



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FOREIGN AFFAIRS

NOT FOR SALE

AFFIDAVIT TO USE THE SURNAME OF FATHER

Foreign Service Post : **Philippine Embassy, Nairobi, Kenya**

DATE (E x. January 01, 2012)

Registry No. **AUSF-NA-** **-20**

I, _____, citizen of _____ of legal age, single/married, a resident of _____ after having been duly sworn to in _____ (complete address)

accordance with law, do hereby declare that:

1. I am seeking to use the surname _____ in:

a) my certificate of Live Birth/Report of birth pursuant to R.A. No. 9225 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. No. 9255 and its Revised IRR

(Relationship of the Affiant to the Child)

2. I/He/She was born on _____ at _____ (Date of Birth) (City / Municipality) (Province /State) (Country)

3. My/The birth was recorded under Registry No. _____ on _____ (if applicable) (Date of Registration)

(Registry Number)

4. The Affidavit of Admission of Paternity or the Private Handwritten Instrument was recorded under Registry No. _____ on _____ at the Local Civil Registry Office (LCRO) / Philippine Foreign Service Post (PFSP) of _____ (Registry Number) (Date of Registration)

(if applicable).

_____ (City / Municipality) (Province) (Country/State)

5. I am Filling this AUSF at the LCR/PFSP of _____ (City / Municipality) (Province/State) (Country)

in accordance with R.A. No. 9255 and its Revised Implementing Rules and regulations..

6. I hereby certify that the statements made here in are true and correct to the best of my knowledge and belief.

7. In witness whereof, I hereby affix my signature on this _____ day of _____ 20 _____ at _____

Signature over Printed Name of Mother

SUBSCRIBED AND SWORN to before me this _____ day of _____ in the year _____ at the Consular Section, Embassy of the Philippines Nairobi, Kenya

I certify that I personally examined the affiant and that he/she voluntarily executed the foregoing affidavit and understood the contents thereof

Doc. No.: _____

Service No.: _____

O.R. No.: _____

Fee Paid: _____