

EMBASSY OF THE PHILIPPINES  
Manama, Kingdom of Bahrain

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

I, \_\_\_\_\_, Filipino, \_\_\_\_\_, \_\_\_\_\_ years old a resident of  
(Affiant's Name) (Citizenship) (Civil Status) (Age)  
\_\_\_\_\_ after having been duly sworn to in accordance with the law, hereby

declare that:

- I am seeking to use the surname \_\_\_\_\_ in:
  - My Certificate of Live Birth/Report of Birth pursuant to R.A. No. 9255 and its Revised IRR.
  - The Certificate of Live Birth/Report of Birth \_\_\_\_\_ who is  
(Complete Name of Child)  
my \_\_\_\_\_, pursuant to R.A. No. 9255.  
(Relationship of the Affiant to the Child)

I/He/She was born on \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Date of Birth) (City/Municipality) (Province/State) (Country)

- My/The birth was recorded under Registry ROB-ZMM- -2021 on \_\_\_\_\_ (if applicable).  
(Registry Number) (Date of Registration)
- The Affidavit of Admission of Paternity or the Private Handwritten Instrument was recorded under Registry No. AAP-ZMM- -2021 on \_\_\_\_\_ at the Local Civil Registry Office(LCRO)/Philippine Foreign Service Post Philippine Embassy Manama, Kingdom of Bahrain (if applicable).  
(Registry Number) (Date of Registration) (Country)
- I am filing this AUSF at the LCRO/PFSP of Philippine Embassy Manama, Kingdom of Bahrain in accordance with R.A. No. 9255 and its Revised Implementing Rules and Regulations.  
(Country)
- I hereby certify that the statements made herein are true and correct to the knowledge and behalf.
- In witness whereof, I hereby affix my signature \_\_\_\_\_ day of \_\_\_\_\_ at Manama, Kingdom of Bahrain.

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

SUBSCRIBE AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ at the Philippine Embassy, Kingdom of Bahrain, affiant exhibiting her Passport no. \_\_\_\_\_ issued on \_\_\_\_\_ at \_\_\_\_\_, I personally examined the affiant and the he/she voluntarily executed the foregoing affidavit and understood the contents thereof.

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Series of : \_\_\_\_\_  
Fee Paid: : \_\_\_\_\_  
O.R. No. : \_\_\_\_\_