

Registry No. \_\_\_\_\_

**AFFIDAVIT TO USE THE SURNAME OF THE FATHER**

I, \_\_\_\_\_ years  
(Name) (Citizenship) (Civil Status) (Age)  
old, a resident of \_\_\_\_\_  
(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. 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. 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. \_\_\_\_\_ 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 Local Civil Registry Office (LCRO)/ Philippine Foreign Service Post (PFSP) of \_\_\_\_\_  
(Registry No.) (Date of Registration) (City/Municipality) (Province/State) (Country)  
(if applicable).
5. I am filing this AUSF at the LCRO/PFSP of \_\_\_\_\_  
(City/Municipality) (Province/State) (Country)  
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 my signature on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at Hong Kong SAR.

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

CONSULATE GENERAL OF THE )  
REPUBLIC OF THE PHILIPPINES)  
HONG KONG SAR ) S.S.

SUBSCRIBED AND SWORN TO BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_, affiant exhibited to me his/her \_\_\_\_\_ Passport/Hong Kong Identity Card No. \_\_\_\_\_ issued on \_\_\_\_\_ in \_\_\_\_\_.

Doc. No. :  
Page No. :  
Book No. :  
Series of :  
Svc. No. :  
O.R. No. :  
Fee paid :