

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

CERTIFICATE OF LIVE BIRTH

Province **CAGAYAN**
City/Municipality **BAGGAO**

Registry No.
2025-893

CHILD	1. NAME (First) (Middle) (Last)	MICHAELA SANTIAGO CORPUZ		
	2. SEX (Male / Female)	3. DATE OF BIRTH (Day) (Month) (Year)	FEMALE 7 DECEMBER 2025	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province)	BAGGAO RURAL HEALTH UNIT/BIRTHING CENTER BAGGAO CAGAYAN		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.)	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.)	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.)	6. WEIGHT AT BIRTH
	SINGLE	NOT APPLICABLE	FIRST	3,000 grams

MOTHER	7. MAIDEN NAME (First) (Middle) (Last)	MICHELLE ANN BAGOTSAY SANTIAGO			
	8. CITIZENSHIP	9. RELIGION/RELIGIOUS SECT	FILIPINO ROMAN CATHOLIC		
	10a. Total number of children born alive	10b. No. of children still living including this birth	10c. No. of children born alive but are now dead	11. OCCUPATION	12. AGE at the time of this birth (completed years)
	1	1	0	HOUSE KEEPER (OWN HOME)	19
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)	TAGUNTUNGAN BAGGAO CAGAYAN PHILIPPINES			

FATHER	14. NAME (First) (Middle) (Last)	RODEN TAGUAM CORPUZ		
	15. CITIZENSHIP	16. RELIGION/RELIGIOUS SECT	17. OCCUPATION	18. AGE at the time of this birth (completed years)
	FILIPINO	ROMAN CATHOLIC	RICE FARMER	29
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country)	TAGUNTUNGAN BAGGAO CAGAYAN PHILIPPINES		

MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)

20a. DATE (Month) (Day) (Year)	20b. PLACE (City / Municipality) (Province) (Country)
NOT MARRIED	NOT APPLICABLE

21a. ATTENDANT **XX**
____ 1 Physician ____ 2 Nurse ____ 3 Midwife ____ 4 Hilot (Traditional Birth Attendant) ____ 5 Others (Specify) _____

21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant, Hilot, etc.)
I hereby certify that I attended the birth of the child who was born alive at **8:45 AM** on the date of birth specified above.
Signature **ROSELLA A. TUSGANO, RM** Address **BAGGAO, CAGAYAN**
Name in Print **MIDWIFE II** Date **DECEMBER 12, 2025**
Title or Position _____

22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature RODEN T. CORPUZ Name in Print RODEN T. CORPUZ Relationship to the Child FATHER Address TAGUNTUNGAN, BAGGAO, CAGAYAN Date DECEMBER 12, 2025	23. PREPARED BY Signature JOEFFREY B. CABUNOT Name in Print JOEFFREY B. CABUNOT Title or Position CLERK I Date DECEMBER 12, 2025
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24. RECEIVED BY Signature CHERRY A. CHUA Name in Print CHERRY A. CHUA Title or Position ADMINISTRATIVE ASST. II Date DECEMBER 26, 2025	25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature ATANAGIO G. TUNGPALAN Name in Print ATANAGIO G. TUNGPALAN Title or Position MUNICIPAL CIVIL REGISTRAR Date DECEMBER 26, 2025
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REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR

8	9	11	13	15	16	17	19

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

(For births before 3 August 1988)

(For births on or after 3 August 1988)

I/We, RODEN TAGUIAM CORPUZ and MICHAELA SANTIAGO CORPUZ
of legal age, am/are the natural mother and/or father of BAGGAO RHUI BIRTHING CENTER, who was
born on DECEMBER 07, 2025 at _____

I am / We are executing this affidavit to attest to the truthfulness of the foregoing statements and for purposes of
acknowledging my/our child:

RODEN TAGUIAM CORPUZ

(Signature Over Printed Name of Father)

(Signature Over Printed Name of Mother)

SUBSCRIBED AND SWORN to before me this 26TH day of DECEMBER 2025 by
RODEN TAGUIAM CORPUZ and _____, who exhibited to me his/her
CTC/valid ID PHILHEALTH 06-025331372-5 issued on _____ at
BAGGAO, CAGAYAN

Signature of the Administering Officer

ATANACIO G. TUNG PALAN

Name in Print

MUNICIPAL CIVIL REGISTRAR

Position / Title / Designation

BAGGAO, CAGAYAN

Address

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(To be accomplished by the hospital/clinic administrator, father, mother, or guardian or the person himself if 18 years old or over.)

