

# CONSULAR REPORTS OF BIRTH ABROAD (CRBA)



# WHAT IS A CONSULAR REPORT OF BIRTH ABROAD (CRBA)?

A **CRBA** is the official record of claim to U.S. citizenship for a child born abroad.

# PASSPORT APPLICATION? SOCIAL SECURITY CARD APPLICATION?

- Apply for both the **American passport** and **social security card** for your child at the CRBA appointment.\*

\*If your child is age 12 or over, you cannot apply for the social security card through this procedure.

- Bring all required documents for all applications to the CRBA appointment.

# WHO NEEDS TO COME TO THE APPOINTMENT?

- The child

- Both natural parents\*

\*if one parent is deceased, the official death certificate should be provided

# WHAT OFFICIAL FORMS DO I NEED TO PREPARE?

## ■ CRBA Application

- Application for Consular Report of Birth ([DS-2029](#))

## ■ Passport Application

- Application for a U.S. Passport ([DS-11](#))
- 5cm x 5cm passport photo with white background

## ■ Social Security Card Application (under age 12 only)

- Application for a Social Security Card ([SS-5](#))

## Form Guidelines

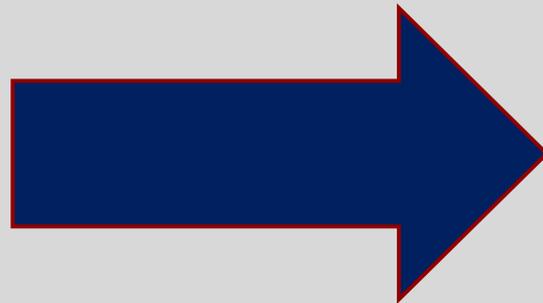
- Bring **COMPLETED** form to appointment
- Print legibly
- Do not sign

# WHAT ADDITIONAL ITEMS/INFORMATION SHOULD I BRING?

- All additional items, certificates and other information must be provided in their original form.

**No copies will be accepted**

- The following slides list the items that are required for successful submission of the CRBA.



# REQUIRED: The child's birth certificate

PROVINCIA DE BUENOS AIRES  
Ministerio de Jefatura de Gabinete de Ministros  
Dirección Provincial del Registro de las Personas

## CERTIFICADO DE NACIMIENTO

CERTIFICO: Que bajo el ACTA..... TOMO..... FOLIO..... del AÑO.....  
Del Libro de Nacimientos de la oficina.....  
Se encuentra inscripto el nacimiento de.....  
..... DNI.....  
Ocurrido el día..... del mes de..... del año..... a la hora..... Lugar de nacimiento..... siendo de SEXO.....  
Hijo de..... D.N.I.- L.E.- C.I. ....  
y de..... D.N.I.- L.C.- C.I. ....  
DOY FE QUE CONCUERDA con el texto del acta expresada. A pedido de parte interesada, YO.....  
..... expedido el presente en mi caracter de.....  
en..... a los.....

En el presente documento se encuentran cumplimentados todos los tramites de legalización en la Provincia de Buenos Aires (Ley 8.946)



# REQUIRED: Proof of citizenship of the U.S. citizen parent(s)



OFFICE OF VITAL STATISTICS

U.S. STANDARD CERTIFICATE OF LIVE BIRTH

1. CHILD'S NAME (Print Middle Last) 2. DATE OF BIRTH (Month, Day, Year) 3. TIME OF BIRTH

4. SEX  Male  Female 5. CITY, TOWN, OR LOCATION OF BIRTH 6. COUNTY OF BIRTH

7. PLACE OF BIRTH:  Hospital  Free-standing Birthing Center  Other (Specify) 8. FACILITY NAME (if not institution, give street and number)

9. I certify that this child was born and is the child of the parents named hereon

10. DATE SIGNED (Month, Day, Year) 11. ATTENDANT'S NAME AND TITLE (if other than mother) (Type Print) Name  M.D.  D.O.  C.N.M.  Other (Specify) City or Town, State, Zip Code

12. CHILD'S SEX AND TITLE (Type Print)  Male  Female 13. ATTENDANT'S RESIDING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

