

Municipal Form No. 87
(Revised August 2016)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL

Province LEYTE
City/Municipality CITY OF BAYBAY Registry No. 2023-397

CERTIFICATE OF MARRIAGE

1. Name of Contracting Parties
(First) MICHAEL (Middle) ROBLES (Last) CALUNGSOD
(First) ANDREA NICOLE (Middle) PRIMA (Last) BALARES

2a. Date of Birth
2b. Age
(Day) 29 (Month) OCTOBER (Year) 1998 (Age) 25
(Day) 18 (Month) JUNE (Year) 2000 (Age) 23

3. Place of Birth
(City/Municipality) BAYBAY CITY (Province) LEYTE (Country) PHILIPPINES
(City/Municipality) MAKATI CITY (Province) PHILIPPINES (Country) PHILIPPINES

4a. Sex MALE
4b. Citizenship FILIPINO

5. Residence
(House No., St., Barangay, City/Municipality, Province, Country)
MAGSAYSAY ST., BAYBAY CITY, LEYTE, PHILIPPINES

6. Religion/
Religious Sect ROMAN CATHOLIC

7. Civil Status SINGLE

8. Name of Father
(First) CARLOS (Middle) MERANO (Last) CALUNGSOD

9. Citizenship FILIPINO

10. Maiden Name of Mother
(First) MARIA NILMA (Middle) BANCA (Last) ROBLES

11. Citizenship FILIPINO

12. Name of Person
Not the Same
Consent or
Action
(First) MR. & MRS. CARLOS (Middle) CALUNGSOD

13. Relationship PARENTS

14. Residence
(House No., St., Barangay, City/Municipality, Province, Country)
MAGSAYSAY ST., BAYBAY CITY, LEYTE

15. Place of Marriage: STO. NIÑO de PLARIDEL PARISH
(Office of the House of Barangay or Church or Mosque or) BAYBAY CITY LEYTE
(City/Municipality) (Province)

16. Date of Marriage: 11 NOVEMBER 2023
(Day) (Month) (Year)

17. Time of Marriage: 2:00 PM anytime

18. CERTIFICATION OF THE CONTRACTING PARTIES:
THIS IS TO CERTIFY: That I, MICHAEL ROBLES CALUNGSOD and I, ANDREA NICOLE PRIMA BALARES, both of legal age, of our own free will and accord, and in the presence of the person solemnizing this marriage and of the witnesses named below, take each other as husband and wife and certifying that we: have entered, a copy of which is hereto attached / I have not entered into a marriage settlement
IN WITNESS WHEREOF, we have signed and marked with our fingerprint this certificate in quadruplicate this 11th day of November, 2023.

MICHAEL ROBLES CALUNGSOD (Signature of Husband)
ANDREA NICOLE PRIMA BALARES (Signature of Wife)

19. CERTIFICATION OF THE SOLEMNIZING OFFICER:
THIS IS TO CERTIFY: THAT BEFORE ME, on the date and place above-written, personally appeared the above-mentioned parties, with their mutual consent, lawfully joined together in marriage which was solemnized by me in the presence of the witnesses named below, all of legal age.
I CERTIFY FURTHER THAT:
X a. Marriage License No. 0132011 issued on October 11, 2023 at BAYBAY CITY
b. no marriage license was necessary, the marriage being solemnized under Art. _____ of Executive Order No. 209
c. the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1083.

