

New Zealand )  
Wellington ) SS

**AFFIDAVIT OF PATERNITY**

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(Affiant's 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:

1. I am the biological father of \_\_\_\_\_, who was born on \_\_\_\_\_,  
(Name of Child)  
\_\_\_\_\_ in \_\_\_\_\_ and whose  
(Date of Birth) (Place of Birth)  
mother is \_\_\_\_\_;  
(Name of Mother)
2. That at the time of birth of said minor/child, I was not legally married to his/her biological mother;
3. That I hereby acknowledge my paternity/filiation of the minor child,  
\_\_\_\_\_;  
(Name of Child)
4. 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. That I am executing this affidavit to attest to the truth of the foregoing facts and for whatever legal purpose it may serve.

\_\_\_\_\_  
**Signature over Printed Name of the Father**

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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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.

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\_\_\_\_\_  
**Administering Officer**

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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