14. REGISTRAR'S SIGNATURE 15. DATE FILED BY REGISTRAR (Month, Day, Year)

16. MOTHER'S NAME (Print Middle Last) 17a. MOTHER'S SURNAME 18. DATE OF BIRTH (Month, Day, Year)

19. BIRTHPLACE (City or Foreign Country) 20. RESIDENCE—STATE 21. COUNTY 22. CITY, TOWN, OR LOCATION

23. STREET AND NUMBER 24. HOME CITY (State) (Year or July) 25. MOTHER'S MAILING ADDRESS (if other than residence, enter Zip Code on separate sheet or other document)

26. FATHER'S NAME (Print Middle Last) 27. DATE OF BIRTH (Month, Day, Year) 28. BIRTHPLACE (City or Foreign Country)

29. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or Other Informant)

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

30. OF WHAT RACE ORIGIN (Specify Race or Year of origin, specify Color, Member, Native Born, etc.) 31. RACE—American Indian, Black, White, etc. (Specify Ancestry) 32. EDUCATION (Elementary/Secondary,  College,  4 or 4+

33. PREVIOUSLY MARRIED (All birth, separation, or divorce records (Date and place) and other pertinent information) 34. MOTHER'S PREVIOUS MARRIAGE BEGAN: First, Second, Third, etc. (Specify) 35. PREVIOUS VULNERABILITY (Year Number of years, as stated)

36. PREVIOUSLY MARRIED (All birth, separation, or divorce records (Date and place) and other pertinent information) 37. MOTHER'S PREVIOUS MARRIAGE BEGAN: First, Second, Third, etc. (Specify) 38. PREVIOUS VULNERABILITY (Year Number of years, as stated)

39. BIRTH WEIGHT (Specify and unit) 40. CLINICAL SEPARATE OF SEPARATION (Year)

41. PLACE OF BIRTH (Specify) 42. DATE OF LAST VISIT (Specify) 43. POLYMERASE CHAIN REACTION (PCR) (Specify) 44. IF NOT SINGLE BIRTH—Bare First, Second, Third, etc. (Specify)

45. SIGNATURE (Specify) 46. MOTHER TRANSMITTED PRIOR TO DELIVERY (  No  Yes, if Yes, enter name of facility transference here )

47. FATHER TRANSMITTED (  No  Yes, if Yes, enter name of facility transference here )

48. HEALTH TRANSMITTED (  No  Yes, if Yes, enter name of facility transference here )

John Edward, State Registrar

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE IN THIS OFFICE. THIS DOCUMENT IS INTENDED FOR MEDICAL OR LEGAL USE ONLY AND IS NOT A SUBSTITUTE FOR A BIRTH RECORD.

WARNING:

B1426036 CERTIFICATION OF VITAL RECORD

CDC

Current U.S. passport is the most frequently used form of proof; U.S. birth or naturalization certificates are also acceptable.

