

## CONSULAR REPORT OF BIRTH ABROAD (CRBA)

A child born abroad to a U.S. citizen parent(s) may acquire U.S. citizenship at birth, if certain statutory requirements under the **Immigration and Nationality Act (INA)** (PDF 380KB) are met. The parents should apply for a Consular Report of Birth Abroad (CRBA) and/or a U.S. passport for the child as soon as possible. Failure to promptly document a child who meets the statutory requirements for acquiring U.S. citizenship at birth may cause problems for the parents and the child when attempting to establish the child's U.S. citizenship and eligibility for the rights and benefits of U.S. citizenship, including entry into the United States. A CRBA of a U.S. citizen is only issued to a child who acquired U.S. citizenship at birth and who is generally **under the age of 18 at the time of the application**.

According to U.S. law, a CRBA is proof of U.S. citizenship and may be used to obtain a U.S. passport and register for school, among other purposes. The child's parents may choose to apply for a **U.S. passport** and **social security number** for the child at the same time that they apply for a CRBA. Parents may also choose to apply only for a U.S. passport for the child. Like a CRBA, a full validity, unexpired U.S. passport is proof of U.S. citizenship.

### CRBA PROCESS

1. Please thoroughly review the information on this page.
2. Determine if your child can acquire U.S. citizenship under one of the four sections of the INA.
3. Gather the documentation to establish your residence or physical presence in the U.S. as required by the relevant section of the INA.
4. Prepare your CRBA application (PDF 345KB) (please do not sign) using this checklist and bring all documents to your appointment. Both parents and child need to be present at the time of the interview.
5. Schedule an appointment at the U.S. Embassy in Bern, or the Consular Agency in Geneva or Zurich.

#### Step 1: CRBA Information Package

Many of your questions are answered on this page regarding the requirements, U.S. law, sample documentation, and how to proceed with a CRBA application. Please take the time to read thoroughly though the information.

**Step 2: Determine If Your Child Can Acquire U.S. Citizenship**

<b>If...</b>	<b>Then...</b>
Child is born in wedlock to U.S. citizen parents,	One of the parents must have had resided in the United States prior to the child's birth.
Child is born in wedlock to a U.S. citizen parent and a non-U.S. citizen parent,	The U.S. citizen parent must establish a total of 5 years of physical presence in the U.S. (including 2 years after the age of 14) prior to the child's birth.*
Child is born out-of-wedlock to a U.S. citizen father,	The U.S. citizen father must establish the blood relationship with clear and convincing evidence, must agree to financially support and acknowledge the child in writing under oath before the child turns 18 (section B of CRBA application), and must establish 5 years of physical presence in the U.S. (including 2 years after the age of 14) prior to the child's birth.*
Child is born out-of-wedlock to a U.S. citizen mother,	The U.S. citizen mother must establish one year of <b>continuous</b> physical presence in the U.S. prior to the child's birth.*

\* These requirements apply to most common cases. For details regarding the physical presence requirements and the law applicable to your specific situation, please read more on [travel.state.gov](http://travel.state.gov).

**Step 3: Residence or Physical Presence Sample Documentation**

These lists are not exhaustive and are meant to provide guidance only. Some of these documents alone are not sufficient evidence of physical presence, but combined could help you establish the necessary physical presence in the U.S. as required by the INA.

**To establish residence in the U.S.:**

- U.S. passport with place of birth in the U.S.
- Marriage certificate with residence address in the U.S.
- Property rental leases and payment receipts
- School transcripts

**To establish physical presence in the U.S.:**

- Elementary, middle school, high school, and/or college transcripts
- Employment letter specifying dates of employment with supporting W2s
- Service in the U.S. armed forces, employment with the U.S. government and/or employment with an international organization abroad (as defined in **Section I of the International Organizations Immunities Act**)
- Time spent abroad as a dependent child of a U.S. citizen parent in one of the aforementioned categories as long as you can provide documentation (i.e. travel orders).
- Your complete U.S. passport showing entry/exit stamps
- If a dual national, your complete foreign passport showing entry/exit stamps

**Step 4: Submit Your Completed Package**

This [package](#) (PDF 1.76MB) includes all documents required to apply for a **Consular report of birth abroad, passport and social security number**. Please print out the [checklist](#) to bring to your appointment. Each individual applying for a CRBA must schedule an appointment.

Check the appropriate box in front of each document that you bring with you. At the time of your interview, please submit the original documents and a photocopy of each document. The documents should be placed in the same order as the checklist with the original on top of the copy. If you do not bring a photocopy, you may be charged for each page that needs to be photocopied.

Please note all documents must be in English. Documents in languages other than English must be accompanied by an English certified translation.

**Step 5: Schedule An Appointment**

Schedule an appointment at the U.S. Embassy in Bern, or the Consular Agency in Geneva or Zurich. Both parents and the child need to be present at the time of the interview.

You will need to pay the fee of 100 USD (check the payment options for your preferred location), sign the CRBA application under oath in front of a consular officer or consular agent, and be interviewed. Please note, only a consular officer in Bern can make the final adjudication decision. The consular officer may request further documentation and/or an interview in Bern as necessary to make an adjudication decision.

For payment options and to schedule an appointment please visit your preferred [location](#).

## U.S. EMBASSY BERN

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For non-emergency appointments, except renunciations, please schedule an appointment in Bern on our [online appointment system](#). Visit our [Renunciations](#) section for information on how to renounce your U.S. citizenship.

Visit our [Notarial](#) section for information on our services, how to prepare your documents and to make an appointment.

- schedule one appointment per family.
- note appointments are available 9 a.m. – 11:30 a.m. Monday – Friday.
- note that for the convenience of students and parents alike, we have reserved appointments for children under age 16 in the afternoon on the third Wednesday of each month - Bern only.
- note the consular agencies in Zurich and Geneva have independent appointment systems. Please call or email them to schedule an appointment.

If you would like to speak to a representative at the U.S. Embassy Bern, please call between **2 p.m. and 4 p.m. Monday – Friday**.

