

## 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.
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**

| If...  | Then...   |
|--|---|
| 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 entre/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.

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](#).

## LOCATIONS IN SWITZERLAND

### U.S. Embassy Bern

For non-emergency appointments, please schedule an appointment in Bern on our **online appointment system**. 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</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</li> <li>• U.S dollar bills issued after 2006 only</li> <li>• Our current cash exchange rate is 1:1</li> </ul>                                  |
| Credit Cards               | <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> </ul> |

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

**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, and portable music players
- 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 Zurich

**Location:**

Dufourstrasse 101  
3rd floor, Zurich, Switzerland

**Mailing Address:**

Dufourstrasse 101  
CH-8008 Zurich, Switzerland

**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>   |
| Credit Cards               | <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> </ul> |
| Checks                     | <ul style="list-style-type: none"> <li>• <b>NO checks of any kind</b></li> </ul>  |

## Consular Agency Geneva

**Location:**

Rue Versonnex 7  
 CH-1207 Geneva, Switzerland

**Mailing Address:**

c/o U.S. Mission  
 11, Rte. de Pregny  
 1292 Chambésy/GE

**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:

|                               |   |
|-------------------------------|---|
| CASH: Local<br>Currency (CHF) | <ul style="list-style-type: none"> <li>Swiss Francs (CHF)</li> <li>Our current cash exchange rate is 1:1</li> </ul>   |
| Credit Cards                  | <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> </ul> |
| Checks                        | <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.

## 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 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.

- This checklist**
- Unsigned, completed application for consular report of birth abroad (DS-2029)**
- Child's birth certificate**  
*Family books are not accepted.*
- Parents' marriage certificate**, if applicable
- Parents' divorce decree(s)**, if applicable
- Parents' death certificate(s)**, if applicable
- Parents' evidence of U.S. citizenship**  
*i.e. U.S. passport, U.S. certificate of naturalization, 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 parent's current legal name does not appear the same 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](http://bern.usembassy.gov/birth_abroad.html).
- Pre-paid A5 envelope**
- Non-refundable application fee**

### 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 U.S. regulation, the Embassy will give you 90 days to submit any additional documentation or the case will be closed for insufficient evidence to establish U.S. citizenship of the applicant. During this 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 MARCO PETER (Last/Surname) (First) (Middle)
2. Sex [X] M [ ] F 3. Date of Birth 07/04/2012 4. Place of Birth BERN Switzerland (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

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)

11. Full Name SMITH PETER (Last/Surname) (First) (Middle)
12. All Previous Legal Names Used NONE (Last/Surname) (First) (Middle)

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

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

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

15. Place of Birth Zurich Switzerland (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)

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 Address)

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

Use this address if Consular Report of Birth will be mailed? [X] 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<br/>Are you a U.S. Citizen or U.S. Non-Citizen National?</p> <p><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<br/>Are you a U.S. Citizen or U.S. Non-Citizen National?</p> <p><input type="checkbox"/> Yes   <input checked="" type="checkbox"/> No</p> |
|---|---|

**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) | From           | To |
|----------------------|-----------------------|----------------|----|
| <u>New York, NY</u>  | <u>3/18/72</u>        | <u>6/22/90</u> |    |
| <u>Nashville, TN</u> | <u>3/20/95</u>        | <u>3/21/07</u> |    |
|                      | 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) | From           | To |
|----------------------|-----------------------|----------------|----|
| <u>Nashville, TN</u> | <u>2/14/04</u>        | <u>3/21/07</u> |    |
|                      | From                  | To             |    |

SAMPLE

(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<br>(month-day-year) | Date<br>(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<br>(month-day-year) | Date<br>(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)

DO NOT COMPLETE

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

D.

CONTINUATION SHEET (USE THIS SPACE FOR ADDITIONAL INFORMATION)

Do

NOT

COMPLETE

## 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.

**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.

## HOW TO COMPLETE THIS 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 are a U.S. citizen.
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

## 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

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)

**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.

|  |   |   |   |
|--|---|---|---|
| _____<br>Name of Person(s) Providing Information | _____<br>Relationship to the Child<br>(Parent, Legal Guardian, Other (Specify)) | _____<br>Signature of Person(s) Providing Information |   |
| _____<br>Type Name and Title of Official         | _____<br>Signature of Official  | _____<br>City   | _____<br>Date<br>____ / ____ / ____<br>(month) (day) (year) |

Subscribed to: (SEAL)