# REQUIRED: Parents' marriage certificate (if applicable)

**SAMPLE**      *Alabama*      **SAMPLE**  
Certificate of Marriage      State File Number 101

TYPE IN PERMANENT DARK INK

<b>LICENSE TO MARRY</b>	To any person lawfully authorized to perform marriages within Alabama. After the ceremony of the persons named below, you are required by law to return this license, only certified under your hand, to the Probate Court of the issuing county, within one month.					1. ISSUING COUNTY
	2. NAME: First Middle Last (Last name all capitals)			3. LAST NAME PRIOR TO FIRST MARRIAGE (if different)	4. DATE OF BIRTH (Month, Day, Year)	
	5. SEX (Male or Female)	6. RACE (Specify American Indian, Black, White, etc.)	7. RESIDENCE - City, Town, or Location and Zip code		8. MISC CITY LIMITS (Specify Yes or No)	
	9. COUNTY	10. STATE	11. NO. OF PREVIOUS MARRIAGES	12. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED - (Specify Death, Divorce, Annulment, Annulment)		
13. EDUCATION - (Specify ONLY highest grade completed) Elementary or High School (9-12)      College (11-4 or 5+)			14. STATE OR FOREIGN COUNTRY OF BIRTH			
15. FATHER'S NAME: First Middle Last			16. MOTHER'S NAME: First Middle Maiden Last Name			
<b>SPOUSE</b>	17. NAME: First Middle Last (Print last name all capitals)			18. LAST NAME PRIOR TO FIRST MARRIAGE (if different)	19. DATE OF BIRTH (Month, Day, Year)	
	20. SEX (Male or Female)	21. RACE (Specify American Indian, Black, White, etc.)	22. RESIDENCE - City, Town, or Location and Zip code		23. MISC CITY LIMITS (Specify Yes or No)	
	24. COUNTY	25. STATE	26. NO. OF PREVIOUS MARRIAGES	27. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED - (Specify Death, Divorce, Annulment, Annulment)		
	28. EDUCATION - (Specify ONLY highest grade completed) Elementary or High School (9-12)      College (11-4 or 5+)			29. STATE OR FOREIGN COUNTRY OF BIRTH		
30. FATHER'S NAME: First Middle Last			31. MOTHER'S NAME: First Middle Maiden Last Name			
We hereby certify the information provided is correct to the best of our knowledge and belief and we are free to marry under the laws of this state.						
<b>SIGNATURES</b>			<b>SIGNATURES</b>			
32. FIRST LISTED SPOUSE - SIGNATURE			33. SECOND LISTED SPOUSE - SIGNATURE			
<b>LOCAL OFFICIAL</b>			34. JUDGE OF PROBATE OR REPRESENTATIVE - SIGNATURE		35. ISSUING DATE (Month, Day, Year)	36. EXPIRATION DATE (Month, Day, Year)
<b>CEREMONY</b>			37. CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON: (Month, Day, Year)		38. WHERE MARRIED - City, Town, or Location and Zip Code	39. COUNTY
40. SIGNATURE OF PERSON PERFORMING CEREMONY			41. TYPED OR PRINTED NAME OF PERSON PERFORMING CEREMONY			
42. TITLE OF PERSON PERFORMING CEREMONY			43. ADDRESS OF PERSON PERFORMING CEREMONY - Street and Number or RFD Number, City or Town, State, Zip Code			
<b>LOCAL OFFICIAL</b>		44. DATE CERTIFICATE RETURNED TO PROBATE COURT	45. MARRIAGE LICENSE RECORD: Book Number	Page Number	46. JUDGE OF PROBATE OR REPRESENTATIVE - SIGNATURE ON STAMP	

THIS LICENSE IS VOID UNLESS THE CEREMONY OCCURS WITHIN 30 DAYS FROM ISSUING DATE

**SAMPLE**

ADPH-HS-50/Rev.02-04-15

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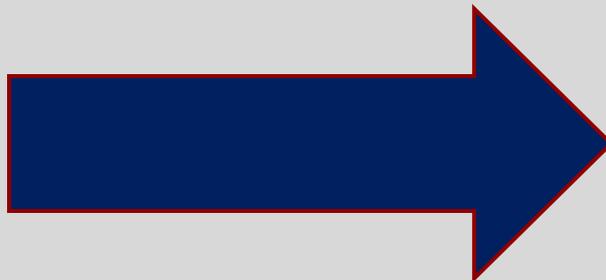
DO NOT STAMP BELOW LINE

47. FIRST LISTED SPOUSE SOCIAL SECURITY NUMBER	48. SECOND LISTED SPOUSE SOCIAL SECURITY NUMBER	<b>THIS INFORMATION WILL NOT APPEAR ON CERTIFIED COPIES</b>
_____	_____	

