



**CONSULATE GENERAL OF THE  
REPUBLIC OF THE PHILIPPINES  
DUBAI, UNITED ARAB EMIRATES**

**JOINT AFFIDAVIT OF LEGITIMATION BY SUBSEQUENT MARRIAGE**

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

1. That we are the biological parents of \_\_\_\_\_ who was born on \_\_\_\_\_ in \_\_\_\_\_, (copy of the birth certificate or report of birth is hereto attached as Annex "A" and shall form an integral part hereof);
2. That at the time of the conception of said child, we are not disqualified by any impediment to get married, and therefore, by virtue of our subsequent marriage, the said child is now legitimated by operation of law, particularly Article 177 of the Family Code;
3. That the birth of our child was registered/reported at \_\_\_\_\_ on \_\_\_\_\_;
4. That our marriage was solemnized on \_\_\_\_\_ at \_\_\_\_\_ by \_\_\_\_\_, a person authorized to solemnize marriage under Philippine laws; (copy of the marriage certificate or report of marriage is hereto attached as Annex "B" and shall form an integral part hereof;)
5. That we are executing this Affidavit to attest to the truth of the foregoing facts, for purposes of complying with the requirements in applying for the legitimation by subsequent marriage of our child and for proper recording, to enable him/her to bear the surname \_\_\_\_\_ and be entitled to all rights of a legitimated child, and for all legal intents and purposes.

**IN WITNESS HEREOF**, I hereunto set my hands and affix my signature this \_\_\_\_\_ at the Consulate General of the Republic of the Philippines, Dubai, United Arab Emirates.

\_\_\_\_\_  
**Name and Signature of Wife**

\_\_\_\_\_  
**Name and Signature of Husband**

**SUBSCRIBED AND SWORN** to before me this \_\_\_\_\_ at the Philippine Consulate General, Dubai, United Arab Emirates, the affiant(s) having exhibited his/her valid passport, copy of which is attached.

Service no. : \_\_\_\_\_  
Doc. No. : \_\_\_\_\_  
Book No. : \_\_\_\_\_  
Fee Paid : \_\_\_\_\_  
O.R. No. : \_\_\_\_\_