U. S. Department of State

CONSULAR OFFICES OF THE UNITED STATES OF AMERICA

OMB NO. 1405-0187
EXPIRES - 6/30/2012
Estimated Burden - 30 minutes

AFFIDAVIT OF PARENTAGE, PHYSICAL PRESENCE AND SUPPORT

PART I
(All applicants please complete Part I)

I, _____ do solemnly swear (or affirm):
Name

That I am a U.S. citizen/U.S. non-citizen national by: *(choose one)*

1) birth in _____ on _____
City/Town, State — Date *(mm-dd-yyyy)*

2) naturalization on _____ before the _____
Date *(mm-dd-yyyy)* — Name of Court

3) birth abroad on _____ to U.S. citizen(s) or U.S. non-citizen national(s) in _____
Date *(mm-dd-yyyy)* — Country

That I am *(choose one)* ☐ Married ☐ Previously Married

married on _____ to _____
Date *(mm-dd-yyyy)* — Name

in _____ or ☐ Not Married
Country

That I am the biological parent of:

Name of Child	Date of Birth *(mm-dd-yyyy)*	Place of Birth

(Continue on a separate sheet, if necessary)

(Continued on the next page)

That I have been physically present in the United States as follows:

Place *(City, State)*	Date *(mm-dd-yyyy)*	Date *(mm-dd-yyyy)*
	From	To
	From	To
	From	To
	From	To
	From	To

(Continue on a separate sheet, if necessary)

That I have been physically present abroad as follows:

Place *(Country)*	Date *(mm-dd-yyyy)*	Date *(mm-dd-yyyy)*	Purpose *(Indicate purpose of trip: vacation, residence, business, studies, U.S. government employment, U.S. military service, U.S. military dependent, etc. If working abroad give name of employer)*
	From	To	
	From	To	
	From	To	
	From	To	

(Continue on a separate sheet, if necessary)

That the other biological parent of the above-named child/children for whom I am applying for citizenship is

_____

Name

☐ is a citizen or national of the U.S.

☐ is not a citizen of the U.S.

If the other parent is a U.S. citizen/U.S. non-citizen national it is by:

1) birth in _____ on _____
City/Town, State — Date *(mm-dd-yyyy)*

2) naturalization on _____ before the _____
Date *(mm-dd-yyyy)* — Name of Court

3) birth abroad on _____ to U.S. citizen(s)/U.S. non-citizen national(s) in _____
Date *(mm-dd-yyyy)* — Country

(Continued on the next page)

PART II
(All applicants with a child/children born out of wedlock)

That the non-applying parent has been physically present in the United States as follows: (INFORMATION ABOUT THE UNMARRIED NON-APPLYING PARENT SHOULD ONLY BE PROVIDED IF THAT PARENT IS A U.S. CITIZEN OR U.S. NON-CITIZEN NATIONAL)

Place *(City, State)*	Date *(mm-dd-yyyy)*	Date *(mm-dd-yyyy)*
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

(Continue on a separate sheet, if necessary)

PLEASE STOP HERE! Part II of this document must be signed before a Consular Officer or other authorized individual at the time the oath is sworn.

My child was born out of wedlock, and I am the father through whom such child is claiming U.S. citizenship. I agree to provide financial support for such child until he/she reaches the age of eighteen years.

_____
Signature of Affiant

Subscribed and sworn before me this _____ day of _____, _____.

[SEAL]

_____
Signature and Title of Official Administering Oath

(Continued on the next page)

PART III
(Oath: To be completed by all applicants)

PLEASE STOP HERE! Part III of the document must be signed before a Consular Officer or other authorized individual at the time the oath is sworn.

WARNING: False statements made knowingly and willfully in applications for citizenship documentation or affidavits and other supporting documents are punishable by fine and/or imprisonment under the provisions of 18 USC 1001 and other applicable criminal statutes.

A U.S. consular officer may require additional evidence of one's blood relationship to one's child and/or evidence of one's physical presence or residence in the United States.

I solemnly swear (or affirm) that all the statements contained in this affidavit are true and complete to the best of my knowledge and belief, and that this affidavit is for the purpose of establishing my relationship to the aforementioned child/children and his/her/their claim to U.S. citizenship.

_____
Signature of affiant

_____
Present Street Address

_____ _____ _____
City State Country

_____ _____
Zip Code Telephone Number

SUBSCRIBED AND SWORN TO (AFFIRMED) before me this _____ day of _____ , ____ ,

at _____ ,

[SEAL]

_____
Signature and Title of Administering Officer

PRIVACY ACT STATEMENT

AUTHORITY: The State Department is authorized to collect this information pursuant to 8 U.S.C. § 1104(a)(1), 1104(a)(3), 1401 [INA 301], 1408, 1409(a) [INA 309], 1409(a)(3), 22 U.S.C. § 211(a) and 213.

PURPOSE: The principal purpose of the information gathered is to determine if a child's U.S. citizen/national parent(s) possessed the requisite physical presence or residence in the United States prior to the child's birth to transmit U.S. citizenship (or U.S. non-citizen nationality) to the child; to establish parentage of the child, and, when appropriate, to fulfill the provisions of 8 U.S.C. § 1409(a)(3) which requires a written statement of financial support to be provided by U.S. citizen fathers for children born out of wedlock.

ROUTINE USES: The information solicited on this form may be made available to Federal government entities such as the Social Security Administration, the Department of Homeland Security, and Department of Justice, in connection with processing of immigration and naturalization matters. Information also can be made available to appropriate federal, state, local or foreign government entities, such as state law enforcement agencies, state prosecutors, judicial staff, local police, and INTERPOL, in connection with law enforcement, safety, welfare and related matters. These matters include custody disputes and notification of next of kin.

Furnishing the information on this form is voluntary; however, failure to furnish the requested information may delay or prevent you from being able to obtain U.S.

PAPERWORK REDUCTION ACT (PRA) STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202.