The Embassy is closed on [U.S. and Swiss holidays](#).

**Phone:** +41 31 357 70 11

**Fax:** +41 31 357 72 80

**Email:** [BernACS@state.gov](mailto:BernACS@state.gov)

### **Mailing Address:**

U.S. Embassy Bern  
American Citizen Services  
P.O. Box  
3001 Bern, Switzerland

### **Address:**

Sulgeneckstrasse 19  
3007 Bern, Switzerland

## Payment Options

CASH: Local Currency (CHF)	<ul style="list-style-type: none"> <li>• In-person only (<b>NO CASH IN THE MAIL</b>)</li> <li>• Swiss Francs (CHF)</li> <li>• Our current cash exchange rate is 1:1</li> </ul>
CASH: U.S. dollars (\$)	<ul style="list-style-type: none"> <li>• In-person only (<b>NO CASH IN THE MAIL</b>)</li> <li>• U.S dollar bills issued after 2006 only</li> </ul>
<b>Credit Cards</b>	<ul style="list-style-type: none"> <li>• In-person only</li> <li>• Charged in U.S. dollars</li> <li>• Exchange rates vary and fees may apply, please check with your credit service provider</li> <li>• Debit cards not accepted</li> </ul>
<b>Checks</b>	<ul style="list-style-type: none"> <li>• <b>NO personal checks</b></li> <li>• <b>Cashiers' check - only</b> (Barscheck/Bankscheck) (Cheque Comptant) (Assegno Bancario's)</li> <li>- In U.S. dollars</li> <li>- Payable to: U.S. Embassy Bern</li> <li>- Must include 'code line' (e.g. Bank's routing number, account number and transit number)</li> <li>- Checks must be drawn on an American bank (e.g. Swiss bank must have a corresponding bank in the U.S.)</li> <li>• Example (PDF - 191KB)</li> </ul>

Please note we cannot perform any requested service until the correct fee for the full amount is paid.  
Thank you for your understanding.

**SECURITY NOTICE****Allowed Items:**

You may bring **one** modest-size bag into the waiting room area. The size of bags allowed is: 35 cm (length) x 30 cm (height) x 20 cm (width). **Bags larger than this size will not be allowed.**

You are **not** allowed to enter the U.S. Embassy with any of the following items:

- Electronic or battery-operated devices, including mobile phones, digital diaries, digital watches, pagers, cameras, audio/video cassettes, compact discs, MP3s, floppy disks, laptops, portable music players and e-Readers
- Food and liquid items
- Sealed envelopes or packages
- Cigarettes, cigars, match boxes, and lighters
- Sharp objects such as scissors, pen knives or nail files
- Weapons or explosive materials of any kind

Please note this list is not exhaustive. Other items may be prohibited at the discretion of the security staff. There is no facility at the U.S Embassy to store prohibited items. You must make arrangements to store these items before entering.

**CONSULAR AGENCY GENEVA****Location:**

Rue Versonnex 7  
CH-1207 Geneva, Switzerland

**Mailing Address:**

U.S. Consular Agency Geneva  
Postfach 5266  
3001 Bern

**Tel:** +41(0)22 840 51 60 (no visa questions/information possible)

**Fax:** +41(0)22 840 51 62

**E-mail:** [Geneva-CA@state.gov](mailto:Geneva-CA@state.gov)

**Business Hours:**

10:00 a.m. until 1 p.m., Monday through Friday (by appointment only). Schedule an appointment by email.

Consular Agency Geneva is closed on U.S. and Swiss holidays.

## Payment Options:

<b>CASH:</b> Local Currency (CHF)	<ul style="list-style-type: none"><li>• Swiss Francs (CHF)</li><li>• Our current cash exchange rate is 1:1</li></ul>
<b>Credit Cards</b>	<ul style="list-style-type: none"><li>• Charged in U.S. dollars</li><li>• Exchange rates vary and fees may apply, please check with your credit service provider</li><li>• Debit cards not accepted</li></ul>
<b>Checks</b>	<ul style="list-style-type: none"><li>• <b>NO checks of any kind</b></li></ul>

**Wheel Chair Access:** If you require wheel chair access, please call prior to your appointment to make arrangements.

**Visas and Renunciations:** Please note the consular agency does not provide any immigrant/non-immigrant visa or renunciations services. Visa inquiries should be directed to the visa section at the U.S. Embassy in Bern. For renunciations, please visit our Loss of Nationality section.

**CONSULAR AGENCY ZURICH****Location:**

Dufourstrasse 101  
3rd floor  
8008 Zurich, Switzerland

**Mailing Address:**

U.S Consular Agency Zürich  
Postfach 5266  
3001 Bern

**Directions:**

Take the Number 4 Tram in the direction of Tiefenbrunnen to the stop Feldeggstrasse".

**Tel:** +41(0)43 499 29 60

**Fax:** +41(0)43 499 29 61

**E-mail:** [Zurich-CA@state.gov](mailto:Zurich-CA@state.gov)

**Business Hours:**

10:00 a.m. until 1 p.m., Monday through Friday (by appointment only). Schedule an appointment by email.

Consular Agency Zurich is closed on [U.S and Swiss holidays](#).

## Payment Options:

CASH: Local Currency (CHF)	<ul style="list-style-type: none"> <li>• Swiss Francs (CHF)</li> <li>• Our current cash exchange rate is 1:1</li> </ul>
<b>Credit Cards</b>	<ul style="list-style-type: none"> <li>• Charged in U.S. dollars</li> <li>• Exchange rates vary and fees may apply, please check with your credit service provider</li> <li>• Debit cards not accepted</li> </ul>
<b>Checks</b>	<ul style="list-style-type: none"> <li>• <b>NO checks of any kind</b></li> </ul>

**Visas and Renunciations:** Please note the consular agency does not provide any immigrant/non-immigrant visa services or renunciations. Visa inquiries should be directed to the visa section at the U.S. Embassy in Bern. For renunciations, please visit our [Loss of Nationality](#) section.

