

PHILIPPINE EMBASSY)
CONSULAR SECTION) S.S.
BANGKOK, THAILAND)

Registry Nos.: AUSF-BK- -20

AFFIDAVIT TO USE THE SURNAME OF THE FATHER

I, _____, _____, _____, _____ years old, a resident of
Affiant's Name Citizenship Civil Status Age

_____ after having been duly sworn to in accordance
Complete Address

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. 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. 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. ROB-BK- -20 on _____ (if applicable)
(Registry Number) (Date of Registration)
4. The Affidavit of Admission of Paternity or the Private Handwritten Instrument was recorded under Registry Nos. AAP-BK- - 20 on _____ at the Local Civil Registrar office (LCRO)/Philippine Service
Registry Nos. (Date of Registration)
Post (PFSP) of Philippine Embassy in Bangkok Thailand (if applicable)
(City/Municipality) (Province) (Country/State)
5. I am filing this AUSF at the LCRO/PFSP of Philippine Embassy in Bangkok Thailand in
(City/Municipality) (Province) (Country/State)
accordance with R.A. No. 9255 and its Revised Implementing Rules and Regulations.
6. I hereby certify that the statements made herein 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 Bangkok, Thailand.

Signature over printed name of Affiant

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____ at the City of Bangkok, Thailand, affiant having exhibited to me his/her Philippine passport no. _____ issued in _____, on _____. I certify that I personally examined the affiant and that he/she voluntarily executed the foregoing affidavit and understood the contents thereof.

Signature over printed name of the Administering Officer

Doc. Nos.: _____
Service Nos.: AF- _____
O.R Nos.: _____
Fee Paid : _____