PHILIPPINE STATISTICS AUTHORITY PSA

For births before 3 August 1988/on or after 3 August 1988

AFFIDAVIT OF ACKNOWLEDGMENT/ADMISSION OF PATERNITY

We/I, Artemio L. Geraldez and n.a.

parents/parent of the child mentioned in this Certificate of Live Birth, do hereby solemnly swear that the information contained herein are true and correct to the best of our/my knowledge and belief.

(Signature of Father)

Community Tax No. 7045669
Date Issued 11-22-94
Place Issued Alabang Muntinlupa, M.M.

n.a.
(Signature of Mother)

Community Tax No. n.a.
Date Issued n.a.
Place Issued

SUBSCRIBED AND SWORN *to before me this* 15th *day of* December, 1994

at Manila, Philippines.

(Signature of Administering Officer)

NELIA T. MOJICA
(Name in Print)

Legal Officer III
DR. JFMH (Title/Designation)

(Address)

Not applicable for births before 27 February 1931

AFFIDAVIT FOR DELAYED REGISTRATION OF BIRTH

(Either the person himself if 18 years old or over, or father/mother/guardian may accomplish this affidavit.)

I, _____, of legal age, single/married and with residence and postal address at _____, after having been duly sworn to in accordance with law, do hereby depose and say:

1. That I am the applicant for the delayed registration of my birth/of the birth of _____.
2. That I/he/she was born on _____ at _____.
3. That I/he/she was attended at birth by _____ who resides at _____.
4. That I/he/she is a citizen of _____.
5. That my/his/her parents were ☐ married on _____ at _____.
   ☐ not married but was acknowledge by my/his/her father whose name is _____.
6. That the reason for the delay in registering my/his/her birth was due to _____.
7. That a copy of my/his/her birth certificate is needed for the purpose of _____.
8. ☐ (For the applicant only) That I am married to _____.
   ☐ (For the father/mother/guardian) That I am the _____ of the said person.

(Signature of Affiant)

Community Tax No. _____
Date Issued _____
Place Issued _____

SUBSCRIBED AND SWORN *to before me this* _____ *day of* _____, _____

at _____, Philippines.

(Signature of Administering Officer)

(Name in Print)

(Title/Designation)

(Address)

05780-2D-400JSA-00658-BI001

BEST POSSIBLE IMAGE

BReN
03905-A94XL3C-7

Lisa Grace S. Bersales
LISA GRACE S. BERSALES, Ph.D.