I _____, of legal age, single/married/divorced/widow/widower, with
residence and postal address at _____

after having been duly sworn in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of:

☐

my birth in _____ on 26TH

☐

the birth of _____ who was born in _____

on _____

2. That I/he/she was attended at birth by _____ who resides at _____

3. That I am/he/she is a citizen of _____

4. That my/his/her parents were

☐

married on _____ at _____

☐

not married but I/he/she was acknowledged/not acknowledged by my/his/her
father whose name is _____

5. That the reason for the delay in registering my/his/her birth was _____

6. (For the applicant only) That I am married to _____

(If the applicant is other than the document owner) That I am the _____ of the said person.

7. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____

at _____, Philippines.

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____

_____, Philippines, affiant who exhibited to me his/her CTC/valid ID

issued on _____ at _____

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address

(Copy for OCRG)

Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH		REMARKS/ANNOTATION
Form No. 102 (Revised January 1993) (To be accomplished in quadruplicate)		
Province CAGAYAN	Registry No. 2006-864	
1. NAME (First) MICHELLE ANN (Middle) DAGOTSAY (Last) SANTIAGO 2. SEX Female 3. DATE OF BIRTH (Day) 22 (Month) AUGUST (Year) 2006 4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) Angang (City/Municipality) Tuna (Province) Cagayan 5. TYPE OF BIRTH (a) Single (b) IF MULTIPLE BIRTH, CHILD WAS 1st 6. BIRTH ORDER (live births and fetal deaths including this delivery) First (First, second, third, etc.) 2665 grams 7. CITIZENSHIP Filipino 8. RELIGION Catholic 9. Total registered children born alive 1 10. No. of children still living including this birth 1 11. No. of children born alive but are now dead 0 12. OCCUPATION Housekeeper 13. Age at the time of this birth 24 years 14. RESIDENCE (House No., Street, Barangay) Angang (City/Municipality) Tuna (Province) Cagayan 15. NAME (First) Michael (Middle) Martin (Last) Santiago 16. CITIZENSHIP Filipino 17. RELIGION Catholic 18. OCCUPATION Farmer 19. Age at the time of this birth 30 years 20. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) Not Married 21. ATTENDANT (a) Provision (b) Midwife (c) Midwife (d) Other (Indicate Name) 5: Others (Specify) 22. CERTIFICATION OF BIRTH (a) Birth (b) Stillborn (c) Stillborn (d) Stillborn (e) Stillborn (f) Stillborn (g) Stillborn (h) Stillborn (i) Stillborn (j) Stillborn (k) Stillborn (l) Stillborn (m) Stillborn (n) Stillborn (o) Stillborn (p) Stillborn (q) Stillborn (r) Stillborn (s) Stillborn (t) Stillborn (u) Stillborn (v) Stillborn (w) Stillborn (x) Stillborn (y) Stillborn (z) Stillborn (aa) Stillborn (ab) Stillborn (ac) Stillborn (ad) Stillborn (ae) Stillborn (af) Stillborn (ag) Stillborn (ah) Stillborn (ai) Stillborn (aj) Stillborn (ak) Stillborn (al) Stillborn (am) Stillborn (an) Stillborn (ao) Stillborn (ap) Stillborn (aq) Stillborn (ar) Stillborn (as) Stillborn (at) Stillborn (au) Stillborn (av) Stillborn (aw) Stillborn (ax) Stillborn (ay) Stillborn (az) Stillborn (ba) Stillborn (bb) Stillborn (bc) Stillborn (bd) Stillborn (be) Stillborn (bf) Stillborn (bg) Stillborn (bh) Stillborn (bi) Stillborn (bj) Stillborn (bk) Stillborn (bl) Stillborn (bm) Stillborn (bn) Stillborn (bo) Stillborn 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23. PREPARED BY SELILLO C. FLORES 24. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature NELO P. AGULANA Name in Print NELO P. AGULANA Title or Position Registrar Date 9/10/06		

