



Republic of the Philippines

City of Caloocan



OFFICE OF THE PUNONG BARANGAY

Barangay 22, Zone 2, District II

OFFICE OF THE SANGGUNIANG BARANGAY

CERTIFICATE OF INDIGENCY

TO WHOM IT MAY CONCERN:

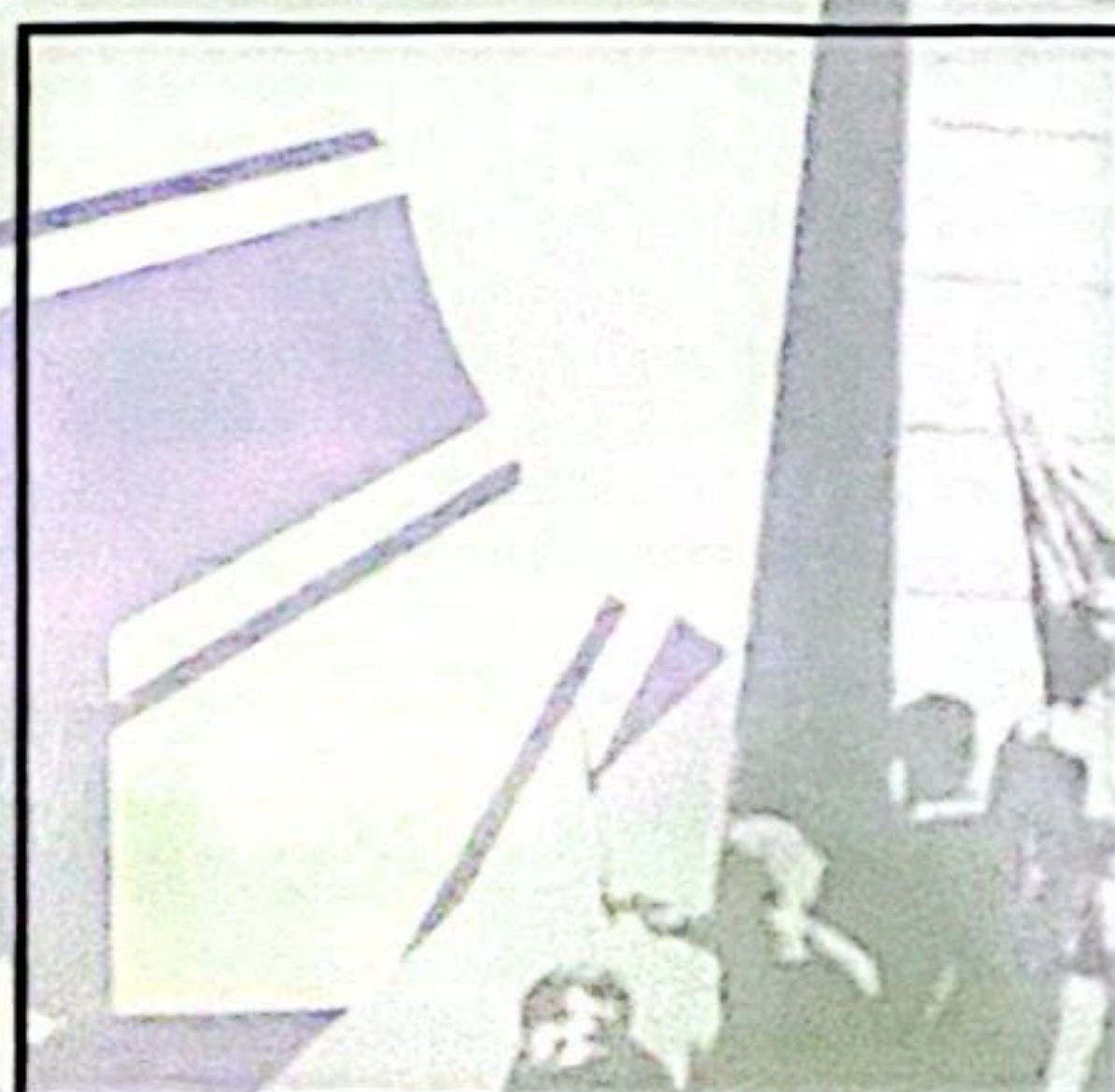
This is to certify that ERICA MARIE M. REBADAVIA, legal age, and a resident of 162 KABULUSAN 2, Caloocan City, belongs to the indigent family's barangay of Barangay 22, Zone 2, District II, Caloocan City

This certification is issued upon the request of VRENTH ASHLEY R. BATANG for PCAFPD SCHOLARSHIP APPLICATION and is valid for six (6) months from the date of its issuance.

