PHILIPPINE CONSULATE GENERAL ) SYDNEY, NEW SOUTH WALES, AUSTRALIA ) S.S.

## AFFIDAVIT TO USE THE SURNAME OF THE FATHER

| I,                     |   | ,                        | citizen of _  |                    | _,                  |  |
|------------------------|---|--------------------------|---------------|--------------------|---------------------|--|
|                        | (Affiant's Single/Maiden Name)  |                          |               | (Citizenship)      | (Civil Status)      |  |
|                        | ears old and presently residing a   | ıt                       |               |                    |                     |  |
| (Age)                  | (Complete Address)  |                          |               |                    |                     |  |
| after having b         | een duly sworn to in accordance   | e with law, he           | reby depos    | e and state that:  |                     |  |
| a) m                   | ng to use the surname<br>ny Certificate of Live Birth/Repor<br>ne Certificate of Live Birth/Repor     | rt of Birth, pu          |               |                    |                     |  |
| -, <u> </u>            | •   | (Complete name of child) |               |                    |                     |  |
| who is                 | s my  | _, pursuant to           | R.A. No. 9    | 255 and its revise | ed IRR.             |  |
|                        | (Relationship of the Affiant to the Cl  | hild)                    |               |                    |                     |  |
| 2. I/He/She w          | /as born on(Date of birth: dd/mm/yea  | _ at<br>ar)     (City/Mu | nicipality)   | (Province)         | (Country)           |  |
|                        |   |                          |               |                    | (if applicable      |  |
| 5. My/THE DIT          | h was recorded under Registry   | NO. <b>NOD-3</b> I       | (Registry     | Number) (Da        | te of Registration) |  |
| Registry N             | rit of Admission of Paternity or the o. <b>AAP-SY</b> (Registry Number) Sydney, New South Wales, Aust | on                       | Date of Regis |                    |                     |  |
| General III            | Sydney, New South Wales, Aus  | lialia. (if applicable   | e)            |                    |                     |  |
| _                      | this AUSF at the Philippine Cons<br>with R.A. No. 9255 and its Rev                                    |                          |               |                    |                     |  |
| 6. I hereby ce belief. | rtify that the statements made h  | erein are true           | e and correc  | t to the best of m | y knowledge and     |  |
|                        | <b>WHEREOF</b> , I have hereuntonsulate General in Sydney, New  | -                        | •             |                    | at th               |  |
|                        |   | -                        | Printed Nar   | me and Signature   | of the Mother       |  |
| SUBSCRIBE              | D AND SWORN to before i   | me this                  |               |                    | at the Philippin    |  |
|                        | General, Sydney, New Sout   |                          | Australia     | Affiant exhibitin  |                     |  |
| Coriodiato C           | issued on   |                          |               |                    | -                   |  |
|                        |   |                          |               |                    |                     |  |
| Doc. No.               | :   |                          |               |                    |                     |  |
| Page No.               | :   |                          |               |                    |                     |  |
| Book No.               | :   |                          |               |                    |                     |  |
| Series of              | :   |                          |               |                    |                     |  |
| Service No.            | :   |                          |               |                    |                     |  |
| O.R. No .              | :   |                          |               |                    |                     |  |
| Fee Paid               | : A\$45.00  |                          |               |                    |                     |  |