

Republic of the Philippines

Department of Education

REGION VI – WESTERN VISAYAS SCHOOLS DIVISION OFFICE OF AKLAN

Division Advisory No. 007 s. 2024

19 February 2024

In compliance with DepEd Order (DO) No. 8 s. 2013 this advisory is issued not for endorsement per DO 28, s. 2001, but only for the information of DepEd Division of Aklan officials and personnel staff

Attached is the letter from Mr. Archie R. Cañete, security personnel assigned in this division, requesting financial support for his brother-in-law, **Mr. Reynol S. Gepanaga**, who died last February 06, 2024, such financial assistance will be allocated to augment on his funeral services.

For voluntary financial assistance, please channel it to Mrs. Feby D. Moleta, Administrative Officer IV (Cash Section, DepEd- Division Office, Numancia, Aklan).



Poblacion, Numancia, Aklan

Tel/Fax No. (036) 265 3744 | (036) 2653737 | (036) 265 3738 | (036) 265 3740 | (036) 265 3741

Website: http://www.depedaklan.org Email Address: aklan.1958@deped.gov.ph

FEBRUARY 13, 2024

Dr. Feliciano C. Buenqte Sr. CESO VI School Division Superintendent Pumancia Aklan

Ako po si Archie R. Cañete "Seconity Guard" ng Winace Security Agency. Humihingi po ng tulong para po sa aking bayaw na namatay sa aksidente na si Reynol 5. Gepanaga para po sa Funeral Services at sa Pag papalibing.

09637100202

Municipal Form No. 103 (Revised August 2016)	Republic of OFFICE OF THE CIVIL CERTIFICAT	L REGIS	TRAR C	SENERAL	nplished in quadruplic	ate using black link	
A I/				Registry	/ No	YOUNGED BY ST	
FIGVILLE	LAN			_	24 - 288		
1. NAME (First)	(Middle)	(La	ast)		2. SEX (Male/Fer	male)	
REYNOL	CTA ANIA	CER					
	STA. ANA 4. DATE OF BIRTH (Day) (Month	Carried Street, Street	ANAGA	The second second second	OF DEATH (Fill-in below	accdo to age category)	
3. DATE OF DEATH (Day, Month, Year) 06 FEBRUARY 2024		ii) (Teal)	a. IF 1 YEA	AR OR ABOVE	b. IF UNDER 1 YEAR [1] Months [0] Days	c. IF UNDER 24 HOUR	
	14 MAY 1999	00 01 01			7. CIVIL STATUS	(Single/Married/Midow/	
6. PLACE OF DEATH (Name of Hospital/C	con Memorial Hospital, Kali			ice)	Widower/Annulled/Dir Single		
8. RELIGION/RELIGIOUS SECT	9. CITIZENSHIP	10. RE	SIDENCE	(House No., St., I	Barangay, City/Municipality	, Province, Country)	
Roman Catholic	Filipino	Tiga	yon, Kalik	bo, Aklan Phi	lippines		
	NAME OF FATHER (First, Middle, La	st)	F	13. MAIDEN NA	AME OF MOTHER (Firs	st, Middle, Last)	
Security Guard	NOLLY SALAVER GEPANAGA		13	REGINA	SARABIA STA. ANA		
	MEDICAL (For ages 0 to 7 days, accon			19a at the ba	ick)		
.19b. CAUSES OF DEATH (If the de	Interval Between Onset and Death days						
	Multiple Organ Failure Multiple injuries	700			days		
Underlying cause C. Vehicular Accident			days				
II. Other significant conditions cor	Company of the Compan	nous (R) colon w	vith multiple (
19c. MATERNAL CONDITION (If the				English design	THE REAL PROPERTY.		
a. pregnant, b.	pregnant, in c. less t labour delive		ys after	d. 42 d	lays to 1 year after X	e. None of the choices	
19d. DEATH BY EXTERNAL CAUSE	S					20. AUTOPSY	
a. Manner of death (Homicide, Suic				Accide	ent	(Yes/No)	
b. Place of Occurrence of External	Cause (e.g. nome, farm, factory, stre	eet, sea, etc	5.)	Street	21b. If attended, state d	_ NO	
1 Private Health — Physician Officer	x 3 Hospital Authority 4 Nor	ne	5 Others Specif	3	From	02-06-2024	
Signature Name in Print REV J. LEBAQ Title of Position Address PHO-Dr. Rafael S. Tun	UN, MD.	pm am	/pm on the	e date of death	JOANNA MARK MACPUSADE JOANNA MARK MACPUSADE LIC NO.: 0 7843. RURAL HEALTH PLY er Printed Name of H	HCNACIO, MD 430 SICIAN ealth Officer	
23. CORPSE DISPOSAL	24a. BURIAL/CREMATION P			24b. TRANSFER PERMIT			
(Burial, Cremation, if others, specify)	9 0	Number		Number			
25. NAME AND ADDRESS OF CEMETE	Date Issued	LED T	124	Date Issue	bed be		
	lla Milagresa Cap	otery	- Ke	libe, A	klan		
26. CERTIFICATION OF INFORMANT		27. PR	EPARED B		10 At		
I hereby certify that all information supplied are true and correct to my own knowledge and belief.							
Signature	hong	Signatu	re		Mun		
Name in Print NORILYN S. GEPANAGA			Name in Print RIXY R. IGHARAS, MPA				
Relationship to the Deceased Sister			Title or Position Medical Records Officer I				
Address Tigayon, Kalibo, Aklan			Date February 07, 2024				
Date February 28. RECEIVED BY	07, 2024						
Signature	Ω				E OF THE CIVIL REGIS	STRAR	
	C. CABANDE	Signatu	re	nos	1051 7		
Title or Position ADMINISTRATIVE AIDE!			Name in Print DOA Mu		nicipal Civil Registrar		
ittle or Position 2 FEB 2024		Title or Position Municipal Civil Registrar Date 12 FEB 2024					
REMARKS/ANNOTATIONS (For		Date _			2 1 2 0 2024	TOKETE .	
TO BE FILLED-UP AT THE OFFICE		H is	*				
5 8 9	10		11	19a(a)	/19b 19a(c)		

