



Documentary Stamp Tax Paid

BReN
003307-B03GP02-3

Page 1 of 1

Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCGG)

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 La Union Registry No. 2003-208
City/Municipality Bauang

1. NAME MICHAEL ANGELO	(First) <u>NICHAEL</u>	(Middle) <u>ANGELICO</u>	(Last) <u>TABARA</u>	REMARKS/ANNOTATION					
2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	3. DATE OF BIRTH (day) (month) (year) <u>23rd April 2003</u>			For DRRG USE ONLY: Registration No. _____					
4. PLACE OF BIRTH BIRTH House No., Street, Barangay <u>Upayong</u>	(City/Municipality) <u>Bauang</u> (Province) <u>La Union</u>			To be placed 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 checked="" type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify _____			AI <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5
1	2	3	4	5					
c. BIRTH ORDER (live births and fetal deaths including this delivery) First (first, second, third, etc.)	d. WEIGHT AT BIRTH 3375 grams			AM <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5
1	2	3	4	5					
6. MAIDEN NAME Analisa	(First) <u>Analisa</u>	(Middle) <u>Magno</u>	(Last) <u>Tabara</u>	PM <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5
1	2	3	4	5					
7. CITIZENSHIP Filipino	8. RELIGION R.Catholic			PM <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5
1	2	3	4	5					
9a. Total number of children born alive: <u>1</u>	b. No. of children still living including this birth: <u>1</u>	c. No. of children born alive but are now dead: <u>0</u>							
10. OCCUPATION Housekeeper	11. Age at the time of this birth: <u>22</u> years			PM <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5
1	2	3	4	5					
12. RESIDENCE (House No., Street, Barangay) <u>Upayong</u>	(City/Municipality) <u>Bauang</u> (Province) <u>La Union</u>			PM <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5
1	2	3	4	5					
13. NAME Marcelino Jr.	(First) <u>Marcelino</u>	(Middle) <u>Jr.</u>	(Last) <u>Mangateng</u>	PM <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5
1	2	3	4	5					
14. CITIZENSHIP Filipino	15. RELIGION R.Catholic			PM <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5
1	2	3	4	5					
16. OCCUPATION Construction Worker	17. Age at the time of this birth: <u>25</u> years			PM <table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	1	2	3	4	5
1	2	3	4	5					

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

October 12, 2002, St. James Chapel, Sta. Rosa, Laguna City, Laguna

19a. ATTENDANT
 1 Physician
 2 Nurse
 4 Midwife
 5 Others (Specify) _____19b. CERTIFICATION OF BIRTH
I hereby certify that I attended the birth of the child who was born alive at 7:30 AM o'clock am/pm on the date stated above.Signature Josephine S. Garcia
Name in Print **JOSEPHINE S. GARCIA**
Title or Position **Reg. Midwife**Address **RR#1-Bauang, La Union**Date **April 30, 2003**

20. INFORMANT

Signature Josephine S. Garcia
Name in Print **JOSEPHINE S. GARCIA**
Relationship to the child **Mother**Address **RR#1-Bauang, La Union**The City **La Union**Date **April 30, 2003**

21. PREPARED BY

Signature Elvie B. Rivera
Name in Print **ELVIE B. RIVERA**
Title or Position **Chk.**
Date **April 30, 2003**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR

Signature Claire Dennis S. Mapa, Ph.D.
Name in Print **CLAIRE DENNIS S. MAPA, Ph.D.**
Title or Position **National Statistician and Civil Registrar General**
Date **April 30, 2003**

09426-55-125MLP-00074-BI001

BEST POSSIBLE IMAGE



T002094261250007410222025001



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

AT200028337





REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF TRANSPORTATION
LAND TRANSPORTATION OFFICE



DRIVER'S LICENSE



Last Name, First Name, Middle Name

MANGAOANG, MICHAEL ANGELO TABARA

Nationality	Sex	Date of Birth	Weight (kg)	Height(m)
PHL	M	2003/04/23	45	1.65

Address

**PRK 4, SANTA ROSA, CITY OF SANTIAGO,
ISABELA, 3311**

License No.