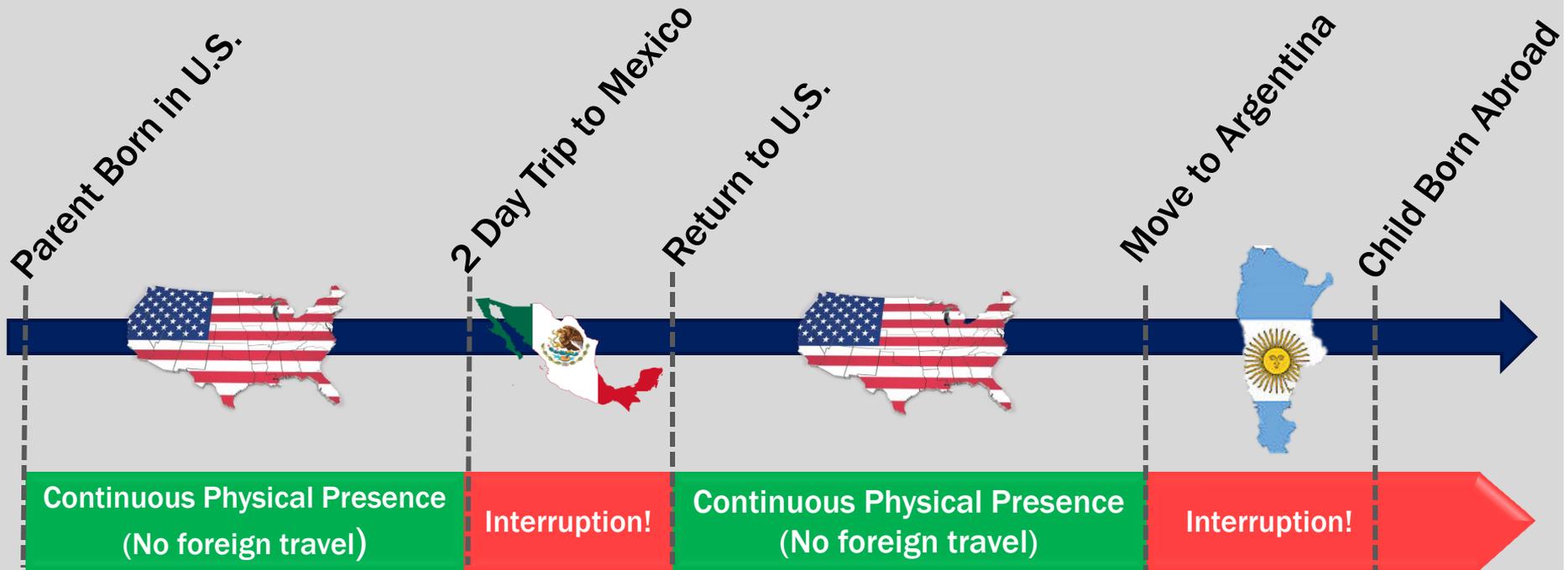


**REQUIRED:** Evidence of the U.S. citizen parent(s)' physical presence in the United States *prior* to the birth of the child

- Physical presence is time spent physically in the U.S.
- Physical presence proven must be prior to the birth of the child
- This is the most complicated yet most important aspect of transmitting citizenship, and the following slides provide useful tips:



## An Example “Timeline” of Physical Presence in the U.S.



- The sum of all periods of **continuous physical presence** is the **total physical presence**
- Physical presence does not include time on **short-term foreign travel** (the trip to Mexico) or **long-term foreign travel** (the move to Argentina)

# HOW MUCH PHYSICAL PRESENCE IN THE U.S. DO I NEED TO PROVE?

- Depends on the citizenship and marital status of the parents
- Click [here](#) for guidance on required physical presence.

# HOW DO I PROVE PHYSICAL PRESENCE IN THE U.S.?

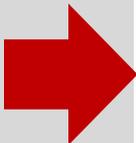
- Original, official documents which cover the entire duration of the claimed period
- When in doubt, bring it! The more evidence, the more likely your case will be decided quickly.



# Proof of Physical Presence: Old/Current Passports



Passport stamps can be used to prove physical presence, and are frequently the most clear and convincing proof of physical presence.



# Using Passport Stamps to Prove Physical Presence

**Step 1:** Find earliest stamp of entry into the U.S. Record this date as the beginning of your first period of time in the U.S.

**Step 2:** Find the next chronological stamp with date of ENTRY to a foreign country. There should be no other foreign stamps between the U.S. entry and this foreign entry. The U.S. regards most international flights as overnight, so record the day before this date as the end of your first period of time in the U.S.

**Step 3:** Find the next chronological stamp of re-entry into the U.S. Record this date as the beginning of your next period of time in the U.S.

**Step 4:** Find the next chronological stamp with date of ENTRY to a foreign country. There should be no other foreign stamps between the U.S. re-entry and this foreign entry. The U.S. regards most international flights as overnight, so record the day before this date as the end of your next period of time in the U.S.

