

CONSULATE GENERAL OF THE PHILIPPINES)
CITY OF CHICAGO) S.S.
STATE OF ILLINOIS, U.S.A.)

Date: _____
Registry No. _____

AFFIDAVIT OF ADMISSION OF PATERNITY

I, _____, _____ citizen, _____
Affiant's name Citizenship Civil Status

of age, with address at _____ after being sworn in
accordance with law, do hereby depose and state that:

1. That I am the biological father of the child _____,
who was born on _____ at _____.
2. That at the time of birth of said child, I am not married to his/her mother,
_____.
3. That I hereby acknowledge my paternity/filiation to the child, _____.
4. That I am executing this affidavit to attest the truth of the foregoing facts and for
whatever legal purposes it may serve.

IN WITNESS WHEREOF, I have hereunto affixed my signature this ___ day of _____
at _____.

**Signature of Father
over Printed Name**

SUBSCRIBED AND SWORN to before me this ___ day of _____ in the city/municipality
of _____.

**Signature over Printed Name
of the Administering Officer**

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

REQUIREMENTS

1. Affidavit of Admission of Paternity (AAP) form in four (4) original copies.
2. Original and four (4) photocopies of the following:
 - a. Child's Birth Certificate
 - b. Marriage Certificate of parents, if applicable
 - c. Passport of the parent(s)
 - d. Alien Registration card or US Visa, if applicable
3. Processing fee of \$50.00 which includes:
 - a. \$25.00 – Notarization and registration of the AAP.
 - b. \$25.00 – Issuance of Certificate of Registration (CoR) for AAP.

Payment is non-refundable and payable in cash. Personal checks, personal money orders and credit cards are not accepted.

NOTE:

Applications should be filed personally and signed by the concerned parent before a Consular Officer. Mailed application is not accepted.

The Consular Officer reserves the right to require additional documents from the applicant.