## CHECKLIST for a Consular Report of Birth Abroad (CRBA).

This checklist includes all documents required to apply for a CRBA. Please print out this checklist and bring to your appointment. Each individual applying for a CRBA must schedule an appointment and be present.

Check the appropriate box in front of each document that you bring with you. At the time of your interview, please submit the original documents and a photocopy of each document. The documents should be placed in the same order as the checklist with the original on top of the copy. If you do not bring a photocopy, you may be charged for each page that needs to be photocopied.

Please note all documents must be in English. Documents in languages other than English must be accompanied by an English certified translation.

- **This checklist**
- **Unsigned, completed application for Consular Report of Birth Abroad (DS-2029)**
- **Child's birth certificate**  
*Swiss Family Booklets are not accepted.*
- **Parents' marriage certificate, if applicable**
- **Parents' death certificate, if applicable**
- **Parents' evidence of U.S. citizenship**  
*i.e. U.S. passport, U.S. certificate of naturalization, U.S. certificate of citizenship, U.S. consular report of birth abroad, etc*
- **Parents' government-issued ID (i.e. passport, other national identity document)**
- **Evidence of name change**  
*If either the parents' current legal name does not appear on all presented documents, provide official evidence of a name change*
- **Evidence of physical presence**  
*The U.S. citizen parent must bring proof they were present in the United States before the child's birth. Please refer to our website for sample documentation <http://bern.usembassy.gov/birth-abroad.html>.*
- **Pre-paid C5 envelope (we mail from/to Switzerland only)**
- **Non-refundable application fee (to be paid at the appointment)**

### **REMINDER:**

The above checklist is a general guideline: depending on the circumstances of your case, you may be asked to provide additional types of documentation. By the U.S. regulation, the Embassy will give you 90 days to submit additional documentation or the case will be closed for insufficient evidence to establish U.S. citizenship of the applicant. During the period, the Embassy will respond to inquiries and provide any guidance you need. Please note that all fees are non-refundable.

Thank you and we look forward to seeing you.



**\* SAMPLE \***  
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  
SMITH  
(Last/Surname)
MARCO  
(First)
PETER  
(Middle)

2. Sex  M  F  
 3. Date of Birth 07/04/2012  
(month) (day) (year)  
 4. Place of Birth BERN Switzerland  
(City) (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  
SMITH JANET  
(Last/Surname) (First) (Middle)

6. All Previous Legal Names Used  
CAPITANO JANET  
(Last/Surname) (First) (Middle)  
 — — —  
(Last/Surname) (First) (Middle)

7. Sex  M  F  
 8. Date of Birth 03/18/1972  
(month) (day) (year)

9. Place of Birth  
New York New York USA  
(City) (State/Province) (Country)

10. Current Physical Address (Do not list P.O. Box)  
(A.P.O. Address Permitted)  
Langgasse 29  
(Address Line 1)  
Zurich, Switzerland 8008  
(City, State/Province, Country, Postal Code)  
079 123 4567  
(Phone Number(s))  
email@email.com  
(Email Address)

**INFORMATION ON MOTHER/FATHER/PARENT**

11. Full Name  
SMITH PETER  
(Last/Surname) (First) (Middle)

12. All Previous Legal Names Used  
NONE — —  
(Last/Surname) (First) (Middle)  
 — — —  
(Last/Surname) (First) (Middle)

13. Sex  M  F  
 14. Date of Birth 05/29/1970  
(month) (day) (year)

15. Place of Birth  
Zurich Switzerland  
(City) (State/Province) (Country)

16. Current Physical Address (Do not list P.O. Box)  
(A.P.O. Address Permitted)  
Langgasse 29  
(Address Line 1)  
Zurich, Switzerland 8008  
(City, State/Province, Country, Postal Code)  
078123 4567  
(Phone Number(s))  
email@email.com  
(Email Address)

Use this address if Consular Report of Birth will be mailed?  Yes  No

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)  
 \_\_\_\_\_  
(Address Line 1)  
 \_\_\_\_\_  
(City, State/Province, Country and Postal Code)

SAMPLE

<p style="text-align: center;">(Continued)</p> <p style="text-align: center;"><b>INFORMATION ON MOTHER/FATHER/PARENT</b></p> <p>18. Citizenship Are you a U.S. Citizen or U.S. Non-Citizen National? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;">(Continued)</p> <p style="text-align: center;"><b>INFORMATION ON MOTHER/FATHER/PARENT</b></p> <p>19. Citizenship Are you a U.S. Citizen or U.S. Non-Citizen National? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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**MARITAL STATUS OF THE PARENTS**

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

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

01/14/2006 NASHVILLE TENNESSEE U.S.A.  
(month) (day) (year) (City) (State/Province) (Country)

Still Married  Divorced 01/14/2006  Death \_\_\_/\_\_\_/\_\_\_  
(month) (day) (year) (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)

NONE

(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)

Penelope Rogers  
 married 01/20/90, divorced 3/4/92

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 3/18/72	To 6/22/90
Nashville, TN	From 3/20/95	To 3/21/07
	From	To

25. 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)
Nashville, TN	From 2/14/04	To 3/21/07
	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*)

Branch/Agency/Org.	Date (month-day-year)	Date (month-day-year)
NONE	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*)

Branch/Agency/Org.	Date (month-day-year)	Date (month-day-year)
N/A	From	To
	From	To

**B. THIS SECTION TO BE COMPLETED BEFORE BY CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER PERSON QUALIFIED TO ADMINISTER OATH**

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 \_\_\_\_\_ do solemnly swear (or affirm) (check all that apply)  
(Name)

I am a U.S. citizen or non-citizen national.  I am the father of \_\_\_\_\_  
(Name of Child)

who was born on \_\_\_\_\_ in \_\_\_\_\_  My child was born out of wedlock, and I am the  
(Date of Birth) (Place of Birth)

