

New Zealand \_\_\_\_\_ )  
Wellington \_\_\_\_\_ ) SS

**AFFIDAVIT TO USE THE SURNAME OF THE FATHER (AUSF)**

I, \_\_\_\_\_, \_\_\_\_\_, Single / Married, \_\_\_\_\_ years old, a resident of  
(Affiant's Single/Maiden Name) (Citizenship) (Age)

\_\_\_\_\_  
(Complete Address)

after having been duly sworn to in 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. 9255.  
b)  the Certificate of Live Birth/Report of Birth of \_\_\_\_\_  
(Complete Name of Child)

who is my \_\_\_\_\_, pursuant to R.A. No. 9255.  
(Relationship of the Affiant to the Child)

2. I/He/She was born on \_\_\_\_\_ at \_\_\_\_\_  
(Date of Birth: dd/mm/yyyy) (City/Municipality) (Province) (Country)

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

4. The Affidavit of Admission of Paternity or the Private Handwritten Instrument was recorded under Registry No. \_\_\_\_\_ on \_\_\_\_\_ at the Philippine Foreign Service Post  
(Registry Number) (Date of Registration)  
(PFSP) of Wellington, New Zealand.

5. I am filing this AUSF at the PFSP of Wellington, New Zealand in 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 the Embassy of the Philippines.

\_\_\_\_\_  
**Signature over printed name of Affiant**

SUBSCRIBED AND SWORN to before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
in \_\_\_\_\_, \_\_\_\_\_, affiant exhibiting his/her \_\_\_\_\_  
with number \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_,  
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. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series No. \_\_\_\_\_  
O.R. No. \_\_\_\_\_

\_\_\_\_\_  
**Signature over Printed Name of the Administering Officer**