**Step 5:** Be sure to account for ALL trips outside the U.S. based on your passport stamps.



# Example: Physical Presence Correctly Proven with Passport Stamps



Stamp showing earliest entry to U.S.  
**1/24/07**

Stamp showing next period of travel outside U.S.  
(with no other foreign stamps between last entry to U.S. and this entry to foreign country)  
*(using day before stamp)* **11/26/08**

Stamp showing re-entry to U.S.  
**12/14/08**

Stamp showing next period of travel outside U.S.  
(with no other foreign stamps between last re-entry to U.S. and this entry to foreign country)  
*(using day before stamp)* **10/10/12**

**Stamps correctly accounted for on CRBA form :**

24. Precise Periods of Time in United States  
*(if additional space is needed, please use the Section D Continuation Sheet)*

Place (City, State)	Date (month-day-year)	Date (month-day-year)
New York, NY	From 01/24/2007	To 11/26/2008
New York, NY	From 12/14/2008	To 10/10/2012

**These passport stamps prove and account for 5 years and 6 months of physical presence in the U.S.**

# PROOF OF PHYSICAL PRESENCE: FREEDOM OF INFORMATION ACT REQUEST



This is a final response to your Freedom of Information Act (FOIA) request to U.S. Customs and Border Protection (CBP), on behalf of yourself, date of birth: [REDACTED], requesting entry records.

A search of CBP databases produced a total of [REDACTED] pages of records responsive to your request. CBP has determined that [REDACTED] pages of the records are partially releasable, pursuant to Title 5 U.S.C. § 552 (b)(6), (b)(7)(C) and (b)(7)(E).

Enclosed are [REDACTED] pages with certain information withheld as described below:

**FOIA Exemption (b)(6)** exempts from disclosure personnel or medical files and similar files the release of which would cause a clearly unwarranted invasion of personal privacy. This requires a balancing of the public's right to disclosure against the individual's right privacy. The types of documents and/or information that we have withheld may consist of birth certificates, naturalization certificates, driver license, social security numbers, home addresses, dates of birth, or various other documents and/or information belonging to a third party that are considered personal. The privacy interests of the individuals in the records you have requested outweigh any minimal public interest in disclosure of the information. Any private interest you may have in that information does not factor into the aforementioned balancing test.

**FOIA Exemption (b)(7)(C)** protects records or information compiled for law enforcement purposes that could reasonably be expected to constitute an unwarranted invasion of personal privacy. This exemption takes particular note of the strong interests of individuals, whether they are suspects, witnesses, or investigators, in not being unwarrantably associated with alleged criminal activity. That interest extends to persons who are not only the subjects of the investigation, but those who may have their privacy invaded by having their identities and information about them revealed in connection with an investigation. Based upon the traditional recognition of strong privacy interest in law enforcement records, categorical withholding of information that identifies third parties in law enforcement records is ordinarily appropriate.

**FOIA Exemption (b)(7)(E)** protects records compiled for law enforcement purposes, the release of which would disclose techniques and/or procedures for law enforcement investigations or

- The Freedom of Information Act (FOIA) is a law that gives you the right to access information from the federal government.
- Through FOIA, you can request your **U.S. border entry/exit records** from U.S. Customs and Border Protection.
- These records can serve as your proof of physical presence.



## HOW to Make a FOIA Request

Make an online FOIA request at the [U.S. Customs and Border Protection FOIA request page](#)

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- Make sure to read the [FOIA FAQ](#) for questions regarding the process– submitting a request, potential fees, how to check your request status, etc.
- We recommend making an account when prompted on the FOIA request page - this allows you to check the status of any FOIA requests you have made.
- **Plan in advance:** CBP receives a high volume of FOIA requests, and responses may take some time.



# Filling Out the FOIA Request Form For Entry/Exit Records

Make sure you fill out the form with as much pertinent, specific information as you can in order to facilitate the FOIA request process.

## Agency Selection

? \* Agency : U.S. Customs and Border Protection

For Agency selection, pick U.S. Customs and Border Protection

## Additional Information

\* Type of Records: Entry/Exit  
Requested :

On Behalf Of (First) : First Name

On Behalf Of (Middle) : Middle Name

On Behalf Of (Last) : Last Name

Date of Birth : 00/00/0000

Alias/(es) : Aliases (ex. maiden name)

Alien Number : A Number

Parents' Names : Parents Names

For "Type of Records", request "Entry/Exit"

## ? \* Description :

195/2000

I am requesting a copy of my U.S. Border entry/exit records for use in a Consular Report of Birth Abroad. These records will act as an official record of my physical presence in the United States.