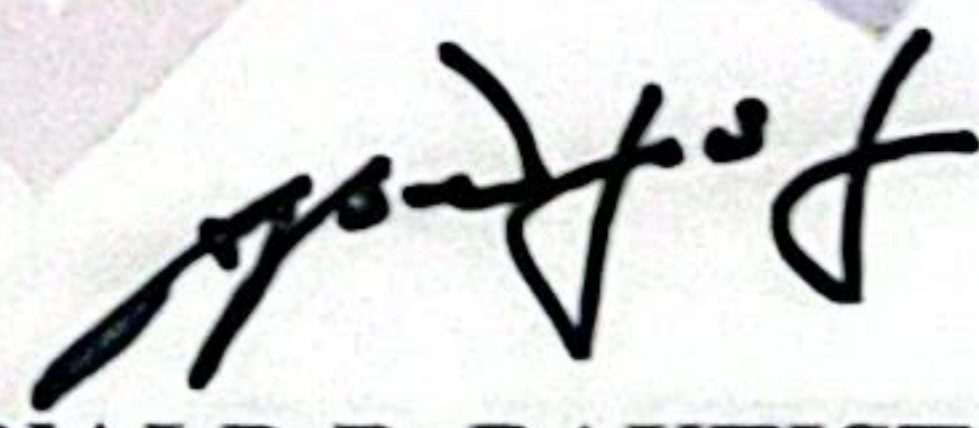
Issued this 30th of SEPTEMBER, 2026, at Barangay 22, Zone 2, District II, Caloocan City.



Applicant Photo



Applicant Thumbmark


HON. RONALD B. BAUTISTA
Punong Barangay

Barangay Seal

Control No. 2026 - 09202

- This certification is not valid without the Official Barangay Dry Seal and the Barangay Chairman's Signature/Stamp.
- Officials and applicants who submit false certifications or documents shall be held liable for administrative/criminal liabilities.


Prepared by: ANTHONY S. MUNLAWIN
Barangay Secretary

This certification is valid for six (6) months from the date of issuance.

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF DEATH

(To be accomplished in quadruplicate using black ink)

Province <u>METRO MANILA</u>			Registry No. <u>2026-5745</u>		
City/Municipality <u>CALOOCAN CITY</u>					
1. NAME (First) (Middle) (Last) <u>JAYSON</u> <u>CABALZA</u> <u>BATANG</u>			2. SEX (Male/Female) <u>MALE</u>		
3. DATE OF DEATH (Day, Month, Year) <u>28 AUGUST 2026</u>		4. DATE OF BIRTH (Day) (Month) (Year) <u>18 APRIL 1990</u>		5. AGE AT THE TIME OF DEATH (Fill-in below accdg. to age category)	
				a. IF 1 YEAR OR ABOVE [2] Completed years <u>36</u>	
				b. IF UNDER 1 YEAR [1] Months [0] Days Hours Min/Sec	
				c. IF UNDER 24 HOURS	
6. PLACE OF DEATH (Name of Hospital/Clinic/Institution/House No., St., Barangay, City/Municipality, Province) <u>CALOOCAN CITY MEDICAL CENTER 450 A.MABINI ST., CALOOCAN CITY</u> <u>CALOOCAN CITY</u> <u>METRO MANILA</u>			7. CIVIL STATUS (Single/Married/Widow/ Widower/Annulled/Divorced) <u>SINGLE</u>		
8. RELIGION/RELIGIOUS SECT <u>ROMAN CATHOLIC</u>		9. CITIZENSHIP <u>FILIPINO</u>		10. RESIDENCE (House No., St., Barangay, City/Municipality, Province, Country) <u>#162 KABULUSAN 2, BARANGAY 22, CALOOCAN CITY, METRO MANILA, PHILIPPINES</u>	
11. OCCUPATION		12. NAME OF FATHER (First, Middle, Last) <u>JESUS BATANG</u>		13. MAIDEN NAME OF MOTHER (First, Middle, Last) <u>MARIA NIDA CABALZA</u>	

