R.A. No. 9255 Form No. 1
(Revised March 2016)
Consular Section)
Philippine Embassy)
Lisbon, Portugal) SS

Registry Number: AUSF-ZLI-_____

AFFIDAVIT TO USE THE SURNAME OF THE FATHER

I, _____, _____, _____, _____
Affiant's Name **Citizenship** **Civil Status** **age**
years 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. No. 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. No. 9255
   (Relationship of the Affiant to the Child)
   and its Revised IRR.

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 _____,
(Registry Number) **(Date of Registration)**
(if applicable).

4. The Affidavit of Admission of Paternity or the Private Handwritten Instrument was recorded under Registry No. _____on _____at the
(Registry Number) **(Date of Registration)**
Local Civil Registry Office (LCRO) / Philippine Foreign Service Post (PFSP) of _____(if applicable).
(City/Municipality) **(Province)** **(Country/State)**

5. I am filing this AUSF at the LCRO / PFSP of _____
(City/Municipality) **(Province)** **(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 on this _____day of _____, 20___at _____, _____.

_____
Signature over Printed Name of Affiant

SUBSCRIBED AND SWORN to before me this _____day of _____in the city/municipality of _____, affiant exhibiting his/her _____ 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.

_____
Signature over Printed Name of the Administering Officer

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Series of _____