

THIS APPLICATION FORM MAY BE REPRODUCED AND IS NOT FOR SALE.

AFFIDAVIT OF ACKNOWLEDGMENT OF PATERNITY

I,		
a (citizenship)		, of legal age,
(civil status)	[]SINGLE []MARRIED []WIDOWED []ANNULLED	[] DIVORCED,
with address at		

after having been duly sworn in accordance with law, hereby depose/s and say/s:

1. I hereby acknowledge that the below stated individual is my biological child:

NAME OF CHILD	
CHILD'S BIRTH DATE	
CHILD'S BIRTH PLACE	
CHILD'S SEX	[]MALE []FEMALE

2. That at the time of the birth of the said child, I am not married to her mother:

NAME OF MOTHER	
MOTHER'S AGE	
CITIZENSHIP	

3. That I hereby acknowledge my paternity/filiation to the child above-mentioned.

4. That I am executing this Affidavit to attest to the truth and veracity of the facts above-mentioned.

IN WITNESS WHEREOF, I hereby affix my signature this _____ day of _____, in the year

_, in the Embassy of the Republic of the Philippines in South Korea.

CONFORME:

(Father's Signature over Printed name)

(Mother's Signature over Printed name)

SUBSCRIBED AND SWORN Philippine Embassy, Seoul, affiant hav			· · · · · · · · · · · · · · · · · · ·	_, 20	at
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