Make sure the description explains the records you're requesting

# Other Proof of Physical Presence: Official School Transcripts

While transcripts showing classes taken in the U.S. may count as proof, school diplomas showing only a degree earned do not.

Study abroad in a U.S. program but outside of the U.S. does not count as physical presence in the U.S.

**Your School Name Here**  
Your School Address

Name: Your Name

ID# : Your Student ID  
DOB: Your Date of Birth

Dept.	Course No.	Title	Units Attempted	Units Earned	GRADE	GRADE POINTS
*** ACADEMIC TRANSCRIPT ***						
FALL	1968					
COM	101	Introduction to Speech Communication	3.0	3.0	A-	12.0
CIS	101	Introduction to Business Computers	3.0	3.0	B	9.0
ENG	121	English Composition	3.0	3.0	A	12.0
FRN	101	Beginning French I	3.0	3.0	B	9.0
MTH	111	Analytical Geometry & Calculus I	3.0	3.0	B-	9.0
PHY	113	Classical Physics	3.0	3.0	A	12.0
SEMESTER TOTALS			18.0	18.0	3.50	63.0
SPRING 1969						
ENG	122	Critical Writing and Reading	3.0	3.0	A	12.0
FRN	102	Beginning French II	3.0	3.0	B	9.0
MTH	112	Analytical Geometry & Calculus II	3.0	3.0	A	12.0
PHY	114	Classical Physics II	3.0	3.0	B	9.0
PSY	101	Introduction to Psychology	3.0	3.0	A-	12.0
SEMESTER TOTALS			15.0	15.0	3.60	54.0
CUMULATIVE TOTALS			33.0	33.0	3.55	117.0
FALL 1969						
ART	123	Art Appreciation	3.0	3.0	B-	9.0
BIO	121	General Biology I	3.0	3.0	B	9.0
ECO	201	Intro to Microeconomics	3.0	3.0	A-	12.0
FIN	101	Personal Finance Decision	3.0	3.0	A	12.0
HIS	122	World History 1877 to Present	3.0	3.0	A	12.0
SEMESTER TOTALS			15.0	15.0	3.60	54.0
SPRING 1970						
ACC	201	Moniers Accounting I	3.0	3.0	A	12.0
ART	131	Intro to Music Appreciation	3.0	3.0	B	9.0
BIO	127	General Biology II	3.0	3.0	A	12.0
ECO	202	Intro to Macroeconomics	3.0	3.0	A-	12.0
FIN	206	Principles of Finance	3.0	3.0	A	12.0
ENG	206	Written Business Communications	3.0	3.0	A-	12.0
SEMESTER TOTALS			18.0	18.0	3.83	69.0
CUMULATIVE TOTALS			66.0	66.0	3.64	240.0

Memoranda & Footnotes:  
 CG Change of grade  
 IR Incomplete removed  
 IC Incomplete charged  
 RC Repeated class  
 S Substitution  
 BP By petition  
 TC Transfer credit  
 AO Audit only; no credit received

Transcripts Issued: 06/09/1991

Degree or Credential Certification: BBA 06/09/1991

TRANSCRIPT IS ONLY VALID WITH THIS SIGNATURE

*Thomas Alan Conother*

OFFICE OF THE REGISTRAR

THE OFFICE OF THE REGISTRAR  
CALIFORNIA

# Other Proof of Physical Presence: Military Records

Time spent overseas for U.S. military service can count as physical presence, but you must provide official records as proof.