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BEST POSSIBLE IMAGE



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01528-B06RN01-3

Documentary
Stamp Tax Paid

CARMELITA N. ERICTA

Administrator and Civil Registrar General
National Statistics Office



Do be successful in participation

Place X across the appropriate answer, 12, 13, 14, 15, 16 and 17.

RELEASE/ANNOTATION

192 06592103 00 74 1287018001

REPUBLIKA NG PILIPINAS
Republic of the Philippines
PAMBANSANG PAGKAKALILANLAN
Philippine Identification Card

3273-2804-0582-0860

Apelyido/Last Name
SANTIAGO
Mga Pangalan/Given Name
MICHELLE ANN
Gitnang Apelyido/Middle Name
BAGOTSAY
Lugar ng Kapanganakan/Date of Birth
AUGUST 22, 2006

Tirahan/Address
ZONE 7, TAGUNTUNGAN, BAGGAO, CAGAYAN

PHL

Lugar ng Kapanganakan/Date of Birth
17 FEBRUARY 2024

Kasarian/Sex
FEMALE
Uri ng Dugo/Blood Type
UNKNOWN
Kalagayang Sibil/Marital Status
SINGLE
Lugar ng Kapanganakan/Date of Birth
TUAD, CAGAYAN

If found, please return to the nearest
PSA Office

www.psa.gov.ph 24E0258175

REPUBLIC OF THE PHILIPPINES
Philippine Health Insurance Corporation

PhilHealth

06-025331372-5
CORPUZ, RODEN TAGUAM
SEPTEMBER 07, 1996 - MALE
TAGUNTUNGAN BAGGAO, CAGAYAN - 3506

06-025331372-5
INFORMAL ECONOMY

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.

Celestina Ma. Jude P. de La Serna
DR. CELESTINA MA. JUDE P. DE LA SERNA
DIC-President and CEO



Republic of the Philippines
Province of Cagayan
Municipality of Baggao
BARANGAY TAGUNTUNGAN



OFFICE OF THE PUNONG BARANGAY

**Barangay Officials
C.Y.2023-2025**

LUDIVINA S. DE LEON
Punong Barangay

Sangguniang Barangay Members

**JOBIT A. SAMBO
FLORO A. VUELTA
JONATHAN L. GINEZ
ROLEX G. DECHOSO
JUDY R. SAMBO
NELBROD A. NATIVIDAD
MARIETA L. MARTIN**

CALVIN V. MARTIN
SK Chairman

BRENDA M. DUMALANTA
Barangay Secretary

GINA P. ABARQUEZ
Treasurer

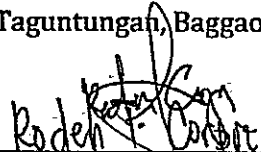
BARANGAY CLEARANCE


TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that base on available record/s of this office **MR. RODEN T. CORPUZ**, a bona fide resident of Zone 7, Barangay Taguntungan, Baggao, Cagayan has never been accused of any violation of Municipal Ordinances, Barangay Ordinances, Presidential Decrees and/or Any Letter of Instruction.

This certification is issued upon request of the above-named person for the purpose of **PROCESSING HIS LIVE BIRTH**.

Issued this 11th day of December, 2025 at Barangay Taguntungan, Baggao, Cagayan.


Signature of Applicant


GINA P. ABARQUEZ
Barangay Treasurer


LUDIVINA S. DE LEON
Punong Barangay

Certification Fee: PHP 100.00
Official Receipt No.: 15219229
Date of Issuance: 12-12-2024
Place of Issuance: Taguntungan, Baggao, Cagayan

Note: This certification is not valid if there are erasures or alterations.