REV. FR. DIOSCORO A. BASOMARE (Signature Over Printed Name of Solemnizing Officer)
RESIDENT PRIEST (Position/Designation)
LICENSE # 2022-29W135UET-2024 (Religion/Religious Sect, Registry No. and Expiration Date, if applicable)

20a. WITNESSES (Print Name and Sign):
REBECCA BALARES JENNY GONZALEZ AGILA MAGUNA ALBINO JARA

21. RECEIVED BY
Signature [Signature]
Name in Print JOYTA MOREZ-CARTON
Title or Position Administrative Officer II
Date NOV 13 2023

22. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Signature [Signature]
Name in Print NOEL V. MANAGBANAG
Title or Position City Civil Registrar
Date NOV 14 2023

REMARKS/ANNOTATIONS (For LCR/OOCR/Share's Circuit Registrar Use Only)

CERTIFIED TRUE COPY

ANDREA NICOLE PRIMA CALUNGSOD

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

4aH 4bW 5H 6H 6W 7H 7W

11 JUN 2025

Doc. No.: 1789
Page No.: 1
Book No.: 1
Series of 20 15



ATTY. MICHAEL JUDE F. SABLAN
PUBLIC ATTORNEY I
PURSUANT TO R.A. 9406

CSM

09174-0G-402MBC-00176-MI001

BEST POSSIBLE IMAGE

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF LIVE BIRTH

(To be accomplished in quadruplicate using black ink)

Province LEYTE		City/Municipality CITY OF BAYBAY		Registry No. 20A-1654	
CHILD	1. NAME (First) JOSE KAERNELION ISAGANI (Middle) BALARES (Last) CALUNGSOD		2. SEX (Male / Female) MALE		
	3. DATE OF BIRTH (Day) 25 (Month) OCTOBER (Year) 2025		4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) BAYBAY CITY IMMACULATE CONCEPTION HOSPITAL (City/Municipality) CITY OF BAYBAY (Province) LEYTE		
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE		5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE		5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST
	6. WEIGHT AT BIRTH 2600 grams				
MOTHER	7. MAIDEN NAME (First) ANDREA NICOLE (Middle) PRIMA (Last) BALARES		8. CITIZENSHIP FILIPINO		
	9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC		10. AGE at the time of this birth (completed years) 25		
	10a. Total number of children born alive 01		10b. No. of children still living including this birth 01		10c. No. of children born alive but are now dead 00
	11. OCCUPATION STUDENT		12. AGE at the time of this birth (completed years) 26		
FATHER	13. RESIDENCE (House No., St., Barangay) POBLACION ZONE 21 (City/Municipality) CITY OF BAYBAY (Province) LEYTE (Country) PHILIPPINES		14. NAME (First) MICHAEL (Middle) ROBLES (Last) CALUNGSOD		
	15. CITIZENSHIP FILIPINO		16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC		
	17. OCCUPATION INSTRUCTOR		18. AGE at the time of this birth (completed years) 26		
	19. RESIDENCE (House No., St., Barangay) POBLACION ZONE 21 (City/Municipality) CITY OF BAYBAY (Province) LEYTE (Country) PHILIPPINES				
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)					
20a. DATE (Month) (Day) (Year) NOVEMBER 11, 2023		20b. PLACE (City / Municipality) (Province) (Country) CITY OF BAYBAY LEYTE PHILIPPINES			
21a. ATTENDANT ☒ 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 08:14 AM am/pm on the date of birth specified above.					
Signature _____ Name in Print LUDIVINA D. CAVAL, MD, MMHOA Title or Position MEDICAL SPECIALIST I			Address B.C.I.C.H., CITY OF BAYBAY, LEYTE Date OCTOBER 25, 2025		
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ Name in Print MICHAEL R. CALUNGSOD Relationship to the Child FATHER Address POBLACION ZONE 21, BAYBAY CITY, LEYTE Date OCTOBER 27, 2025			23. PREPARED BY Signature _____ Name in Print LIEZU D. FERNANDEZ Title or Position ADMINISTRATIVE AIDE - I Date OCTOBER 27, 2025		
24. RECEIVED BY Signature _____ Name in Print TERESITA MUÑEZ-CARTON Title or Position ADMINISTRATIVE OFFICER II Date NOV 12 2025			25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print NOEL V. MANAGBANAG Title or Position CITY CIVIL REGISTRAR Date NOV 13 2025		
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)					
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR					
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