30. Approval of Consular Report of Birth

|   |  |                                |
|---|--|--------------------------------|
| _____<br>(Printed Name of Consular Officer) | _____<br>(Signature of Consular Officer)                         |                                |
| _____<br>(Approving Post)                   | ____ / ____ / ____<br>(month) (day) (year)<br>(Date of Approval) | _____<br>(Registration Number) |



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)

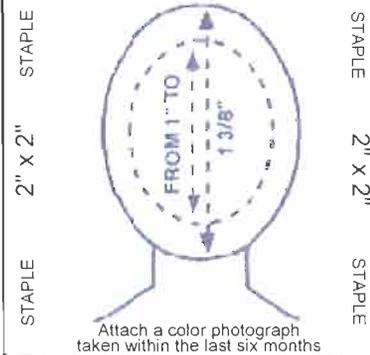
- Driver's License     State Issued ID Card     Passport     Military     Other \_\_\_\_\_

Name \_\_\_\_\_

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

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

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.



Acceptance Agent     (Vice) Consul USA

Passport Staff Agent



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)

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



\* DS 11 C 09 2013 1 \*

Name of Applicant (Last, First, & Middle) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

10. Parental Information Last Name (at Parent's Birth) \_\_\_\_\_

Mother/Father/Parent - First & Middle Name \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex  Male  Female U.S. Citizen?  Yes  No

Mother/Father/Parent - First & Middle Name \_\_\_\_\_ Last Name (at Parent's Birth) \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex  Male  Female U.S. Citizen?  Yes  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?  Yes  No 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 / Citz. 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





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.



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.

Print Name (non-applying parent)

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)

# SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

|          |  |       |                  |      |
|----------|--|-------|------------------|------|
| <b>1</b> | <b>NAME</b><br>TO BE SHOWN ON CARD               | First | Full Middle Name | Last |
|          | <b>FULL NAME AT BIRTH</b><br>IF OTHER THAN ABOVE | First | Full Middle Name | Last |
|          | <b>OTHER NAMES USED</b>                          |       |                  |      |

|          |   |  |
|----------|---|--|
| <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><br>(Do Not Abbreviate) City State or Foreign Country | Office Use Only | <b>4</b> | <b>DATE OF BIRTH</b> | MM/DD/YYYY |
|          |  | FCI             |          |                      | Y          |

|          |                                   |                                       |  |   |   |
|----------|-----------------------------------|---------------------------------------|--|---|---|
| <b>5</b> | <b>CITIZENSHIP</b><br>(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) | <input type="checkbox"/> Other (See Instructions On Page 3) |
|----------|-----------------------------------|---------------------------------------|--|---|---|

|          |   |          |   |  |   |   |
|----------|---|----------|---|--|---|---|
| <b>6</b> | <b>ETHNICITY</b><br>Are You Hispanic or Latino?<br>(Your Response is Voluntary)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>7</b> | <b>RACE</b><br>Select One or More<br>(Your Response is Voluntary) | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> American Indian        | <input type="checkbox"/> Other Pacific Islander |
|          |   |          |   | <input type="checkbox"/> Alaska Native   | <input type="checkbox"/> Black/African American | <input type="checkbox"/> White                  |
|          |   |          |   | <input type="checkbox"/> Asian           |   |   |

|          |            |                               |                                 |
|----------|------------|-------------------------------|---------------------------------|
| <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><br>(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><br>(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> | Name shown on the most recent Social Security card issued for the person listed in item 1 | 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><br>MM/DD/YYYY | <b>15</b> | <b>DAYTIME PHONE NUMBER</b><br>( ) - | Area Code | Number |
|-----------|-----------------------------------|-----------|--------------------------------------|-----------|--------|

|           |   |   |      |                       |          |
|-----------|---|---|------|-----------------------|----------|
| <b>16</b> | <b>MAILING ADDRESS</b><br>(Do Not Abbreviate) | Street Address, Apt. No., PO Box, Rural Route No. | City | State/Foreign Country | ZIP Code |
|-----------|---|---|------|-----------------------|----------|

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

|           |                       |           |  |                               |   |   |  |
|-----------|-----------------------|-----------|--|-------------------------------|---|---|--|
| <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  |
|                    | DCL   |

|     |      |
|-----|------|
| DCL | DATE |
|-----|------|

|     |      |
|-----|------|
| DCL | DATE |
|-----|------|

|     |      |
|-----|------|
| DCL | DATE |
|-----|------|

|     |      |
|-----|------|
| DCL | DATE |
|-----|------|

|     |      |
|-----|------|
| DCL | DATE |
|-----|------|