B12-24-000553

Expiration Date

2028/04/23

Agency Code

B12

Blood Type

-

Eyes Color

BLACK

DL Codes

A,A1

Conditions

NONE

ATTY. VIGOR D. MENDOZA II
Assistant Secretary

Signature of Licensee

II ORGAN DONATION:
I WILL NOT DONATE ANY ORGAN

IV. IN CASE OF EMERGENCY NOTIFY:
NAME: CARLO LUCAS
ADDRESS: RAMON ISABELA
TEL. NO.: 09453851789



I. DL CODES

- A MOTORCYCLE
- A1 TRICYCLE
- B UP TO 5000 KGS GVW/8 SEATS
- B1 UP TO 5000 KGS GVW/9 OR MORE SEATS
- B2 GOODS 3500 KGS GVW
- C GOODS > 3500 KGS GVW
- D BUS > 5000 KGS GVW/9 OR MORE SEATS
- BE TRAILERS 3500 KGS
- CE ARTICULATED C > 3500 KGS COMBINED GVW

L1,L2,L3-NP-MT/AT
L4,L5,L6,L7-NP-MT/AT

LTO DRIVER'S

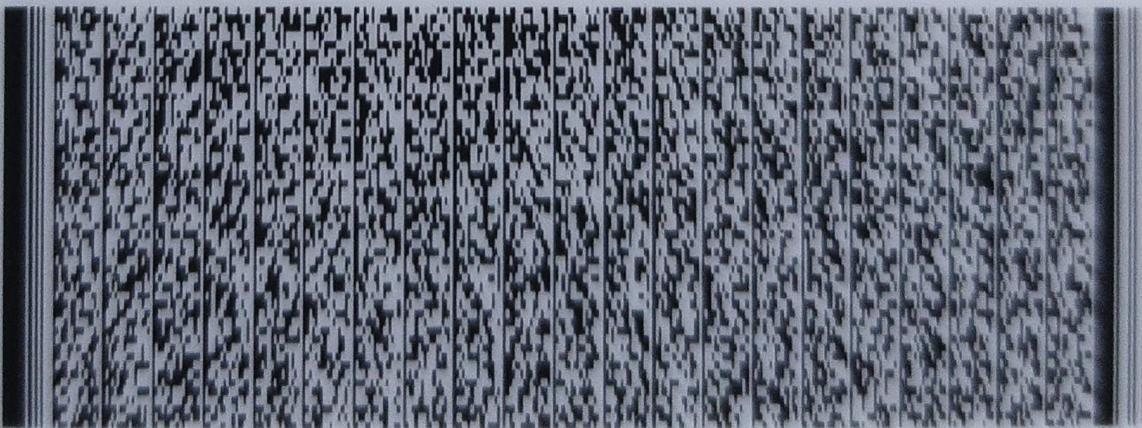
PERM. LTO DRIV.