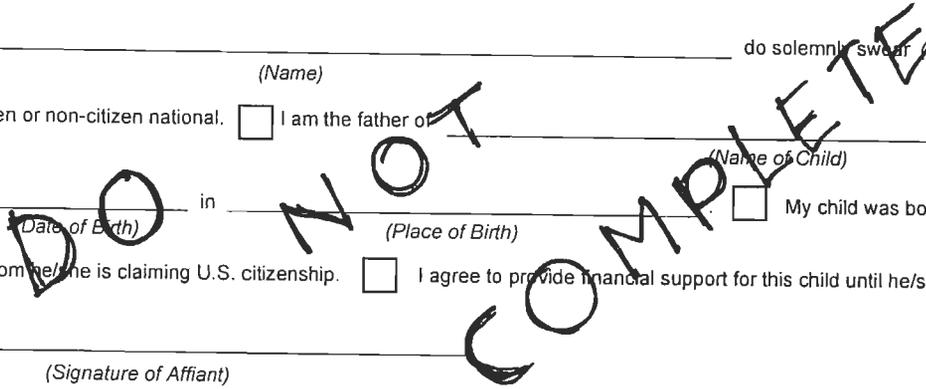
the father through whom he/she is claiming U.S. citizenship.  I agree to provide financial support for this child until he/she reaches the age of eighteen

\_\_\_\_\_  
(Signature of Affiant)

SUBSCRIBED AND SWORN TO (AFFIRMED) before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Signature and Title of Administering Officer)

(SEAL)



SAMPLE

(Continued)

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

29. Affirmation: I SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Name of Person(s) Providing Information Relationship to the Child (Parent, Legal Guardian, Other (Specify)) Signature of Person(s) Providing Information

Type Name and Title of Official Signature of Official City Date (month) (day) (year)

DO

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)

NOT

COMPLETE

# SAMPLE

## C THIS SECTION TO BE COMPLETED BY CONSULAR OFFICER

34. Documents Presented - Please mark accordingly and provide date of document. (If more space is required, list on separate page)

Child's Birth Certificate (month)(day)(year) (City) (Province) (Country)

Marriage Certificate (month)(day)(year) (month)(day)(year) (City) (State) (Province) (Country)

Divorce Decree(s) (a) (month)(day)(year) (month)(day)(year) (City) (State) (Province) (Country)

DO

(b) (month)(day)(year) (month)(day)(year) (City) (State) (Province) (Country)

(c) (month)(day)(year) (month)(day)(year) (City) (State) (Province) (Country)

NOT

Death Certificate(s) (a) (month)(day)(year) (City) (State) (b) (month)(day)(year) (City) (State)

Mother/Father/Parent's Passport (Passport Number) (month)(day)(year) (Nationality) (Date of Issuance)

Mother/Father/Parent's Passport (Passport Number) (month)(day)(year) (Nationality) (Date of Issuance)

COMPLETE

Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate) (Name of the Citizenship Document) (Document Number) (month)(day)(year) (Date of Issuance)

Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate) (Name of the Citizenship Document) (Document Number) (month)(day)(year) (Date of Issuance)

Other Identity Document of Mother/Father/Parent (e.g. Driver's License) (Name of the Identity Document) (Document Number) (month)(day)(year) (Date of Issuance)

Other Identity Document of Mother/Father/Parent (e.g. Driver's License) (Name of the Identity Document) (Document Number) (month)(day)(year) (Date of Issuance)

Other (Legal Guardianship, Power of Attorney, etc.) (Name of the Document) (Document Number) (month)(day)(year)

SAMPLE

D.

CONTINUATION SHEET (USE THIS SPACE FOR ADDITIONAL INFORMATION)

Do

NOT

COMPLETE

**INSTRUCTIONS**

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

A Consular Report of Birth Abroad may be issued for any U.S. citizen child under the age of 18 who was born abroad and who acquired U.S. citizenship at birth. Only the child's parent(s), legal guardian, person acting in loco parentis or the child may apply on the child's behalf. The application generally must be signed before a U.S. consular officer, a consular agent, or, in the case of children born in U.S. military hospitals, a designated military official. A Consular Report of Birth Abroad is proof of U.S. citizenship; however, **it is not a travel document** and does not take the place of a passport for travel purposes.

**IMPORTANT:** You **MUST** provide the required evidence listed below before we can process the application. Please follow the instructions below.

**STEP 1:** Read the instructions before completing and submitting this application. The instructions contain important information about completing the application and list what documents can be submitted as evidence to support the application.

**STEP 2:** Complete the application.

**STEP 3:** Make an appointment with the U.S. embassy or consulate online or contact the U.S. consular agency or designated U.S. military official.

**STEP 4:** Assemble the required documentary evidence. Take the application and supporting documents with you to your appointment at the U.S. embassy, consulate, consular agency, or with a military acceptance agent. **NOTE:** Do not sign the application until you are before a designated U.S. consular official or military acceptance agent.

**STEP 5:** Once the citizenship claim has been approved, the Consular Report of Birth Abroad will be printed in the United States and sent to the address you designate in the United States or the address you designate abroad in countries where the mailing of U.S. citizenship documents is permitted unless you indicate that you will pick it up at the U.S. embassy, consulate or consular agency.

**ABOUT YOUR DOCUMENTS**

- You must submit **ORIGINAL** documents or **copies certified by the custodian of the record**. Generally, we will return your documents after we have seen them.
- **We cannot accept photocopies or notarized copies of documents.**

**DOCUMENTS WE NEED TO SEE**

When applying for a Consular Report of Birth Abroad for a child who has never been documented as a U.S. citizen, the documentary evidence listed below should be presented. In certain instances, additional evidence may be required. Unless otherwise provided, all documentation submitted must be originals or certified copies of the originals bearing the seal of the issuing vital records office, court, or other authority.

