN Yes

Yes ☒ No ☐

3. NAME (Type or print)

a. FIRST LEONORA

b. MIDDLE DAVID

c. LAST DONATO

d. SEX FEMALE

e. DATE OF BIRTH Month February 5, 1964

f. AGE (At time of birth) 42

g. PLACE OF BIRTH Tierras Nortes

h. USUAL OCCUPATION Housewife

i. TYPE OF DOMESTIC OR IN-DOOR WORK Housewife

j. NAME (Type or print) Laurel

k. AGE (At time of birth) 35

l. PLACE OF BIRTH Dol Carmen, Pampanga

m. USUAL OCCUPATION Housewife

n. TYPE OF DOMESTIC OR IN-DOOR WORK Housewife

o. NAME (Type or print) MATEO B. DONATO

p. AGE (At time of birth) 42

q. PLACE OF BIRTH San Pascual, Bataan, Bats.

r. USUAL OCCUPATION Housewife

s. TYPE OF DOMESTIC OR IN-DOOR WORK Housewife

t. NAME (Type or print) MATEO B. DONATO

u. AGE (At time of birth) 42

v. PLACE OF BIRTH San Pascual, Bataan, Bats.

w. USUAL OCCUPATION Housewife

x. TYPE OF DOMESTIC OR IN-DOOR WORK Housewife

y. NAME (Type or print) MATEO B. DONATO

z. AGE (At time of birth) 42

aa. PLACE OF BIRTH San Pascual, Bataan, Bats.

ab. USUAL OCCUPATION Housewife

ac. TYPE OF DOMESTIC OR IN-DOOR WORK Housewife

ad. NAME (Type or print) MATEO B. DONATO

ae. AGE (At time of birth) 42

af. PLACE OF BIRTH San Pascual, Bataan, Bats.

ag. USUAL OCCUPATION Housewife

ah. TYPE OF DOMESTIC OR IN-DOOR WORK Housewife

ai. NAME (Type or print) MATEO B. DONATO

aj. AGE (At time of birth) 42

ak. PLACE OF BIRTH San Pascual, Bataan, Bats.

al. USUAL OCCUPATION Housewife

am. TYPE OF DOMESTIC OR IN-DOOR WORK Housewife

an. NAME (Type or print) MATEO B. DONATO

ao. AGE (At time of birth) 42

ap. PLACE OF BIRTH San Pascual, Bataan, Bats.

aq. USUAL OCCUPATION Housewife

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cl. NAME (Type or print) MATEO B. DONATO

cm. AGE (At time of birth) 42

cn. PLACE OF BIRTH San Pascual, Bataan, Bats

New Zealand Birth Certificate

Te Tohu Whānautanga ki Aotearoa



Child / Tamaiti

First/given name(s)
Ingoa tapa **Maverick James Donato**

Surname/family name
Ingoa whānau **Sto Domingo**

First/given name(s) at birth*
Ingoa tapa i te whānautanga mai* -

Surname/family name at birth*
Ingoa whānau i te whānautanga mai* -

Sex
Tāne, wahine rānei **Male**

Still-birth/multiple birth (if applicable)
I whānau kahu mai/i whānau
whakarea mai (mēnā e hāngai ana) -

Date of birth
Te rā i whānau ai **7 December 2005**

Place of birth
Te wāhi i whānau ai **Lower Hutt Hospital**

Name changes
Ngā whakarerekētanga ingoa -

Mother / Whāea

First/given name(s)
Ingoa tapa **Leonora Donato**

Surname/family name
Ingoa whānau **Sto Domingo**

First/given name(s) at birth**
Ingoa tapa i te whānautanga mai** **Leonora**

Surname/family name at birth**
Ingoa whānau i te whānautanga mai** **Donato**

Date of birth
Te rā i whānau ai **5 February 1964**

Place of birth
Te wāhi i whānau ai **Batangas Philippines**

Father / Matua

First/given name(s)
Ingoa tapa **Reneechito**

Surname/family name
Ingoa whānau **Sto Domingo**

First/given name(s) at birth**
Ingoa tapa i te whānautanga mai** -

Surname/family name at birth**
Ingoa whānau i te whānautanga mai** -

Date of birth
Te rā i whānau ai **5 October 1962**

Place of birth
Te wāhi i whānau ai **Manila Philippines**

* If name has changed / Mēnā kua rerekē te ingoa

** If different from above / Mēnā he rerekē ki tērā o runga ake

Certified to be a true copy of the above particulars included in an entry recorded in this office.
E pono ana te kī he tauria tūturu tēnei o ngā kōrero o runga ake nei kua tuhia ki tētahi puka i tēnei tari.