LICENSE .LTO

PERM LICENSE

Serial Number

382875847





REPUBLIKA NG PILIPINAS

Republic of the Philippines

PAMBANSANG PAGKAKILANLAN

Philippine Identification Card

3492-3719-3894-2731



Apelyido/Last Name

MANGAOANG
Mga Pangalan/Given Names
MICHAEL ANGELO

Gitnang Apelyido/Middle Name

TABARA

Petsa ng Kapanganakan/Date of Birth

APRIL 23, 2003

Tirahan/Address

PUROK 4, SANTA ROSA, CITY OF SANTIAGO, ISABELA



PHL



Araw ng pagkakalooob/*Date of issue*

22 DECEMBER 2021

Kasarian/Sex

MALE

Uri ng Dugo/*Blood Type*

UNKNOWN

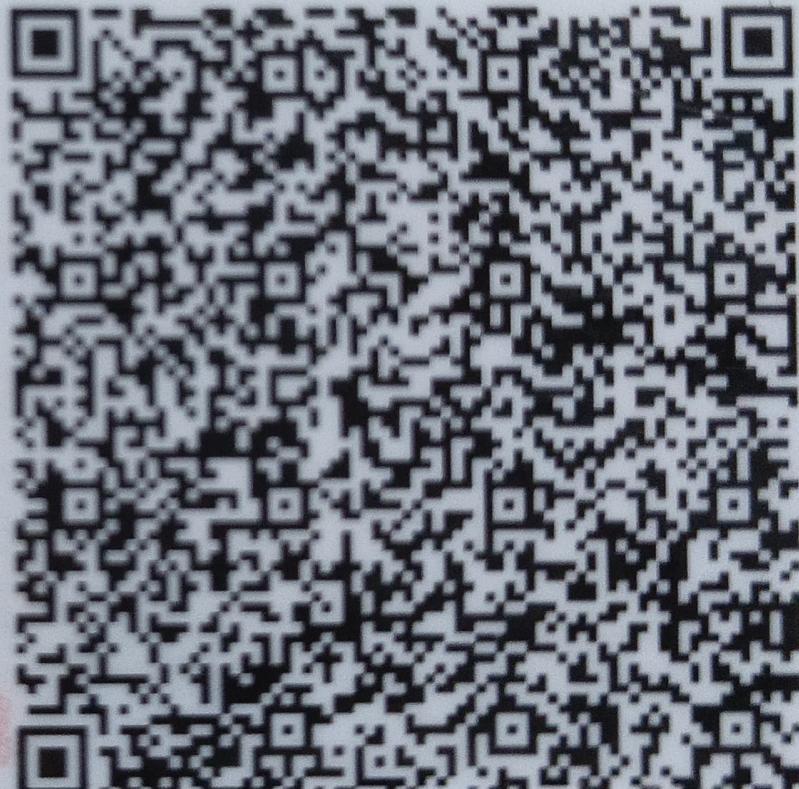
Kalagayang Sibil/*Marital Status*

SINGLE

Lugar ng Kapanganakan/*Place of Birth*

BAUANG, LA UNION

*If found, please return to the nearest
PSA Office.*



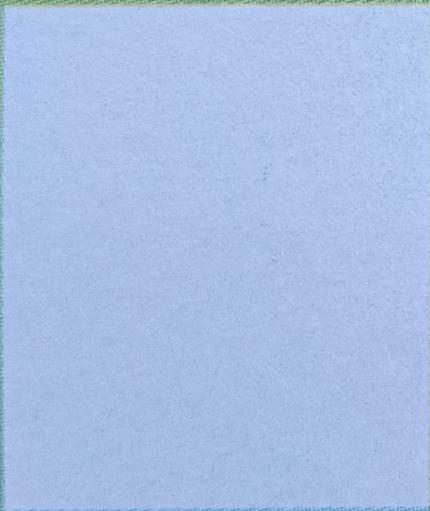
www.psa.gov.ph



REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation



PhilHealth
Your Partner in Health



05-250650431-7

MANGAOANG, MICHAEL ANGELO
TABARA

APRIL 23, 2003 - MALE

14C 21 VICTORIA TOWERS, PALIGSAHAN,
QUEZON CITY, METRO MANILA - 1103



Signature

CERTIFICATION

The person whose name and signature appear on this card is a beneficiary of the National Health Insurance Program. He/She, including his/her qualified dependents, are entitled to the benefits and privileges of the Program by virtue of Republic Act No. 7875, as amended.



EDWIN M. MERCADO, MD, MHA, MMSc.
Acting President and CEO



Republic of the Philippines
NATIONAL POLICE COMMISSION
PHILIPPINE NATIONAL POLICE
Camp BGen Rafael T Crame, Quezon City

NATIONAL POLICE CLEARANCE



PICTURE

DATE ISSUED: November 21, 2025

VALID UNTIL: May 21, 2026

SIGNATURE



THUMBMARK



Q.R. CODE

Transaction number:
TRACXG20251119018722

NO RECORD ON FILE

PBGEN MATTHEW P BACCAY

TADIDM

NOTE: To verify the authenticity of this Police Clearance,
please visit <https://pnpclearance.ph/> or use Q.R. code

NO RECORD ON FILE



Republic of the Philippines
NATIONAL POLICE COMMISSION
PHILIPPINE NATIONAL POLICE
Camp BGen Rafael T Crame, Quezon City

NATIONAL POLICE CLEARANCE



PICTURE

DATE ISSUED: November 21, 2025

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NO RECORD ON FILE



M525DMX030 SS4657651

OF INVESTIGATION NATIONAL BUREAU OF INVESTIGATION
JUDGE JAIME B. SANTIAGO (RET.)
Director



DEPARTMENT OF HEALTH
D.J.C. DRUG TESTING CENTER

1810 2/F ROOM 205-207 DELTON BLDG., RIZAL AVENUE,
STA. CRUZ, MANILA
Phone Number 09275552804

DRUG TEST REPORT

QJ932303

83

CCF No: 202511190024

Transaction Date Time: 11/19/2025 11:36:00AM

Name: MANGAOANG, MICHAEL ANGELO TABARA

Report Date Time: 11/19/2025 11:39:13AM

Birthdate: 04/23/2003 Age: 22 Gender: M

Test Method TEST KIT

Purpose

Requesting Parties

Private Employment

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

69 JENNIFER MIGUEL CRISTOBAL ZAPANTA

[Signature]
Analyst

Approved By

DR. ALBERT MEDENILLA ALEGRE

[Signature]
Head of Laboratory

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Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report