

Registry No. AUSF-HO- _____ - _____

AFFIDAVIT TO USE THE SURNAME OF THE FATHER

I, _____,

(Affiant's name) (Citizenship) (Civil status) (Age)
years old, a resident of _____,
(Complete Address)

after having been duly sworn in accordance with the law, do hereby declare:

1. That I am seeking to use the surname _____ in:
 - a) my Certificate of Live Birth/Report of Birth, pursuant to R.A. No. 9255 and its Revised IRR
 - b) the Certificate of Live Birth/Report of Birth of _____,
(complete name of child)
who is my _____, pursuant to R.A. 9255 and its Revised IRR.
(Relationship of the Affiant to the Child)
2. That I/he/she was born on, _____ at, _____.
(Date of birth) (City/Municipality) (Province/State) (Country)
3. That my/the birth was recorded under Registry No. _____ on _____.
(if applicable). (Registry Number) (Date of Registration)
4. That the Affidavit of Admission of Paternity or the Private Handwritten Instrument was recorded under Registry No. _____, on _____ at the
(Registry Number) (Date of Registration)
Local Civil Registry Office (LCRO) / Philippine Foreign Service Post (PFSP) of _____ (if applicable)
(City/Municipality) (Province/State) (Country)
5. That I am filing this AUSF at the LCRO/PFSP of _____,
(City/Municipality) (Province/State) (Country)
in accordance with R.A. No. 9255 and its Revised Implementing Rules and Regulations.
6. That I hereby certify that the statements made herein are true and correct to the best of my knowledge and belief.

In witness whereof, I hereby affix my signature on this _____ day of _____,
in _____.

Signature of Mother over printed name

PHILIPPINE CONSULATE GENERAL }
HONOLULU, HAWAII } **S.S.**
UNITED STATES OF AMERICA }

SUBSCRIBED AND SWORN to before me this _____ day of _____ in the city of
HONOLULU, HAWAII, U.S.A., affiant exhibiting her _____ issued at
_____ on _____. I certify that I personally examined the affiant and
that she voluntarily executed the foregoing affidavit and understood the contents thereof.

Doc. No. : _____
Page No. : _____
Book No. : _____
Fee Paid : _____
O.R. No. : _____ (Signature over Printed Name of Administering Officer)
Series : _____