DEPARTMENT OF FOREIGN AFFAIRS KAGAWARAN NG UGNAYANG PANLABAS MANILA. PHILIPPINES



S.N. 18A - 0355192

UTHENTICATION CERTIFICATE

T	Whom These Presents Shall Come, Greetings :
	ELEANOR B. BELGICA , Authentication Officer of the Department of
Fo	Affairs, do hereby certify that LISA GRACES, BERSALES,
wl	ame appears signed in the attached certification/document, was at the
tir	igning, National Statistician and Civil Registrar Scheral, Philippine Statistics Authority
Ma	duly appointed and qualified to sign the
ce	on/document and that full faith and credit may be given to her/his acts.
	proper contents of the annexed document(s), the Department assumes no
res	ns lities.
	in a certify that I am familiar with her/his handwriting and verily believe
tha	ne nature and seal affixed to the said certification/document are genuine.



IN WITNESS HEREOF, I have hereunto set my hand at the City of Manila, Philippines, this

Authentication Officer

Annexed document(s) is/are:

PSA Ccrtified true copy of Birth Certificate issued to ARKYN JACE QUIMNO ALCALA AAQ0073680

This certificate may be verified at http://avs.dfa.gov.ph:8080/docushare,
The validity of this certification is for five (5) years, unless specified by the attached document.

O.R. No. 2514 DATE 02 April 2019, jps (Not valid without DFA dry seal, red ribbon, documentary slamp and if document bears any visible physical tampering, erasures or if soiled and worn out)





300	THE RESERVE	1	RTIFICA			Registry No.	101111
	ovince Metro N					2018-	10558
Cit	y/Municipality Taguig 1. NAME (First)	City_		(Middle)		(Last)	
	2 2 2 2 3 3 1 1 1 1	DEVI	NJACE		MNO	ALCALA	
-	2. SEX (Male / Female)		3. DATE OF BIRTH		ay)	(Month)	(Year)
H	Male BIRTH 4. PLACE OF Name of Hospital(Clipic/lostitution/ CLINIC RIPTH TROCKSHIELEL, Autoguy ING-IN CLINIC				ly/Municipality	September (Provi	2018 nce)
Н	#129 Ballecer Street, Zone-6, South Signal Village, Taguin City, Metro Manila						
D	5a. TYPE OF BIRTH (Sir gle, Twin, Triple L, etc.) Single		5b. IF MULTIPLE BIF (First, Second, Th		AS 5c. BIF previous (First, S	RTH ORDER (Order of this bitth to live births including letal death) second, Third, etc.)	6. WEIGHT AT BIRTH 2800 grams
м	7. MAIDEN (First) NAME Jemari	yn		(Middle) Castil		(Last Quin)
O	8: CITIZENSHIP				9. RELIGION/RELIGIOUS SECT		
T		. of childr		ildren bom	11. OCCUPA	Roman Catholi	12. AGE at the time of this
Ε	children born alive hiving l	ncluding (this birth alive but o	ore now dead		Housewife	birth (completed years)
R	13. RESIDENCE (House N		Barangay)	(City/Munic		(Province)	(Country)
	33 Mangga Road	Pag-asa	St., Brgy. Katuparan,		guig City	Metro Manila	Philippines
F	14 NAME (First) Alexa			(Middle) Galve	z	(Last	
TH	15. CITIZENSHIP Filipino	1	6. RELIGION/RELIGIO Roma	us sect an Catholi			18, AGE at the time of this birth (completed years) 42
ER	19 RESIDENCE (House N		The second secon	(City/Mur		(Province)	(Country)
20a	ARRIAGE OF PARENTS DATE (Month) (Da January 13	(If not m	arried, accomplish Affida (Year) 20b. P	vil of Acknowle	guig City dgement/Admis ity / Municipa Manila		Philippines (Country) Philippines
20a 21a	DATE (Month) (Da January 13 ATTENDANT X 1 Physician 2 Num CERTIFICATION OF ATTEND	(If not m	arried, accomplish Affida (Year) 20b. P 2015 20b. P 3 Midwife BIRTH (Physician, Nurs	vil of Acknowle LACE (C 4 Hilot (Tree, Midwife, Trade)	dgement/Admis ity / Municipa Manila aditional Birth	ission of Petemity at the back.) (Province) Metro Manila Attendant) 5 Other endant/Hiot, etc.)	(Country) Philippines
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National Statistician and Civil Registrar General

Philippine Statistics Authority