1. Child's birth certificate.
2. Evidence of the parent(s)' U.S. citizenship and identity. This may consist of a U.S. passport, U.S. passport card, Consular Report of Birth Abroad, Naturalization Certificate, Certificate of Citizenship or timely filed U.S. birth certificate. For other forms of acceptable U.S. citizenship evidence, contact the U.S. consul. A passport or government issued Photo ID must be presented as proof of identity.
3. Evidence of the U.S. citizen parent(s)' physical presence or residence in the United States prior to the birth of the child. Such evidence may include, but is not limited to affidavits, school, employment, tax, bank, and medical records, utility bills, rent receipts, or other official public documents. Evidence of time spent abroad working for the U.S. government, U.S. Armed Forces or qualifying international organization, or as a dependent child of a person working abroad for such entities prior to the birth of the child is also acceptable in some cases.
4. Parents' marriage certificate, if applicable.
5. Evidence of the termination of any previous marriages of the parents (divorce decree, annulment decree, or death certificate).
6. If a person other than a parent or the child is applying for the Consular Report of Birth Abroad, the person must present a certified copy of legal guardianship or notarized affidavit from the parent(s) authorizing the person to make the application.

Most of the items on the form are self-explanatory with the exception of the items discussed below. The numbers match the numbered items on the form.

1. Name of Child in Full: Enter the name of the child as it is recorded on the local birth certificate. If a different name is shown on the birth certificate, an explanatory affidavit from the parent or legal guardian must be presented regarding the correct name. When a child's name has been legally changed by adoption or certain other legal action amending the child's name from birth, the new name may be recorded on the application if supported by documentary evidence.

2. Sex: Check (X) box to indicate whether male or female.

3. Date of Birth: Write the month before the date and year. (Example: 10/2/2009).  
(month)(day)(year)

4. Place of Birth: Enter the name of the city and country.

**Mother/Father/Parent. 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 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 ABOUT MOTHER/FATHER/PARENT**

5 and 11. Full Name: Enter Mother/Father/Parent's name as it appears on the passport and/or government issued identity document.

6 and 12. All Previous Legal Names: Enter all legal names ever used by father, including name at birth.

7 and 13. Sex: Check (X) box to indicate whether male or female.

8 and 14. Date of Birth: Write the month before the day and year. (Example: 10/2/2009).  
(month)(day)(year)

9 and 15. Place of Birth: Enter the name of the city, state/province (if applicable) and country.

10 and 16. Current Physical Address (Do not list a P.O. Box) (You may list an A.P.O. Address): Enter the address in the foreign country where the application is completed.

17. Enter Mailing Address

18 and 19. Citizenship: Please place an "X" in the "yes" box or the "no" box to indicate whether you were a U.S Citizen or Non-Citizen National when the child was born.

20. Enter yes or no if you and U.S. citizen parent of child were/was married to the child's other biological parent when the child was born.

21. List Date and Place of marriage and check current status of that marriage, adding date of death or divorce if applicable.

22 and 23. Marriage(s): Please list any other marriages as follows: Date of marriage; end date, if any; and manner ended, if applicable. If you have never been married, enter "none."

24 and 25. Time spent in the United States: List all dates you have been present in the United States.

26 and 27. Time spent 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: Official documentation of relevant periods of service from the appropriate governmental department or international organization must be presented. For names of qualifying organizations, consult the U.S. embassy or consulate.

28. Do not sign until you are appearing before the person administering the oath/affirmation.

29. Do not sign until you are appearing before the person administering the oath/affirmation.

30. The U.S. embassy or consulate official approving the issuance of the Consular Report of Birth Abroad will enter the serial number of the Consular Report of Birth Abroad and the date and place of issuance before signing this section.



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

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

\_\_\_\_\_  
(Last/Surname) (First) (Middle)

2. Sex

3. Date of Birth

4. Place of Birth

M  F

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(month) (day) (year)

(City)

(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

\_\_\_\_\_  
(Last/Surname) (First) (Middle)

6. All Previous Legal Names Used

\_\_\_\_\_  
(Last/Surname) (First) (Middle)

\_\_\_\_\_  
(Last/Surname) (First) (Middle)

7. Sex

8. Date of Birth

M  F

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(month) (day) (year)

9. Place of Birth

\_\_\_\_\_  
(City) (State/Province) (Country)

10. Current Physical Address (Do not list P.O. Box)  
(A.P.O. Address Permitted)

\_\_\_\_\_  
(Address Line 1)

\_\_\_\_\_  
(City, State/Province, Country, Postal Code)

\_\_\_\_\_  
(Phone Number(s))

\_\_\_\_\_  
(Email Address)

Use this address if Consular Report of Birth  
will be mailed?  Yes  No

## INFORMATION ON MOTHER/FATHER/PARENT

11. Full Name

\_\_\_\_\_  
(Last/Surname) (First) (Middle)

12. All Previous Legal Names Used

\_\_\_\_\_  
(Last/Surname) (First) (Middle)

\_\_\_\_\_  
(Last/Surname) (First) (Middle)

13. Sex

14. Date of Birth

M  F

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(month) (day) (year)

15. Place of Birth

\_\_\_\_\_  
(City) (State/Province) (Country)

16. Current Physical Address (Do not list P.O. Box)  
(A.P.O. Address Permitted)

\_\_\_\_\_  
(Address Line 1)

\_\_\_\_\_  
(City, State/Province, Country, Postal Code)

\_\_\_\_\_  
(Phone Number(s))

\_\_\_\_\_  
(Email Address)

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)

\_\_\_\_\_  
(Address Line 1)

\_\_\_\_\_  
(City, State/Province, Country and Postal Code)

(Continued)

**INFORMATION ON MOTHER/FATHER/PARENT**

**18. Citizenship**

Were you a U.S. citizen or U.S. Non-Citizen National when the child was born?

Yes  No

(Continued)

**INFORMATION ON MOTHER/FATHER/PARENT**

**19. Citizenship**

Were you a U.S. citizen or U.S. Non-Citizen National when the child was born?