(To be accomplished in quadruplicate using black ink)

	FOR CHILDREN	AGED 0 TO 7	DAYS			
4. AGE OF MOTHER	15. METHOD OF DELIVERY (No		16. LENGTH OF PREGNANCY:			
	vertex, if others, specify)		(in completed weeks)			
7. TYPE OF BIRTH (Single, Twin, Triplet, etc.)	:.)	18. IF MULTIPLE (First, Second	BIRTH, CHILD WAS d, Third, etc.)			
	MEDICAL	CERTIFICATE				
9a. CAUSES OF DEATH						
a. Main disease/condit	ion of infant					
b. Other diseases/cond						
	ase/condition affecting infantase/condition affecting infant					
e. Other relevant circui	mstances					
	CONTINUE TO	FILL UP ITEM	1 20			
I HEREBY CER	POSTMORTEM CE		DEATH of the deceased and that the cause of death w			
All and the second seco						
		Address				
		ON OF EMBALM				
Signature W	Draw is -	Title/Designation	on U.C. EMB.			
Name in Print / /CEM	KAUBO, AKLAN	License No. Issued on /4 Expiry Date	2188 2-9-1999 at IWIW CATY 6-8-2024			
Name in Print JETT	AFFIDAVIT FOR DELAYE		6-8-2024			
lame in Print		D REGISTRATI	ION OF DEATH			
lame in Print	al address	ED REGISTRATI	ION OF DEATH legal age, single/married/divorced/widow/widow			
I,	al address, after being duly swor	n in accordance wi	ION OF DEATH legal age, single/married/divorced/widow/widow ith law, do hereby depose and say:			
I,vith residence and posta	al address, after being duly swor	n in accordance wi	ION OF DEATH legal age, single/married/divorced/widow/widow ith law, do hereby depose and say: and was buried/cremated			
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Address

Name in Print