(24-70000-1) (U.S. GOVERNMENT)

KFR LEGEND: Insert N/A in the items below which are not applicable

1. LAST NAME - FIRST NAME - MIDDLE NAME <b>PREBLEY ELVIS ARON</b>		2. SERVICE NUMBER <b>IS 53 310 761</b>		3. GRADE, RATE OR RANK <b>SGT E-5 (P)</b>		4. DATE OF BIRTH (Day, Month, Year) <b>11 FEB 60</b>	
5. DUTY STATION, COMPONENT AND BRANCH OR CLASS <b>ARMY AUS ARMOR</b>		6. PLACE OF BIRTH (City and State) <b>TUPELO MISS</b>		7. DATE OF ENTRY INTO SERVICE <b>8 JAN 58</b>		8. MARITAL STATUS <b>SINGLE</b>	
9. RACE <b>CAU</b>		10. SEX <b>M</b>		11. HEIGHT <b>6'</b>		12. WEIGHT <b>170</b>	
13. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED <b>4 YRS HS</b>		14. GRADE COURSE OR FIELD <b>GEN</b>		15. STATION OR INSTALLATION AT WHICH EFFECTED <b>PORT DIX NEW JERSEY</b>		16. TYPE OF TRANSFER OR DISCHARGE <b>TRANSFER TO USAR (SEE 18)</b>	
17. REASON AND AUTHORITY <b>AR 635-250 &amp; PAR 7 AR 635-205 SPN 411</b>		18. EFFECTIVE DATE <b>5 MAR 60</b>		19. TYPE OF CERTIFICATE ISSUED <b>IND FORM 217A</b>		20. EARLY SEPARATION OF OVERSEAS RETURNERS <b>EARLY SEPARATION OF OVERSEAS RETURNERS</b>	
21. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>HQ CO 1ST MIB 32D ARMOR APO 30</b>		22. HONORABLE <b>HONORABLE</b>		23. IND FORM <b>IND FORM 217A</b>		24. RELATIVE SERVICE NUMBER <b>NO 86 34 16</b>	
25. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE <b># 86 MEMPHIS TENN</b>		26. DATE INDUCTED <b>24 MAR 58</b>		27. METHOD OF AND COURSE TO WHICH RECLASSIFIED <b>TRANS USAR VII US ARMY CORPS (RESERVE)</b>		28. TYPE OF SERVICE (Term) <b>NA</b>	
29. MONTH <b>23 MAR 64</b>		30. YEAR <b>64</b>		31. SOURCE OF ENTRY <b>NA</b>		32. DATE OF ENTRY <b>NA</b>	
33. PAYER REGULAR ESTABLISHMENT <b>NA</b>		34. DATE OF ENTRY INTO CURRENT ACTIVE SERVICE <b>NA</b>		35. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>MEMPHIS TENN</b>		36. TYPE OF SERVICE (Term) <b>NA</b>	
37. NAME OF BARRACKS AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) <b>GRACELAND HIGHWAY 51 SOUTH TENNESSEE (SHELBY)</b>		38. RCT # <b>NA</b>		39. SETBACK OF SERVICE <b>NA</b>		40. DATE OF ENTRY <b>NA</b>	
41. SPECIALTY GRADE AND TITLE <b>133.60 ARMOR INTEL SPEC</b>		42. SELECTIVE CIVILIAN OCCUPATION AND P. O. T. NUMBER <b>NA</b>		43. TOTAL ACTIVE SERVICE <b>1 11 12</b>		44. FOREIGN ARMS SER. SERVICE <b>1 5 11</b>	
45. RECOGNITIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>GOOD CONDUCT MEDAL</b>							
46. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) <b>NA</b>							
47. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING, COURSE AND/OR POST-GRADUATE COURSE SUCCESSFULLY COMPLETED <b>NA</b>							
48. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED <b>NA</b>							
49. GOVERNMENT LIFE INSURANCE IN FORCE <b>NA</b>							
50. AMOUNT OF ALLOTMENT <b>NA</b>							
51. BIRTH ALLOTMENT DISCONTINUED <b>NA</b>							
52. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) <b>NA</b>							
53. VA CLAIM NUMBER <b>NA</b>							
54. REMARKS <b>BLOOD TYPE O ITEM 3A PVI E-2 (P) 24 JUL 58 LUMP SUM PAYMENT MADE FOR 0 DAYS</b>							
55. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) <b>5701 HIGHWAY 51 SOUTH MEMPHIS TENN</b>				56. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Elvis A. Prebley</i>			
57. TYPE, GRADE, RATE AND TITLE OF AUTHORIZING OFFICER <b>R F KLUGE 2D LT AGC ASST ADJ</b>				58. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>R F Kluge</i>			