Yes  No

**MARITAL STATUS OF THE PARENTS**

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

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

\_\_\_/\_\_\_/\_\_\_ (month) (day) (year) \_\_\_\_\_ (City) \_\_\_\_\_ (State/Province) \_\_\_\_\_ (Country)

Still Married  Divorced \_\_\_/\_\_\_/\_\_\_ (month) (day) (year)  Death \_\_\_/\_\_\_/\_\_\_ (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)

(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)

Place (City, State)	Date (month-day-year)	Date (month-day-year)
	From	To

25. 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)
	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)

Branch/Agency/Org.	Date	
	(month-day-year)	(month-day-year)
	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)

Branch/Agency/Org.	Date	
	(month-day-year)	(month-day-year)
	From	To

**B. THIS SECTION TO BE COMPLETED BEFORE/BY CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER PERSON QUALIFIED TO ADMINISTER OATH**

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 \_\_\_\_\_ do solemnly swear (or affirm)(check all that apply)  
(Name)

I am a U.S. citizen or non-citizen national.  I am the father of \_\_\_\_\_  
(Name of Child)

who was born on \_\_\_\_\_ in \_\_\_\_\_.  My child was born out of wedlock, and I am the  
(Date of Birth) (Place of Birth)

the father through whom he/she is claiming U.S. citizenship.  I agree to provide financial support for this child until he/she reaches the age of eighteen

\_\_\_\_\_  
(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**

29. Affirmation: I SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Name of Person(s) Providing Information \_\_\_\_\_ Relationship to the Child \_\_\_\_\_ Signature of Person(s) Providing Information \_\_\_\_\_  
(Parent, Legal Guardian, Other (Specify))

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)

31. Documents Presented - Please mark accordingly and provide date of document. (If more space is required, list on separate page)

Child's Birth Certificate (month)(day)(year) (City) (Province) (Country)

Marriage Certificate (month)(day)(year) (month)(day)(year) (City) (State) (Province) (Country)

Divorce Decree(s) (a) (month)(day)(year) (month)(day)(year) (City) (State) (Province) (Country)

(b) (month)(day)(year) (month)(day)(year) (City) (State) (Province) (Country)

(c) (month)(day)(year) (month)(day)(year) (City) (State) (Province) (Country)

Death Certificate(s) (a) (month)(day)(year) (City) (State) (b) (month)(day)(year) (City) (State)

Mother/Father/Parent's Passport (Passport Number) (month)(day)(year) (Nationality) (Date of Issuance)

Mother/Father/Parent's Passport (Passport Number) (month)(day)(year) (Nationality) (Date of Issuance)

Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate) (Name of the Citizenship Document) (Document Number) (month)(day)(year) (Date of Issuance)

Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate) (Name of the Citizenship Document) (Document Number) (month)(day)(year) (Date of Issuance)

Other Identity Document of Mother/Father/Parent (e.g. Driver's License) (Name of the Identity Document) (Document Number) (month)(day)(year) (Date of Issuance)

Other Identity Document of Mother/Father/Parent (e.g. Driver's License) (Name of the Identity Document) (Document Number) (month)(day)(year) (Date of Issuance)

Other (Legal Guardianship; Power of Attorney, etc.) (Name of the Document) (Document Number) (month)(day)(year) (Date of Issuance)

D.

CONTINUATION SHEET (USE THIS SPACE FOR ADDITIONAL INFORMATION)

## PRIVACY ACT STATEMENT

**AUTHORITY:** The information solicited on this form is requested pursuant to provisions in Titles 8 and 22 of the United States Code (U.S.C.), whether or not codified, including specifically 22 U.S.C. 2705 and predecessor statutes, and by regulations issued pursuant to E.O. 11295 (August 5, 1966), including Part 50, Title 22 Code of Federal Regulations (CFR).

**PURPOSE:** The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a Consular Report of Birth and to properly administer and enforce the laws pertaining thereto. The information may also be used in connection with issuing other evidence of citizenship, and in furtherance of the Secretary's responsibility for the protection of U.S. nationals abroad.

**ROUTINE USES:** The information solicited on this form may be made available as a routine use to other government agencies, to assist the U.S. Department of State in adjudicating passport applications and requests for related services, and for law enforcement and administrative purposes. It may also be disclosed pursuant to court order. The information may be made available to foreign government agencies to fulfill passport control and immigration duties. The information may also be provided to foreign government agencies, international organizations and, in limited cases, private persons and organizations to investigate, prosecute, or otherwise address possible violations of law or to further the Secretary's responsibility for the protection of U.S. nationals abroad. The information may be made available to private U.S. citizen 'wardens' designated by the U.S. embassies and consulates. More information on the Routine Uses for the form can be found in the System of Records Notice, Public Notice 6209 for May 2, 2008. The title of this notice is Overseas Citizens Services Records.

**DISCLOSURE:** Providing the information requested on this form is voluntary. Failure to provide the information requested on this form may result in the denial of a Consular Report of Birth, related document or service to the individual seeking such report, document or service.

## PAPERWORK REDUCTION ACT (PRA) STATEMENT

Public reporting burden for this collection of information is estimated to average 20 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: CA/OCS/L, SA-29, 4th Floor, U.S. Department of State, Washington, DC 20037-3202.



# APPLICATION FOR A U.S. PASSPORT

*Please Print Legibly Using Black Ink Only*

OMB CONTROL NO. 1405-0004  
 OMB EXPIRATION DATE: 01-31-2017  
 ESTIMATED BURDEN: 95 MIN

Attention: Read WARNING on page 1 of instructions

Please select the document(s) for which you are applying:

- U.S. Passport Book   
  U.S. Passport Card   
  Both  
The U.S. passport card is **not** valid for international air travel. For more information see page 1 of instructions.  
 28 Page Book (Standard)   
  52 Page Book (Non-Standard)

Note: The 52 page option is for those who frequently travel abroad during the passport validity period, and is recommended for applicants who have previously required the addition of visa pages.

