Embassy of the Philipp	pines )
Consular Section	)
Brussels, Belgium	) s.s.

## AFFIDAVIT OF SUPPORT AND CONSENT

(for Single Parent)

Ι,						, of legal	age, sing	ele/mar	ried/widow	ved.	
Filipino ci	tizen, and p	resently	residing	at							
					, after	having been sv	orn to in	accord	ance with	law	
do hereby	depose and	say that	t <b>:</b>								
1.	I am the fa	ther/mo	ther of the	e child:							
Name					Date of Birth			Place of Birth			
2.	It is	my	desire	for	the	above-named	child	to	travel	to	
		lren and	assumed			am giving my ancial obligation		to the			
3.						consent and of legal id child/childre	age(s),				
				-			_				
4.					, to a	apply with the De		of Socia	al Welfare		
	Developm	ent (DS)	WD) for the	he issua	ance of t	he appropriate D	SWD clea	rance f	or my chile	1;	
5.	I am thus, the approp				nt of So	cial Welfare and	Developm	nent (D	SWD) to is	ssue	
IN	WITNES	SS WH	EREOF, _ in Bruss			fix my signatu	re on th	e	day	of	
				_		A CC .					
						Affiant					
Fee Paid: Doc. No.: Service No.: O.R. No.: Series of 200											

<b>Embassy of the Philipp</b>	ines )
<b>Consular Section</b>	)
Brussels, Belgium	) s.s.

## AFFIDAVIT OF SUPPORT AND CONSENT

(Joint Affidavit by Parents)

	We	<b>Ve,</b> legal ages, Filipino					and and residing						
of	le	gal	ag	es,				and after having					
law do	her	eby de	epose	and say				·	U				
	1.	We tl	he par	ents of	:								
	Name					Date of Birth			Place of Birth				
	2	T.					.1			1.11		. 1	
	2.	his/he	/child		l assumed a	d cour		above-name e are givin ancial oblig	g our	consent	to the		f ou
	3.			_					legal	age(s),			
		citize	en(s)					id child/cl				travel	from
	4.	We					, to a	consent a	ne Dep	artment	of Soci	sibilities al Welfare	to e and
		Deve	lopme	ent (DS	WD) for th	ie issua	ance of t	he appropri	ate DS	WD clea	arance f	or my chi	ld;
	5.			-	esting the ate DSWD	-		f Social We	elfare a	and Dev	elopme	nt (DSWI	<b>)</b> ) to
	IN	WIT	TNES	S WH	EREOF, in Bruss		•	affix our s	ignatuı	re on t	he	da	y of
				Affiant							Affiant		
			1	1)]14111						Γ	gjuni		
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