



GOVERNMENT OF GUÅHAN



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
 DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT
 123 Chalan Kareta, Mangilao, Guåhan 96913-6304
 OFFICE OF VITAL STATISTICS

AFFIDAVIT OF PUBLIC ACKNOWLEDGEMENT OF LEGITIMATE CHILD/CHILDREN BY FATHER

I, _____, OF LEGAL AGE, FIRST BEING DULY SWORN ON OATH DEPOSE AND SAY:

THAT THE AFFIANT IS A CITIZEN OF THE UNITED STATES AND A RESIDENT OF _____ RACE _____;
 DATE OF BIRTH _____; PLACE OF BIRTH _____ AND EDUCATION _____, THAT
 AFFIANT ON THE _____ DAY OF _____ (year) MARRIED _____ WHOSE
 MAIDEN NAME IS _____ AT _____ THAT PRIOR TO THE
 AFORESAID MARRIAGE, THE SAID _____ GAVE BIRTH TO THE FOLLOWING CHILD/CHILDREN.

| NAME | DATE OF BIRTH | PLACE OF BIRTH |
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AND RECORDED AT THE OFFICE OF VITAL STATISTICS, DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES, GOVERNMENT OF GUAM;

THAT AFFIANT IS THE FATHER OF THE SAID CHILD/CHILDREN PRIOR TO THIS AFORESAID MARRIAGE WITH HIS PRESENT WIFE OR MOTHER OF SAID CHILD/CHILDREN.

THAT AFFIANT PUBLICLY ACKNOWLEDGE THE SAID CHILD/CHILDREN AS HIS LAWFUL CHILD/CHILDREN AND THAT SUCH ACKNOWLEDGMENT IS HEREWITH CONFIRMED BY HIS WIFE WHO LIKewise SUBSCRIBES HER NAME HERETO;

WHEREFORE, PURSUANT TO SECTION 3222 OF PUBLIC LAW 22-130 AND SECTION 9320 (9) OF THE RULES AND REGULATIONS RELATING TO THE ISSUANCE OF NEW BIRTH CERTIFICATE UPON PROOF OF LEGITIMATION THE AFFIANT RESPECTFULLY REQUEST THAT THE NAMES OF THE SAID CHILD/CHILDREN AS REGISTERED IN THE OFFICE OF VITAL STATISTICS BE CHANGED TO THE FAMILY NAME OF THE AFFIANT, AND THAT THE SAID CHILD/CHILDREN SHALL HEREINAFTER BE KNOWN AND RECORDED AS FOLLOWS:

NEW NAME OF CHILD/CHILDREN

WITH MY FULL AND FREE CONSENT _____
 AFFIANT

(MOTHER'S SIGNATURE)

ACKNOWLEDGMENT

SUBSCRIBE AND SWORN TO before me this _____ day of _____ (year)

 NOTARY PUBLIC in and for

My commission expires _____