1. Name Last

First

Middle

D    O    Dep DOTS

End. # \_\_\_\_\_ Exp. \_\_\_\_\_

2. Date of Birth (mm/dd/yyyy)

3. Sex  
M   F

4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.)

5. Social Security Number

6. Email Address (e.g., my\_email@domain.com)

7. Primary Contact Phone Number

8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.

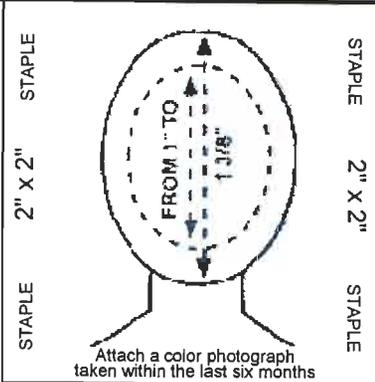
Address Line 2: Clearly label Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g., In Care Of - Jane Doe, Apt # 100)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country, if outside the United States \_\_\_\_\_

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)

A.

B.



**STOP! CONTINUE TO PAGE 2**

**DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT**

Identifying Documents - Applicant or Mother/Father/Parent on Second Signature Line (if identifying minor)

- Driver's License   
  State issued ID Card   
  Passport   
  Military   
  Other \_\_\_\_\_

Name \_\_\_\_\_

Issue Date (mm/dd/yyyy) \_\_\_\_\_ Exp. Date (mm/dd/yyyy) \_\_\_\_\_ State of Issuance \_\_\_\_\_

ID No \_\_\_\_\_ Country of Issuance \_\_\_\_\_

Identifying Documents - Applicant or Mother/Father/Parent on Third Signature Line (if identifying minor)

- Driver's License   
  State issued ID Card   
  Passport   
  Military   
  Other \_\_\_\_\_

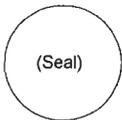
Name \_\_\_\_\_

Issue Date (mm/dd/yyyy) \_\_\_\_\_ Exp. Date (mm/dd/yyyy) \_\_\_\_\_ State of Issuance \_\_\_\_\_

ID No \_\_\_\_\_ Country of Issuance \_\_\_\_\_

Acceptance Agent     (Vice) Consul USA

Passport Staff Agent



I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on page four of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph attached to this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.

Name of courier company (if applicable) \_\_\_\_\_

Facility ID Number \_\_\_\_\_

Facility Name/Location \_\_\_\_\_

Agent ID Number \_\_\_\_\_

Signature of person authorized to accept applications \_\_\_\_\_

Date \_\_\_\_\_

X \_\_\_\_\_  
Applicant's Legal Signature - age 16 and older

X \_\_\_\_\_  
Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

X \_\_\_\_\_  
Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)



\* DS 11 C 09 2013 1 \*

For Issuing Office Only → Bk \_\_\_\_\_ Card \_\_\_\_\_ EF \_\_\_\_\_ Postage \_\_\_\_\_ Execution \_\_\_\_\_ Other \_\_\_\_\_

Name of Applicant (Last, First, & Middle)

Date of Birth (mm/dd/yyyy)

10. Parental Information

Mother/Father/Parent - First & Middle Name

Last Name (at Parent's Birth)

Date of Birth (mm/dd/yyyy)

Place of Birth

Sex U.S. Citizen?

Male Yes
Female No

Mother/Father/Parent - First & Middle Name

Last Name (at Parent's Birth)

Date of Birth (mm/dd/yyyy)

Place of Birth

Sex U.S. Citizen?

Male Yes
Female No

11. Have you ever been married? Yes No If yes, complete the remaining items in #11.

Full Name of Current Spouse or Most Recent Spouse

Date of Birth (mm/dd/yyyy)

Place of Birth

U.S. Citizen? Date of Marriage (mm/dd/yyyy)

Have you ever been widowed or divorced? Yes No

Widow/Divorce Date (mm/dd/yyyy)

12. Additional Contact Phone Number

13. Occupation (if age 16 or older)

14. Employer or School (if applicable)

Home Work Cell

15. Height 16. Hair Color 17. Eye Color

18. Travel Plans Departure Date (mm/dd/yyyy) Return Date (mm/dd/yyyy)

Countries to be Visited

19. Permanent Address - If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.

Street/RFD # or URB (No P.O. Box)

Apartment/Unit

City

State

Zip Code

20. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.

Name

Address: Street/RFD # or P.O. Box

Apartment/Unit

City

State Zip Code

Phone Number

Relationship

21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? Yes No If yes, complete the remaining items in #21.

Name as printed on your most recent passport book

Most recent passport book number

Most recent passport book issue date (mm/dd/yyyy)

Status of your most recent passport book: Submitting with application Stolen Lost In my possession (if expired)

Name as printed on your most recent passport card

Most recent passport card number

Most recent passport card issue date (mm/dd/yyyy)

Status of your most recent passport card: Submitting with application Stolen Lost In my possession (if expired)

PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY

Name as it appears on citizenship evidence

Birth Certificate SR CR City Filed:

Issued:

Nat. / Citiz. Cert. USCIS USDC Date/Place Acquired:

A#

Report of Birth Filed/Place:

Passport C/R S/R Per PIERS #/DOI:

Other:

Attached:

