

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

Date: \_\_\_\_\_

PHILIPPINE CONSULATE GENERAL )  
SYDNEY, NEW SOUTH WALES, AUSTRALIA ) S.S.

**AFFIDAVIT TO USE THE SURNAME OF THE FATHER (AUSF)**

I, \_\_\_\_\_ of legal age, Filipino national, Single/Married, \_\_\_\_\_  
(Affiant's Single/Maiden name) (age)  
years old and presently residing at \_\_\_\_\_, after  
(complete address)  
having been duly sworn to in accordance with law, hereby depose and state 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 child)
2. I/He/She was born on \_\_\_\_\_ at \_\_\_\_\_;  
(Date of birth: dd/mm/year) (City/Municipality) (Province) (Country)
3. My/The birth was recorded under Registry no. \_\_\_\_\_ on \_\_\_\_\_ (if applicable);  
(Date of Registration)
4. The Affidavit of Admission of Paternity or the Private Handwritten Instrument was recorded under Registry No. \_\_\_\_\_ on \_\_\_\_\_ at the Philippine Consulate General in Sydney, New South Wales, Australia;  
(Date of Registration)
5. I am filling this AUSF at the Philippine Consulate General in Sydney, New South Wales, Australia 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.

**IN WITNESS WHEREOF**, I have hereunto affixed my signature this \_\_\_\_\_  
at the Philippine Consulate General in Sydney, New South Wales, Australia.

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

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ at the Philippine Consulate General, Sydney, New South Wales, Australia. Affiant exhibiting to me his/her \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_.

Doc. No. : \_\_\_\_\_  
Page No. : \_\_\_\_\_  
Book No. : \_\_\_\_\_  
Series of : \_\_\_\_\_  
Service No. : \_\_\_\_\_  
O.R. No. : \_\_\_\_\_  
Fee Paid : \_\_\_\_\_