



JOINT AFFIDAVIT OF LEGITIMATION BY SUBSEQUENT MARRIAGE

DATE

(Ex. January 01, 2012)

Foreign Service Post : **Philippine Embassy, Mexico**

www.philembassymexico.com

JOINT AFFIDAVIT OF LEGITIMATION BY SUBSEQUENT MARRIAGE

We, _____ and _____ both of legal age,
presently residing at _____,
and we, after having been duly sworn to in accordance with law, do hereby depose and say:

- That we are the parents of _____ who was born on _____ in _____, copy of the Birth Certificate is hereto attached as Annex "A" and shall form an integral part hereof;
- That our son/ daughter, _____, was born out of wedlock;
- That when our son/ daughter _____, was conceived and born, we both possessed no legal impediment to marry each other;
- That the birth of our son/ daughter, _____, was registered/ reported at _____ on _____ copy of the Report of Birth is hereto attached as Annex "B" and shall form an integral part hereof;
- That on _____, we got married to each other and our marriage was solemnized at _____ by _____, copy of the Marriage Contract is hereto attached as Annex "C" and shall form an integral part hereof;
- That we are executing this Affidavit to attest to the foregoing facts, for purposes of complying with the requirements in applying for the legitimation by subsequent marriage of our son/ daughter, and for the proper recording of such legitimation in his/her civil registry documents and Philippine passport, to enable him/ her to bear the surname of his/ her father and be entitled to all the rights of a legitimated child, and for all legal intents and purposes.

IN WITNESS WHEREOF, we hereby affix our signatures this _____ day of _____ in the year _____ in _____.

Signature of Affiant (Father)

Signature of Affiant (Mother)

PHILIPPINE EMBASSY)
CONSULAR SECTION) S.S.
_____)

SUBSCRIBED AND SWORN to before me this _____ day of _____ in the year _____ at the _____ affiant having exhibited to me his/her _____ passport no. _____ issued in _____ on _____ and valid until _____.

Doc. No.: _____
Service No.: _____
O.R. No.: _____
Fee Paid: _____