

New Zealand )  
Wellington ) SS

**SWORN ATTESTATION**

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Affiant's Single/Maiden Name) (Citizenship) (Civil Status)  
\_\_\_\_\_ years old, a resident of \_\_\_\_\_  
(Age) (Complete Address)  
after being sworn in accordance with law, do hereby depose and state that I am the mother/ guardian of the  
affiant in the Affidavit to Use the Surname if the Father (AUSF); that my child/ward  
\_\_\_\_\_ is fully aware/ will be made aware of the  
(Child's Name)  
consequences of the use of the surname of his/her father.

In witness whereof, I hereby hereunto affixed my signature this \_\_\_\_\_ day of \_\_\_\_\_,  
(Day) (Month)  
20\_\_\_\_\_, in \_\_\_\_\_, \_\_\_\_\_  
(Year) (City) (Country)

\_\_\_\_\_  
**Signature over Printed Name of the  
Mother / Guardian**

SUBSCRIBED AND SWORN to before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(Day) (Month) (Year)  
in \_\_\_\_\_, \_\_\_\_\_, affiant exhibiting his \_\_\_\_\_  
(City) (Country) (Identification)  
with number \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_,  
(Identification No.) (Place of Issuance) (Date of Issuance)

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**

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Series No. \_\_\_\_\_  
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