MEDICAL CERTIFICATE (For ages 0 to 7 days, accomplish items 14-19a at the back)					
19b. CAUSES OF DEATH (If the deceased is aged 8 days and over)					
Interval Between Onset and Death					
I. Immediate cause : a. <u>CEREBROVASCULAR ACCIDENT, BLEED RIGHT</u> <u>3 HOURS</u>					
Antecedent cause : b. <u>HYPERTENSION EMERGENCY</u> <u>3 HOURS</u>					
Underlying cause : c. _____					
II. Other significant conditions contributing to death: _____					
19c. MATERNAL CONDITION (If the deceased is female aged 15-49 years old)					
_____ a. pregnant, not in labour _____ b. pregnant, in labour _____ c. less than 42 days after delivery _____ d. 42 days to 1 year after delivery _____ e. None of the choices					
19d. DEATH BY EXTERNAL CAUSES					20. AUTOPSY (Yes/No)
a. Manner of death (Homicide, Suicide, Accident, Legal intervention, etc.) _____					
b. Place of Occurrence of External Cause (e.g. home, farm, factory, street, sea, etc.) _____					
21a. ATTENDANT					21b. If attended, state duration (mm/dd/yy) From <u>2026/08/28</u> To <u>2026/08/28</u>
1 Private Physician _____ 2 Public Health Officer _____ 3 Hospital Authority <u>X</u> _____ 4 None _____ 5 Others Specify _____					

22. CERTIFICATION OF DEATH	
☐ I hereby certify that the foregoing particulars are correct as near as same can be ascertained and I further certify that I have attended/ have not attended the deceased and that death occurred at <u>02:20 am</u> on the date of death specified above.	
Signature _____	
Name in Print <u>CONRADO A. SANTIAGO, MD.</u>	
Title of Position <u>INTERNAL MEDICINE</u>	
Address <u>CALOOCAN CITY MEDICAL CENTER 450 A.MABINI ST. CALOOCAN CITY</u> Date <u>AUGUST 28, 2026</u>	
REVIEWED BY: <u>RACHEL M. BASA, MD</u> Medical Officer IV Signature Over Printed Name of Health Officer _____ Date <u>SEP 02 2026</u>	

23. CORPSE DISPOSAL (Burial, Cremation, if others, specify) <u>burial</u>	24a. BURIAL/CREMATION PERMIT Number _____ Date Issued _____	24b. TRANSFER PERMIT Number _____ Date Issued _____
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25. NAME AND ADDRESS OF CEMETERY OR CREMATORY
La Loma Catholic Cemetery, C-3 Highway across 3th street, caloocan city

26. CERTIFICATION OF INFORMANT		27. PREPARED BY	
I hereby certify that all information supplied are true and correct to my own knowledge and belief.			
Signature _____		Signature _____	
Name in Print <u>ERICA MARIE M. REBADAVIA</u>		Name in Print <u>MART JOMAR T. JOSE</u>	
Relationship to the Deceased <u>COMMON LAW SPOUSE</u>		Title or Position <u>HEALTH INFO MANAGEMENT STAFF</u>	
Address <u>#162 KABULUSAN 2, BARANGAY 22, CALOOCAN CITY</u>		Date <u>SEPTEMBER 1, 2026</u>	
Date <u>SEPTEMBER 1, 2026</u>			

28. RECEIVED BY		29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR	
Signature _____		Signature _____	
Name in Print _____		Name in Print <u>REYNALDO O. LEGASPI, JR.</u>	
Title or Position _____		Registration Officer IV	
Date _____		SEP 02 2026	

REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)

CIVIL REGISTRY DEPARTMENT
CALOOCAN CITY
SEP 02 2026
REYNALDO O. LEGASPI, JR.
Registration Officer IV

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

5	8	9	10	11	19a(a)/19b	19a(c)