

DEPARTMENT OF FOREIGN AFFAIRS

KAGAWARAN NG UGNAYANG PANLABAS



OCHTERETOO

S.N. 20A-0755650

APOSTILLE

(Convention de La Haye du 5 Octobre 1961)

1. Country: Philippines

This public document

- 2. has been signed by Claire Dennis S. Mapa
- 3. acting in the capacity of National Statistician and Civil Registrar General
- 4. bears the seal/stamp of Philippine Statistics Authority

Certified

- 5. at Manila
- 6. the 25th day of May 2022
- 7. by RENATO D. BERNARDO
- 8. No. 20A- 0755650
- 9. Seal/Stamp:

10. Signature:



Birth Certificate
ADRIAN JAMES DAQUIOAG CAGGAUAUAN
*****NOTHING FOLLOWS*****



KEYCODE: 05204495

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This Apostille only certifies the authenticity of the signature and the capacity of the person who has signed the public document, and, where appropriate, the identity of the seal or stamp which the public document bears.

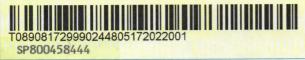
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9	Jainel Form No. 100		/To b	e accomplished in quadruplicate)	(Copy for OCR
	hicipal Form No. 102 vised January 1993)		(10 b)	e accomplished in quadruplicate)	REMARKS/ANNOTATION
/	Republic of	the Philipp	pines	NEDAL	
	OFFICE OF THE CIVIL				
	(Fill out completely, accurately	and legibly. L	Jse ink or t	ypewriter.	
	Place X before the appropriate	answer in item	s 2, 5a, 5b		
Pr	ovince NCR			Registry No.	
Cit	y/Municipality QUEZON CITY		20	14 - 29779	
	1. NAME (First)	(Middle)		(Last)	FOR OCRG USE ONLY:
	ADRIAN JAMES D	AQUIOAG		CAGGAUAUAN	Population Reference No.
t	2. SEX	3. DATE	OF BIR	TH (day) (month) (year)	
1	1 Male 2 Female				
t	PLACE OF (Name of Hospital/Clinic/Institution/ (City/Municipality) (Province)				OFFICE OF THE CIVIL
1					
L	NEOPOLITAN BUSINESS PARK, REGALADO HIGHWAY NOVALICHES, QUEZON CITY				AI
	5a. TYPE OF BIRTH 1 Single 2 Twin 2 Second				
1	3 Triplet, etc 3 Others, Specify				
t	c. BIRTH ORDER (live births and letal deaths d. WEIGHT AT BIRTH				
1	FIRST including this delivery) 3,22 kg			441111111111111111111111111111111111111	
1	(first, second, third, etc.)			grams	40 50
1	6. MAIDEN (First)	(Middle)		(Last)	THE WARDIN
1	NAME JOCELYN	ALVAREZ		DAQUIOAG	11 11 11 11 11 11 11 11 11 11 11 11 11
t	7. CITIZENSHIP 8. RELIGION CHRISTIAN				
	FILIPINO		CHRIST	IAN .	The second second
	9a. Total number of b. No. of c			C. No. of children	450
	children boun living in	OS SECULOS ACADAS ANALISMO		are now dead;	Contract and the
	alive: this birt	n:	 (6,666)	11. Age at the time	
	10. OCCUPATION EMPLOYEE			of this birth33	
	years				
	12, RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) # 3 CUPSILLON STREET, OLD BALARA, QUEZON CITY				62 64
	· · · · · · · · · · · · · · · · · · ·				013220
	13. NAME (First) (Middle) (Last) ALFIE MIRANDA CAGGAUAUAN				
1					501 1002
	14. CITIZENSHIPINO		CHRIS	TIAN	A 1 A 1
	16. OCCUPATION		1111	17. Age at the time	
	NURSE			of this birth: 31 years	70 72 74
	AS DATE AND DIAGE OF HARRIAGE				
	18. DATE AND PLACE OF MARRIAGE	OF PARI	ENTS (If	not married, accomplish Affidavit of	