Issued under the seal of the Registrar on 19 December 2005
I tukuna i raro i te maru o te Pouroki i te 19 Hakihea 2005

WARNING: THIS CERTIFICATE IS NOT EVIDENCE OF THE IDENTITY OF THE PERSON PRESENTING IT
KIA TŪPATO: EHARA TĀ TĒNEI TIWHIKETE I TE TAUNAKI I TE TUAKIRI O TE TANGATA KA TĀPAE ATU

CAUTION: Any person who (1) falsifies any of the particulars on the certificate, or (2) uses it as true, knowing it to be false, is liable to prosecution under the Crimes Act 1961.
WHAKAHOHI: Ko te tangata (1) ka whakarerekē i ngā kōrero o tēnei tiwhikele, (2) ka whakamahi anō nei he pono, me te mōhio anō kei te hori kē, ka taea te whakawhiu i raro i te Ture Takahi Ture 1961.

Registration Number / Te Tau ā-Motu

2005061905



This document contains 48 paper pages and is valid up to a maximum of 5 years.
 E-18 n°5 Wharfedale (Leine) lühing: teatuki tse taudna wha mana

Signature of Holder | Waitohu Kaipupuri

NEW ZEALAND | AOTEAROA

Passport No. | Tau Uruwhenua
LA253441



Given names | Ingo | ake
MAVERICK JAMES DONATO

Date of Birth | 07 DEC 2005

Sex | Tāne-Wahine
M

Date of expiry | Rā mutunga

Date of expiry | Rā mutunga
15 JUN 2015

DIA WLG

P<NZLSTO<DOMINGO<<MAVERICK<JAMES<DONATO<<<<
LA253441<8NZLO512077M1506152<<<<<<<<<<<<<<<<

PAGE 3

MARRIAGE CONTRACT

City or Municipality of QUEZON CITY Province of PHILIPPINES

	Husband	Wife
Contracting Parties	RENEECHITO M. STO. DOMINGO	LEONORA D. DONATO
(a) Age and Birthdate	24 yrs. old	23 yrs. old
(b) Birthplace	Manila	Batangas
(c) Nationality	Filipino	Filipino
(d) Residence	B24 Lot 5 Dumaguete St., South City Homes, Bisan, Laguna	39-E Morato St., Q.C.
Single, widowed or divorced	Single	Single
Father	Reynirio L. Sto. Domingo	Mateo A. Donato
Nationality	Filipino	Filipino
Mother	Felicitas M. Sto. Domingo	Lourdes D. Donato
Nationality	Filipino	Filipino
Witnesses	Mr. Benjamin B. Olonan	Mrs. Monserat Guzman
Residence	Meycanayan, Bulacan	Riverside, Pasig, M.M.
Persons who gave consent or advice		
(a) Residence	BOTH OF LEGAL AGE	
(b) Relation to contracting party		

Place of marriage { Office of the Church of House of Barrio of } SACRED HEART PARISH CHURCH - KAMUNING - QUEZON CITY

Date of marriage MARCH 30, 1987

Marriage solemnized by Fr. Fermin Galolo Jr., SVD

(a) Asst. Parish Priest (Position) (b) #141 Sgt. Fuentesella St. Dila, Quezon City (Address)

THIS IS TO CERTIFY That I, RENEECHITO M. STO. DOMINGO and LEONORA D. DONATO

I, _____ on the date and at the place above given, of our own free will and accord, and in the presence of the person solemnizing this marriage and of the two witnesses named below, both of age, take each other as husband and wife.

And I, Fr. Fermin Galolo Jr., SVD, Asst. Parish Priest (Position)

CERTIFY: That on the date and at the place above written the aforesaid RENEECHITO M. STO. DOMINGO and LEONORA D. DONATO were with their mutual consent lawfully joined together in holy matrimony by me in the presence of said witnesses, both of age; and I further certify that the Marriage License No. _____, issued at Rodriguez, Binal on March 26, 19 87 in favor of said parties, was exhibited to me or no marriage licensed was exhibited to me this marriage being of an exceptional character performed under Art. _____ of Rep. Act. 386; and that consent or advice to such marriage was duly given, as required by law, by the person or persons above mentioned.

IN WITNESS WHEREOF, we signed, (sr marked with our fingerprint) this certificate in triplicate this 30th day of March, 19 87.

RENEECHITO M. STO. DOMINGO
(Contracting Party)

LEONORA D. DONATO
(Contracting Party)

REV. FR. FERMIN GALOLO JR., SVD
(Judge, Justice of the Peace, Mayor, Priest, Minister, etc.)
Authorization No. _____ Faculty expires on Dec. 1988

MR. BENJAMIN B. OLONAN

MRS. MONSERAT GUZMAN

MR. NORBERTO ALENSUELA

MRS. BEVELINE SANTICO

MR. OSCAR REANTASO

MRS. HISPINIA MALVAR

WITNESSES