New Zealand)
Wellington) <u>SS</u>

			AFFIDAVIT OF A	DMISSIC	<u>ON OF PATER</u>	<u>NITY</u>			
I,		(Affiant's Name))	(Citizens	nip) (Civil S	tatus) (Age	years old,	a resident of	
after beir	ng sworn i	n accordance	(Co with law, do hereb	omplete Ado by depose		at:			
1.	I am the	iological father of(Name			of Child)		, who	, who was born on	
	in (Date of Birth) mother is (Name of Mo				(Place of		and whose		
2.									
3.	That	I hereby	acknowledge	my	paternity/filia :	ation of	the m	ninor child,	
4.	(Name of Child) That I am giving my consent for the minor/child to use my surname and that the same be reflected in his/her birth certificate;								
5.		n executing th it may serve.	is affidavit to atte	est to the	truth of the f	oregoing fa	acts and for v	whatever legal	
In v 20 (Year)	_, at the	nereof, I hereb Embassy of th	oy hereunto affixed ne Philippines.	d my sign	ature this	day (Day)	/ of(M	, onth)	
				-	Signature over Printed Name of the Father				
SU	IBSCRIBE		RN to before this	(Day)		(Month)		(Year)	
with num	(City) ber		(Country) issued at		_, and the oxine	-	(Identifica	tion)	
		•	ed the affiant and t	•	,			,	
understo		itents thereof.							
Doc. No. Service N Page No Book No. Series No. O.R. No.	No · ·			-	-	over Print	ed Name of g Officer	the	