1	Acknowledgment/Admission of Paternity at CHURCH OF CHE	OF PARI	O, QUEZO	not married, accomplish Affidavit of	Intraviori
1	Acknowledgment/Admission of Paternity at CHURCH OF CHE	OF PARI IST, CUBAC EMBER 18,	, QUEZO	not married, accomplish Affidavit of	
	Acknowledgment/Admission of Patamity at DEC	the back bac	, QUEZO	not married, accomplish Affidavit of	
	Acknowledgment/Admission of Paternity at CHURCH OF CHE	the back bac	, QUEZO	not married, accomplish Affidavit of	ा । जन्म ० ३३३
	Acknowledgment/Admission of Patentity of DEC	the back back ist, CUBAC EMBER 18,	, QUEZO	not married, accomplish Affidavit of N CITY	093033
	9a. ATTENDANT 1 Physician 4 Hict (Traditional Midwile) 19b. CERTIFICATION OF BIRTH	the back NIST, CUBAC EMBER 18, 2 Nurse 5 Others	O, QUEZO 2011 (Specify)	not married, accomplish Affidavit of N CITY 3 Midwife	093033
	Acknowledgment/Admission of Patemity of CHURCH	the back NIST, CUBAC EMBER 18, 2 Nurse 5 Others	O, QUEZO 2011 (Specify)	not married, accomplish Affidavit of N CITY 3 Midwife	0930331 094404
	9a. ATTENDANT 1 Physician 4 Hict (Traditional Midwile) 19b. CERTIFICATION OF BIRTH	1 Page 1	(Specify) _ born alive to	not married, accomplish Affidavit of N CITY 3 Midwife 3 Midwife at o'clock ONWEALTH HOSPITAL AND	093033 09309
	Acknowledgment/Admission of Patemity of CHURCH	1 Page 1	(Specify) _ born alive to	not married, accomplish Affidavit of N CITY 3 Midwite 2:56 AM o'clock	093033 09309
	9a. ATTENDANT 1 Physician 4 Hilot (Traditional Midwile) 19b. CERTIFICATION OF BIRTH 1 hereby certify that I attended the birth of the amipm on the date stated above.	1 Page 1	(Specify) _ born alive of COMM SS MEDIC	not married, accomplish Affidavit of N CITY 3 Midwife 3 Midwife at o'clock ONWEALTH HOSPITAL AND	093033 097409
	9a. ATTENDANT 1 Physician 4 Hilot (Traditional Midwile) 19b. CERTIFICATION OF BIRTH 1 hereby certify that & attended the birth of the am/pm on the date stated above. Signature DESTREE ANNE VALLES, WID Name in Print OB-GYNE CONSULTANT This or Position	1 Page 1	(Specify) _ born alive of COMM SS MEDIC	not married, accomplish Affidavit of N CITY	093033 09309
	9a. ATTENDANT 1 Physician 4 Hilot (Traditional Midwile) 19b. CERTIFICATION OF BIRTH 1 hereby certify that k attended the birth of the am/pm on the date stated above. Signature DESTREE ANNE VALLES, WID Name in Print OB-GYNE CONSULTANT	2 Nurse 5 Others child who was	(Specify) _ born alive of COMM SS MEDIC	not married, accomplish Affidavit of N CITY 3 Midwife 3 Midwife 2:56 AM o'clock ONWEALTH HOSPITAL AND PALCENTER, QUEZON CITY TO6, 2014	09309 084
	9a. ATTENDANT 1 Physician 4 Hilot (Traditional Midwile) 19b. CERTIFICATION OF BIRTH 1 hereby certify that & attended the birth of the am/pm on the date stated above. Signature DESTREE ANNE VALLES, WID Name in Print OB-GYNE CONSULTANT This or Position	2 Nurse 5 Others child who was	(Specify) _ born alive COMM MAY	not married, accomplish Affidavit of N CITY 3 Midwife 3 Midwife 2:56 AM o'clock ONWEALTH HOSPITAL AND PALCENTER, QUEZON CITY TO6, 2014	09309 084