DD FORM 214 NOV 58 214 REPLACES EDITION OF 1 JUL 52 WHICH IS OBSOLETE

ARMED FORCES OF THE UNITED STATES  
REPORT OF TRANSFER OR DISCHARGE

# Other Proof of Physical Presence: Medical Records

NSN 7540-01-075-3786

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT (Patient)		LOG NUMBER	TREATMENT FACILITY
PATIENT'S HOME ADDRESS OR DUTY STATION				RECORDS MAINTAINED AT	
STREET ADDRESS				DATE (Day, Month, Year)	
CITY				ARRIVAL TIME	
STATE				TRANSPORTATION TO FACILITY	
ZIP CODE					
SEX	DUTY/LOCAL PHONE	MILITARY STATUS		THIRD PARTY INSURANCE	
	AREA CODE NUMBER	ITEM	YES NO N/A	ITEM	YES NO
AGE	HOME PHONE	PPF		ADDITIONAL INSURANCE	
	AREA CODE NUMBER	FLYING STATUS		DD 2568 IN CHART	
		MEDICAL HISTORY OBTAINED FROM		NAME OF INSURANCE COMPANY	
CURRENT MEDICATIONS	INJURY OR OCCUPATIONAL ILLNESS		EMERGENCY ROOM VISIT		
	ITEM	YES NO WHEN (Date)	DATE LAST VISIT	24 HOUR RETURN	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
ALLERGIES	IS THIS AN INJURY?	WHERE	DATE LAST SHOT	TETANUS	
	INJURY/SAFETY FORMS			COMPLETED INITIAL SERIES	
	HOW			<input type="checkbox"/> YES <input type="checkbox"/> NO	
CHIEF COMPLAINT					
CATEGORY OF TREATMENT			VITAL SIGNS		
<input type="checkbox"/> EMERGENT	TIME		TIME		
<input type="checkbox"/> URGENT	INITIALS		BP		
<input type="checkbox"/> NON URGENT			PULSE		
			RESP		
			TEMP		
			WT		
LAB ORDERS	CBC/DIFF	ABO	PT/PTT	BHCG/URINE/BLOOD/GUANT	CXR PA & LAT/PORTABLE
	URINE CAS	UA MS/CC/CATH		CHEM	ACUTE ABDOMEN
	BLOOD CAS X				LS SPINE
					SINUS
					HEAD CT
					ANKLE R/L
ORDERS					
<input type="checkbox"/> PULSE OX		<input type="checkbox"/> MONITOR		<input type="checkbox"/> ECG	
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE
DISPOSITION	DISPOSITION QUARTERS /OFF DUTY	PATIENT/DISCHARGE INSTRUCTIONS			
<input type="checkbox"/> HOME <input type="checkbox"/> FULL DUTY	<input type="checkbox"/> 24 HRS <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS				
MODIFIED DUTY UNTIL	RETURN TO DUTY				
CONDITION UPON RELEASE	ADMIT TO UNIT/SERVICE	REFERRED	TO	WHEN	
<input type="checkbox"/> IMPROVED <input type="checkbox"/> DETERIORATED	UNCHANGED	TIME OF RELEASE	I have received and understand these instructions.		
PATIENT'S IDENTIFICATION		PATIENT'S SIGNATURE			
<small>(For typed or written entries, give Name - last, first, middle, if no. USSR or other, hospital or medical facility)</small>					

**EMERGENCY CARE AND TREATMENT (Patient)**  
Medical Record

**STANDARD FORM 558** (REV. 9-98)  
Prescribed by GSA/ICMR  
FPMR (41 CFR) 101-11.203(b)(1)(i)

Medical records can provide additional proof of physical presence, but only for exact dates of treatment.

# IS THERE A FEE FOR THIS PROCESS? HOW DO I PAY?

- CRBA: 100 USD
- Passport: 105 USD
- The fee can be paid in cash (dollars/pesos) or by an international credit card (charged in USD) the day of your appointment.

# HOW DO I ARRANGE DELIVERY?

- Documents are printed in the U.S. and delivered via DHL.
- Applicants must visit the DHL branch at Cabildo 1209 to arrange payment.
- Please visit DHL before the appointment and provide the DHL airway bill at your appointment.
- Visiting DHL after your appointment may result in delays.