| REPUBLIC OF THE PHILIP | PINES) | |
|------------------------|--------|-----|
| PROVINCE OF LAGUNA |) | S.S |
| CITY OF CABUYAO |) | |

SWORN AFFIDAVIT OF SOLO PARENT

| That I, qwe , Filipino Citizen, of legal age, single/widow, with residence and postal address at qwe City ppf Cabuyao, Laguna after having been duly sworn in accord and state that; | |
|--|--------------------------------|
| 1. That I am a single parent and the Mother/Father of the fol | llowing child/children namely: |
| Name | Age |
| qwe | 1 |
| 2. That I am solely taking care and providing for my said ch everything indispensable for his/her/their wellbeing for 1 since his/her / their biological Mother/Father | |
| left the family home and abandoned us; died last; | |
| X (other reason please state) qwe ; | |
| 3. I am attesting to the fact that I am not cohabiting with any | ybody to date; |
| 4. I am currently: | |
| Employed and earning Php per month; X Self-employed and earning Php 2123 per month, from | |
| my job as ; Un-employed and dependent upon; | |
| IN WITNESS WHEREOF, I have hereunto affixed my sign 2025-10-14 at the City of Cabuyao, Laguna. | ature this |
| AFFIANT | - |
| SUBSCRIBED AND SWORN to before me this Cabuyao, Laguna, affiant personally appeared and with ID No | exhibiting to me his/her |
| Doc. No Page No Book No Series of 2025 | |