	9a. ATTENDANT 1 Physician 4 Hilot (Traditional Midwile) 9b. CERTIFICATION OF BIRTH 1 hereby certify that I attended the birth of the am/pm on the date stated above. Signature DESIREE ANNE VALLES, NID Name in Print 0B-GYNE CONSULTANT Titla or Position	2 Nurse 5 Others child who wes Addre	(Specify) _ born alive to COMM see MEDIC MAY	not married, accomplish Affidavit of N CITY 3 Midwite 3 Midwite o'clock ONWEALTH HOSPITAL AND PALCENTER, QUEZON CITY TO6, 2014 ABOVE	0193033 0134019 0134019
	9a. ATTENDANT 1 Physician 4 Hilot (Traditional Midwile) 19b. CERTIFICATION OF BIRTH in hereby certify that I attended the birth of the am/pm on the date stated above. Signature DESTREE ANNE VALLES, MD Name in Print 0B-GYNE CONSULTANT This or Position 20. INFORMANT Signature	2 Nurse 5 Others child who wes Addre	(Specify) _ born alive to COMM SS MEDIC MAY SAME AS	not married, accomplish Affidavit of N CITY 3 Midwite 3 Midwite o'clock ONWEALTH HOSPITAL AND PALCENTER, QUEZON CITY TO6, 2014 ABOVE	019303 019309 0134 01084 223131
	9a. ATTENDANT 1 Physician 4 Hilot (Traditional Midwile) 19b. CERTIFICATION OF BIRTH i hereby certify that is attended the birth of the am/pm on the date stated above. Signature DESTREE ANNE VALLES, MD Name in Print OB-GYNE CONSULTANT Title or Position 20. INFORMANT Signature MOTHER Relationship to the child	2 Nurse 5 Others child who wes Addres Addres Addres	(Specify) _ born alive to COMM See MEDIC MAY SAME AS See MAY 06, 1	not married, accomplish Affidavit of N CITY 3 Midwite 3 Midwite o'clock ONWEALTH HOSPITAL AND PALCENTER, QUEZON CITY TO6, 2014 ABOVE	回月30日 回月30日 回子40日 回子40日 迎月3日 103日
	9a. ATTENDANT 1 Physician 4 Hilot (Traditional Midwite) 19b. CERTIFICATION OF BIRTH i hereby certify that I attended the birth of the am/pm on the date stated above. Signature DESTREE ANNE VALLES, MD OB-GYNE CONSULTANT Titla or Position 20. INFORMANT Signature Name in Print Name in Print OB-GYNE CONSULTANT That or Position Norme in Print Norme in Print Norme in Print	2 Nurse 5 Others child who wes Addres Addres Addres	(Specify) _ born alive COMM SS MEDIC MAY SAME AS SS	not married, accomplish Affidavit of N CITY 3 Midwite 3 Midwite 3 Midwite o'clock ONWEALTH HOSPITAL AND PALCENTER, QUEZON CITY TO6, 2014 ABOVE	回引手 回引手 回子 回子 で 回子 で の で で で で で で で で で で で で で で で で で
	9a. ATTENDANT 1 Physician 4 Hilot (Traditional Midwile) 19b. CERTIFICATION OF BIRTH i hereby certify that is attended the birth of the am/pm on the date stated above. Signature DESTREE ANNE VALLES, MD Name in Print OB-GYNE CONSULTANT Title or Position 20. INFORMANT Signature MOTHER Relationship to the child	2 Nurse 5 Others child who wes Addres Addres Addres	(Specify) _ born alive cOMM SSAME AS SAME AS SAME AS SEE CEIVE	2:56 AM o'clock ONWEALTH HOSPITAL AND ALCENTER, QUEZON CITY TO6, 2014 ED AT THE OFFICE OF EDITY SEGESTRANTAR	回引手 回引手 回 回 回 回 回 回 回 回 回 回 回 回 回 回 回 回
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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority