U.S. Department of State

APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD OF A CITIZEN OF THE UNITED STATES OF AMERICA

OMB NO. 1405-0011
EXPIRES: 02/29/2016
Estimated Burden: 20 minutes

Registration Number

A. THIS SECTION TO BE COMPLETED BY THE CHILD'S PARENT(S) OR GUARDIAN(S) OR THE CHILD *(USE SECTION D CONTINUATION SHEET)*

INFORMATION ABOUT THE CHILD

1. Name of Child in Full Nombre del niño

Apellido(s) *(Last/Surname)* | Primer Nombre *(First)* | Segundo Nombre *(Middle)*

2. Sex Sexo ☐ M ☐ F

3. Date of Birth Fecha nacimiento Mes / Dia / Año *(month) (day) (year)*

4. Place of Birth Lugar de nacimiento

Ciudad *(City)* | País *(Country)*

NOTE: (If the U.S. citizen parent transmitting citizenship to the child is not present, he or she may complete State Department Form DS 5507 Affidavit of Parentage Physical Presence and Support and submit it separately. The parent completing this application should provide as much information on the parent completing the Form DS 5507 as he or she has.)

INFORMATION ON MOTHER/FATHER/PARENT

5. Full Name Nombre completo madre/padre

Apellido(s) *(Last/Surname)* | Nombre *(First)* | 2º Nombre *(Middle)*

6. All Previous Legal Names Used Todos los nombres legales utilizados anteriormente

(Last/Surname) | *(First)* | *(Middle)*

(Last/Surname) | *(First)* | *(Middle)*

7. Sex Sexo ☐ M ☐ F

8. Date of Birth Fecha nacimiento Mes / Dia / Año *(month) (day) (year)*

9. Place of Birth Lugar nacimiento

Ciudad *(City)* | Estado *(State/Province)* | País *(Country)*

10. Current Physical Address *(Do not list P.O. Box)* *(A.P.O. Address Permitted)* Dirección Actual (No P.O. Box)

Dirección *(Address Line 1)*

Ciudad, Estado, País, Codigo Postal *(City, State/Province, Country, Postal Code)*

Número de teléfono *(Phone Number(s))*

correo electrónico *(Email Address)*

Utilize esta dirección si el reporte se enviará por correo?
Use this address if Consular Report of Birth will be mailed? ☐ Yes ☐ No

INFORMATION ON MOTHER/FATHER/PARENT

11. Full Name Nombre completo madre/padre

Apellido(s) *(Last/Surname)* | Nombre *(First)* | 2º Nombre *(Middle)*

12. All Previous Legal Names Used Todos los nombres legales utilizados anteriormente

(Last/Surname) | *(First)* | *(Middle)*

(Last/Surname) | *(First)* | *(Middle)*

13. Sex Sexo ☐ M ☐ F

14. Date of Birth Fecha nacimiento Mes / Dia / Año *(month) (day) (year)*

15. Place of Birth Lugar nacimiento

Ciudad *(City)* | Estado *(State/Province)* | País *(Country*

16. Current Physical Address *(Do not list P.O. Box)* *(A.P.O. Address Permitted)* Dirección Actual (No P.O. Box)

Dirección *(Address Line 1)*

Ciudad, Estado, País, Codigo Postal *(City, State/Province, Country, Postal Code)*

Número de teléfono *(Phone Number(s))*

correo electrónico *(Email Address)*

Utilize esta dirección si el reporte se enviará por correo?
Use this address if Consular Report of Birth will be mailed? ☐ Yes ☐ No

17. Mailing Address *(if different from Current Physical Address)* *(Do not list a P.O. Box.)* *(You may list an A.P.O. address)* Dirección de correo (si es diferente a su dirección actual) (No poner P.O. Box)

Dirección *(Address Line 1)* | Ciudad, Estado, País, Codigo Postal *(City, State/Province, Country and Postal Code)*

(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

18. Citizenship Ciudadanía

Are you a U.S. Citizen or U.S. Non-Citizen National?

☐ Yes ☐ No Es ciudadano de los EE.UU.?

(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

19. Citizenship Ciudadanía

Are you a U.S. Citizen or U.S. Non-Citizen National?

☐ Yes ☐ No Es ciudadano de los EE.UU.?

MARITAL STATUS OF THE PARENTS

20. Were you married to the child's other biological parent when the child was born? ☐ Yes ☐ No

Estaba usted casado con el otro padre/madre biologico cuando nacio su hijo(a)?

21. Date and Place of Marriage to the child's other biological parent and current status

Lugar y fecha de metrimonio del otro padre/madre biologico y estado actual.

Mes / Dia / Año (month) (day) (year) — Ciudad (City) — Estado (State/Province) — País (Country)

☐ Still Married Matrimonio Vigente ☐ Divorced Divorciado Mes / Dia / Año (month) (day) (year) ☐ Death Muerto Mes / Dia / Año (month) (day) (year)

(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

22. Please list any other marriages *(Show Name(s) of Spouse(s), Dates and Current Status)* if applicable *(Death, Divorce, Still Married)*. If you have never been married, enter "None." *(If additional space is needed, please use the Section D Continuation Sheet)*

Favor de poner una lista de todos los matrimonios de ambos padres (muestre nombre(s) de su esposo(a), fechas y estado actual), si aplica (muerto, divorcío, matrimonio vigente). Si nunca ha estado casado, escribir "None". Si necesita mas espacio ,utilice la seccíon D hoja continuacion)

(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

23. Please list any other marriages *(Show Name(s) of Spouse(s), Dates and Current Status)* if applicable *(Death, Divorce, Still Married)*. If you have never been married, enter "None." *(If additional space is needed, please use the Section D Continuation Sheet)*

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

Periodos exactos de tiempo en EE.UU.

Place *(City, State)*	Date *(month-day-year)*	Date *(month-day-year)*
Lugar (Ciudad, Estado)	From De Mes-Dia-Año	To A Mes-Dia-Año
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

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

Periodos exactos de tiempo en EE.UU.

Place *(City, State)*	Date *(month-day-year)*	Date *(month-day-year)*
Lugar (Ciudad, Estado)	From De Mes-Dia-Año	To A Mes-Dia-Año
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

26. Precise Periods Abroad in U.S. Armed Forces, in other U.S. Government Employment, with Qualifying International Organization, or as a dependent child of a person so employed *(Specify) (if additional space is needed please use the Section D Continuation Sheet)*
Periodos exactos de tiempo en el extranjero con las fuerzas armadas de EE.UU.

Branch/Agency/Org.	Date *(month-day-year)*	Date *(month-day-year)*
Sucursal/Agencia/Org.	From De Mes-Dia-Año	To A Mes-Dia-Año
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

27. Precise Periods Abroad in U.S. Armed Forces, in other U.S. Government Employment, with Qualifying International Organization, or as a dependent child of a person so employed *(Specify) (if additional space is needed please use the Section D Continuation Sheet)*
Periodos exactos de tiempo en el extranjero con las fuerzas armadas de EE.UU.

Branch/Agency/Org.	Date *(month-day-year)*	Date *(month-day-year)*
Sucursal/Agencia/Org.	From De Mes-Dia-Año	To A Mes-Dia-Año
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

B. THIS SECTION TO BE COMPLETED BEFORE/BY CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER PERSON QUALIFIED TO ADMINISTER OATH
Esta seccion debera ser llenada frente al oficial consular

NOTE: If a U.S. citizen parent transmitting citizenship to the child born out of wedlock is not present, he or she may complete State Department Form DS 5507 Affidavit of Parentage Physical Presence and Support and submit separately. Only the U.S. citizen father of a child born abroad out of wedlock must complete the acknowledgement of paternity and agreement to provide financial support.

28. I Yo _____ Nombre _____ *(Name)* do solemnly swear *(or affirm) (check all that apply)* juro solemnemente (o afirmo) (marque todas las que apliquen)

☐ I am a U.S. citizen or non-citizen national. Soy ciudadano de EE.UU.

☐ I am the father of Soy el padre de _____ Nombre del niño(a) _____ *(Name of Child)*,

who was born on que nacio en _____ fecha nacimiento _____ *(Date of Birth)* in en _____ lugar nacimiento _____ *(Place of Birth)*.

☐ My child was born out of wedlock, and I am the Mi hijo nació fuera de matrimonio y soy

the father through whom he/she is claiming U.S. citizenship. el padre a traves del cual el/ella esta reclamando ciudadanía de los EE.UU.

☐ I agree to provide financial support for this child until he/she reaches the age of eighteen Estoy de acuerdo en proveer apoyo financiero a este niño(a) hasta que el/ella alcance la edad de 18.

_____
(Signature of Affiant)

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

_____
(Signature and Title of Administering Officer)

(SEAL)

(Continued)

THIS SECTION TO BE COMPLETED BEFORE/BY CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER PERSON QUALIFIED TO ADMINISTER OATHS

Esta seccion debera ser llenada frente al oficial consular

29. Affirmation: I SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. Juro solemnemente (o afirmo) que las declaraciones hechas en esta solicitud son verdaderas.

Name of Person(s) Providing Information Nombre de la persona(s) que proveen la informacion	Relationship to the Child *(Parent, Legal Guardian, Other (Specify))* Relacion con el niño(a) (Padre, Tutor Legal, Otro (especifique)	Signature of Person(s) Providing Information Firma de la persona(s) que proveen la informacion
_____	_____	_____
_____	_____	_____

Type Name and Title of Official	Signature of Official	City	Date
_____	_____	_____	___ /___ /_____ *(month) (day) (year)*

Subscribed to: *(SEAL)*

30. Approval of Consular Report of Birth

_____ *(Printed Name of Consular Officer)*

_____ *(Signature of Consular Officer)*

_____ *(Approving Post)*

___ /___ /_____ *(month) (day) (year)* *(Date of Approval)*

_____ *(Registration Number)*