

EMBASSY OF THE PHILIPPINES

Consular Services

4, Hameau de Boulainvilliers

75016 Paris, France

(+33) 1 44 14 57 00

paris.pe@dfa.gov.ph / parispe.dfa@gmail.com

www.parispe.dfa.gov.ph

Requirements for Notarial of Waiver of Exclusion Ground (WEG):

Personal appearance of the signatory(ies) at the Consular Section of the Philippine Embassy.

If **personal appearance** at the Philippine Embassy is not possible, the applicant(s) should personally appear at the nearest Philippine Consulate.

Requirements:

- Original document to be notarized and one photocopy;
- Two (2) copies of the data pages with signature page of the valid passport or residence permit or national ID of the parent(s) or legal guardian
- Two (2) copies of the legalized Acte de Naissance of the child(ren) with English translation

For legalization:

Ministry of Foreign Affairs (Ministère des Affaires Étrangères, Bureau des Légalisations (No. 57 Boulevard des Invalides, 75007 Paris, France, Tel. No. 01.53.69.38.28)

Monegasque Authorities (Service de l'Etat Civil, Mairie de Monaco, Place de la Mairie, Monaco, Tel. No. +377.93.15.28.15)

- Two (2) copies of the data pages with signature page of the child(ren)
- Two (2) copies of the data pages with signature page of the accompanying person
- Payment of 22.50 Euros per document in cash or La Poste mandat cash payable to the order of "Ambassade des Philippines"

AFFIDAVIT OF REQUEST AND CONSENT FOR WAIVER OF EXCLUSION GROUND (WEG) FOR NON-FILIPINO MINOR CHILDREN BELOW 15 YEARS OF AGE

I, _____, a _____ citizen, of legal age, presently residing at _____, after having been sworn to in accordance with law, hereby declare that:

1. I am the () Father / () Mother / () Legal Guardian / () Others _____ exercising parental authority over the following minors, as follows:

Full Name	Date of Birth	Place of Birth
Complete Address		
Full Name	Date of Birth	Place of Birth
Complete Address		

2. I am giving my FULL CONSENT to the travel of my aforementioned child/children with the following details:

Date of Travel	Purpose of Travel
Destination	Duration of Travel (Number of Days)
Accompanying Adult	Relationship to Child

3. My child/children will be under the care of:

Full Name	Contact Number/s
Address	

4. I cannot personally travel with my child/children because _____;
 5. I am executing this Affidavit to request for the aforementioned minor's/minors' waiver of exclusion and the relinquishment of exclusion fees.
 6. This Affidavit is executed for the purpose of attesting to the truth of the facts above-stated and for whatever legal purpose and intent it may serve.

IN WITNESS WHEREOF, I have hereunto set my/our signature at the Embassy of the Philippines, Paris, France this _____ day of _____.

 Name and Signature of Affiant

**PHILIPPINE EMBASSY
 CONSULAR SECTION
 PARIS, FRANCE**

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ at the Embassy of the Philippines, Paris, France.

Doc. No.: _____
 Book No.: _____
 Service No.: _____
 Receipt No.: _____
 Series of _____

AFFIDAVIT OF REQUEST AND CONSENT FOR WAIVER OF EXCLUSION GROUND (WEG) FOR NON-FILIPINO MINOR CHILDREN BELOW 15 YEARS OF AGE

We, _____, a _____ citizen, of legal age, and _____, a _____ citizen, presently residing at _____, after having been sworn to in accordance with law, hereby declare that:

7. We are the () Father / () Mother / () Legal Guardian / () Others _____ exercising parental authority over the following minors, as follows:

Full Name	Date of Birth	Place of Birth
Complete Address		
Full Name	Date of Birth	Place of Birth
Complete Address		

8. We are giving my FULL CONSENT to the travel of my aforementioned child/children with the following details:

Date of Travel	Purpose of Travel
Destination	Duration of Travel (Number of Days)
Accompanying Adult	Relationship to Child

9. Our child/children will be under the care of:

Full Name	Contact Number/s
Address	

10. We cannot personally travel with our child(ren) because _____;
 11. We are executing this Affidavit to request for the aforementioned minor's/minors' waiver of exclusion and the relinquishment of exclusion fees.
 12. This Affidavit is executed for the purpose of attesting to the truth of the facts above-stated and for whatever legal purpose and intent it may serve.

IN WITNESS WHEREOF, We have hereunto set my/our signature at the Embassy of the Philippines, Paris, France this _____ day of _____.

 Name and Signature of Father

 Name and Signature of Mother

**PHILIPPINE EMBASSY
 CONSULAR SECTION
 PARIS, FRANCE**

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ at the Embassy of the Philippines, Paris, France.

Doc. No.: _____
 Book No.: _____
 Service No.: _____
 Receipt No.: _____
 Series of _____