P/C of ID DS-3053 DS-64 DS-5520 DS-5513 Citz W/S

P/C of Citz DS-10 DS-86 DS-71 IRL CIS Ver



\* DS 11 C 09 2013 2 \*

# SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

<b>1</b>	<b>NAME</b> TO BE SHOWN ON CARD		First	Full Middle Name	Last
	<b>FULL NAME AT BIRTH</b> IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
<b>2</b>	Social Security number previously assigned to the person listed in item 1			<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate) City _____ State or Foreign Country _____			<b>Office Use Only</b> FCI	<b>4</b> <b>DATE OF BIRTH</b> MM/DD/YYYY
<b>5</b>	<b>CITIZENSHIP</b> (Check One)		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)
<b>6</b>	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>7</b>	<b>RACE</b> Select One or More (Your Response is Voluntary) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> White	
<b>8</b>	<b>SEX</b>		<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b>9</b>	<b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>		First	Full Middle Name	Last
	<b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9 B on Page 3)		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown		
<b>10</b>	<b>A. PARENT/ FATHER'S NAME</b>		First	Full Middle Name	Last
	<b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 10B on Page 3)		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown		
<b>11</b>	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
<b>12</b>	<b>Name shown on the most recent Social Security card issued for the person listed in item 1</b>		First	Full Middle Name	Last
<b>13</b>	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY		
<b>14</b>	<b>TODAY'S DATE</b> MM/DD/YYYY		<b>15</b>	<b>DAYTIME PHONE NUMBER</b> ( ) - Area Code Number	
<b>16</b>	<b>MAILING ADDRESS</b> (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No. City _____ State/Foreign Country _____ ZIP Code _____		
<b>17</b>	<b>YOUR SIGNATURE</b>		<b>18</b>	<b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify) _____	
<b>DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)</b>					
NPN		DOC		NTI	
CAN		ITV			
PBC	EVI	EVA	EVC	PRA	
NWR		DNR		UNIT	
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
			DATE		
			DATE		
			DCL		
			DATE		



U.S. Department of State

OMB CONTROL NO. 1405-0129
OMB EXPIRATION DATE: 08-31-2016
ESTIMATED BURDEN: 20 Minutes

STATEMENT OF CONSENT:
ISSUANCE OF A U.S. PASSPORT TO A MINOR UNDER AGE 16

Attention: Read WARNING and FORM INSTRUCTIONS on page 1

1. MINOR'S NAME

Last First Middle

2. MINOR'S DATE OF BIRTH (mm/dd/yyyy)

3. STATEMENT OF CONSENT To be completed by the non-applying parent or guardian using his/her information when not present at the time the applying parent or guardian submits the minor's application. Statements expire after 90 days.

I, \_\_\_\_\_, give my consent to the issuance of a United States passport to my minor child named on this application.

Street Address (non-applying parent) Apartment City State Zip Code
( ) Area Code Telephone Number E-mail Address

STOP! YOU MUST SIGN THIS FORM IN FRONT OF A NOTARY.

OATH: I declare under penalty of perjury that all statements made in this supporting document are true and correct.

Signature of Non-Applying Parent or Guardian Date (mm/dd/yyyy)

NOTE: A clear photocopy of the front and back of the identification you presented to the notary is required with this form.

4. STATEMENT OF CONSENT NOTARIZATION

Name of Notary Print Name (Notary Public)

Location City, State

Commission Expires Date (mm/dd/yyyy)

NOTARY SEAL

Identification Presented by Non-Applying Parent or Guardian: Driver's License Passport Military ID Other (specify)

ID Number: Place of Issue:

Issue Date (mm/dd/yyyy): Expiration Date (mm/dd/yyyy):

OATH: By signing this document, I certify that I am a licensed notary under laws and regulations of the state or country for which I am performing my notarial duties, that I am not related to the above affiant, that I have personally witnessed him/her sign this document, and that I have properly verified the identity of the affiant by personally viewing the above notated identification document and the matching photocopy.

Signature of Notary Date of Notarization Date (mm/dd/yyyy)



U.S. Department of State

STATEMENT OF CONSENT:

ISSUANCE OF A U.S. PASSPORT TO A MINOR UNDER AGE 16

USE OF THIS FORM

The information collected on this form is used in conjunction with the DS-11, "Application for a U.S. Passport". When a minor under age of 16 applies for a passport and one of the minor's parent or legal guardians is unavailable at the time the passport is executed, a completed and notarized DS-3053 can be used as the statement of consent. If the required statement is not submitted, the minor may not be eligible to receive a U.S. passport. The required statement may be submitted in other formats provided they meet statutory and regulatory requirements.

FORM INSTRUCTIONS

1. Complete items 1 and 2.
2. Complete item 3, Statement of Consent, only if you are a non-applying parent or guardian consenting to the issuance of a passport for your minor child. NOTE: Your signature must be witnessed and notarized in item 4.
3. The written consent from the non-applying parent that accompanies an application for a new U.S. passport must not be more than 90 days old. A clear photocopy of the front and back of the non-applying parent's government-issued photo identification is required with the written consent.
4. Please submit this form with your minor child's new DS-11 passport application to any designated acceptance facility, U.S. Passport Agency, U.S. Embassy, or U.S. Consulate abroad.

**WARNING: False statements made knowingly and willfully on passport applications, including affidavits or other supporting documents submitted therewith, may be punishable by fine and/or imprisonment under U.S. law, including the provisions of 18 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621.**

FOR INFORMATION, QUESTIONS, AND INQUIRIES

For passport and travel information, please visit our website at [travel.state.gov](http://travel.state.gov). In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD 1-888-874-7793) or by e-mail at [NPIC@state.gov](mailto:NPIC@state.gov). Customer Service Representatives are available Monday-Friday, 8:00 a.m. - 10:00 p.m. Eastern Standard Time (excluding federal holidays). Automated information is available 24/7.

For information on International Parental Child Abduction, please visit [www.travel.state.gov/childabduction](http://www.travel.state.gov/childabduction) or contact the Office of Children's Issues by telephone at 1-888-407-4747 or by e-mail at [PreventAbduction@state.gov](mailto:PreventAbduction@state.gov).

PRIVACY ACT STATEMENT

**AUTHORITIES:** We are authorized to collect this information by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

**PURPOSE:** The primary purpose for soliciting the information is to establish two parent consent for a minor's passport application, as required by Public Law 106-113, Section 236.

**ROUTINE USES:** This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad.

More information on the Routine Uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-26, Passport Records.

**DISCLOSURE:** Failure to provide the information requested on this form may result in the refusal or denial of a U.S. passport application.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documentation 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: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 2201 C Street NW, Washington, D.C. 20520.