



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

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FEBRUARY 13, 2024

Dr. Feliciano C. Buenate Jr. CESO VI
School Division Superintendent
Numancia Aklan



Ako po si Archie R. Canete
"Security Guard" ng Winace Security
Agency. Humihingi po ng tulong para po
sa aking bayaw na namatay sa
aksidente na si Reynol S. Gapanaga
para po sa Funeral Services at sa
Pagpapalibing.

Archie Canete
09037100202

FOR CHILDREN AGED 0 TO 7 DAYS

14. AGE OF MOTHER _____	15. METHOD OF DELIVERY (Normal spontaneous vertex, if others, specify) _____	16. LENGTH OF PREGNANCY: (in completed weeks) _____
17. TYPE OF BIRTH (Single, Twin, Triplet, etc.) _____	18. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) _____	
MEDICAL CERTIFICATE		
19a. CAUSES OF DEATH		
a. Main disease/condition of infant _____		
b. Other diseases/conditions of infant _____		
c. Main maternal disease/condition affecting infant _____		
d. Other maternal disease/condition affecting infant _____		
e. Other relevant circumstances _____		
CONTINUE TO FILL UP ITEM 20		

POSTMORTEM CERTIFICATE OF DEATH

I HEREBY CERTIFY that I have performed an autopsy upon the body of the deceased and that the cause of death was _____

Signature _____ Title/Designation _____

Name in Print _____ Address _____

Date _____

CERTIFICATION OF EMBALMER

I HEREBY CERTIFY that I have embalmed REYNOL STA. ANA GEPANAGA following all the regulations prescribed by the Department of Health.

Signature [Signature] Title/Designation LIC. EMB -

Name in Print REMIA H. DONQUINES License No. 2188

Address KAIBO, ALLAN Issued on 12-9-1999 at INDIO CITY

Expiry Date 6-8-2024

AFFIDAVIT FOR DELAYED REGISTRATION OF DEATH

I, _____, of legal age, single/married/divorced/widow/widower, with residence and postal address _____, after being duly sworn in accordance with law, do hereby depose and say:

1. That _____ died on _____ in _____ and was buried/cremated in _____ on _____.

2. That the deceased at the time of his/her death:

was attended by _____;

was not attended.

3. That the cause of death of the deceased was _____.

4. That the reason for the delay in registering this death was due to _____.

5. That I am executing this affidavit to attest to the truthfulness of the foregoing statements for all legal intents and purposes.

In truth whereof, I have affixed my signature below this _____ day of _____, _____ at _____, Philippines.

(Signature Over Printed Name of Affiant)

SUBSCRIBED AND SWORN to before me this _____ day of _____ at _____, Philippines, affiant who exhibited to me his CTC/valid ID _____ issued on _____ at _____.

Signature of the Administering Officer

Position / Title / Designation

Name in Print

Address