

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)** are met (see U.S. Embassy website for link). 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 below.
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 (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. If one parent cannot be present use the notarized letter of consent with the DS-3053.
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 in this package 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 continuous 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 www.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 includes all documents required to apply for a **Consular report of birth abroad, passport and social security number**. Please use the checklist and bring with your appointment. Each applying family 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.

U.S. EMBASSY BERN**Business hours:**

9:00 a.m. until 11:30 a.m., Monday through Friday by appointment only. Schedule an appointment online on the U.S. Embassy Bern website, www.bern.usembassy.gov.

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

Location:

U.S. Embassy Bern
Sulgeneckstrasse 19
3007 Bern, Switzerland

Mailing Address:

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

Payment Options:

CASH: Local
Currency (CHF)

- In-person only **(NO CASH IN THE MAIL)**
- Swiss Francs (CHF)
- Our current cash exchange rate is 1:1

CASH: U.S. dollars (\$)

- In-person only **(NO CASH IN THE MAIL)**
- U.S dollar bills issued after 2006 only

Credit Cards

- In-person only
- Charged in U.S. dollars
- Exchange rates vary and fees may apply, please check with your credit service provider
- Debit cards not accepted

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 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

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)

- Swiss Francs (CHF)
- Our current cash exchange rate is 1:1
- Charged in U.S. dollars

Credit Cards

- Exchange rates vary and fees may apply, please check with your credit service provider
- Debit cards not accepted

Checks

- **NO checks of any kind**

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. Both parents and child need to 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**
- **Both parents and child need to be present at the appointment**
- **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 the 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.
- **Pre-paid C4 (to fit A4) 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 MARCO PETER
(Last/Surname) (First) (Middle)

2. Sex M F
 3. Date of Birth 07/04/2016
(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 NY 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 45 67
(Phone Number(s))
email@email.com
(Email Address)

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

INFORMATION ON MOTHER/FATHER/PARENT

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

12. All Previous Legal Names Used
- - -
(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)
078 - 123 45 67
(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	(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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19. Citizenship Were you a U.S. citizen or U.S. Non-Citizen National when the child was born? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

01 / 14 / 2008 Nashville TENNESSEE U.S.A.
 (month) (day) (year) (City) (State/Province) (Country)

Still Married Divorced 01 / 14 / 2008 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)
<u>NEW YORK, NY</u>	<u>From 3/18/72</u>	<u>To 6/22/90</u>
<u>Nashville, TN</u>	<u>From 3/20/95</u>	<u>To 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)	Date (month-day-year)
<u>Nashville, TN</u>	<u>From 2/14/04</u>	<u>To 3/21/07</u>
	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)

DO NOT COMPLETE

(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)

Subscribed to: (SEAL)

DO NOT

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)

COMPLETE

FOR OFFICIAL USE

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)
(File Date) (Date of Issuance)

(Province) (Country)

Divorce Decree(s) (a) / / / / (month)(day)(year)(month)(day)(year) (City) (State)
(File Date) (Date of Issuance)

(Province) (Country)

(b) / / / / (month)(day)(year)(month)(day)(year) (City) (State)
(File Date) (Date of Issuance)

(Province) (Country)

(c) / / / / (month)(day)(year)(month)(day)(year) (City) (State)
(File Date) (Date of Issuance)

(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)

COMPLETED

* SAMPLE *

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 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)

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 <i>(Parent, Legal Guardian, Other (Specify))</i>	_____ Signature of Person(s) Providing Information
_____	_____	_____

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

Subscribed to: (SEAL)

30. Approval of Consular Report of Birth

_____ <i>(Printed Name of Consular Officer)</i>	_____ <i>(Signature of Consular Officer)</i>	
_____ <i>(Approving Post)</i>	___ / ___ / ___ <i>(month) (day) (year)</i> <i>(Date of Approval)</i>	_____ <i>(Registration Number)</i>

C.

FOR OFFICIAL USE

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) (File Date) (Date of Issuance) ____ (City) ____ (State) ____ (Province) ____ (Country)

Divorce Decree(s) (a) ____/____/____ (month)(day)(year) ____/____/____ (month)(day)(year) (File Date) (Date of Issuance) ____ (City) ____ (State) ____ (Province) ____ (Country)

(b) ____/____/____ (month)(day)(year) ____/____/____ (month)(day)(year) (File Date) (Date of Issuance) ____ (City) ____ (State) ____ (Province) ____ (Country)

(c) ____/____/____ (month)(day)(year) ____/____/____ (month)(day)(year) (File Date) (Date of Issuance) ____ (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) (Date of Issuance) ____ (Nationality)

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

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.

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 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 _____ Home Cell Work **13. Occupation (if age 16 or older)** _____ **14. Employer or School (if applicable)** _____

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 PERS #/DOI: _____
 Other: _____
 Attached: _____
 P/C of ID DS-3053 DS-64 DS-5520 DS-5513 Citiz W/S
 P/C of Citiz DS-10 DS-86 DS-71 IRL CIS Ver



* DS 11 C 09 2013 2 *



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	_____
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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

1	NAME TO BE SHOWN ON CARD	First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE	First	Full Middle Name	Last
	OTHER NAMES USED			

2	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"/>
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3	PLACE OF BIRTH (Do Not Abbreviate)	City	State or Foreign Country	FCI	4	DATE OF BIRTH	MM/DD/YYYY
							Office Use Only

5	CITIZENSHIP (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)
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6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	7	RACE Select One or More (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		

8	SEX	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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9	A. PARENT/ MOTHER'S NAME AT HER BIRTH	First	Full Middle Name	Last				
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>

10	A. PARENT/ FATHER'S NAME	First	Full Middle Name	Last				
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>

11	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.)
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12	Name shown on the most recent Social Security card issued for the person listed in item 1	First	Full Middle Name	Last
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13	Enter any different date of birth if used on an earlier application for a card	MM/DD/YYYY
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14	TODAY'S DATE	MM/DD/YYYY	15	DAYTIME PHONE NUMBER	Area Code	Number
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16	MAILING ADDRESS (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No.		
		City	State/Foreign Country	ZIP Code

17	YOUR SIGNATURE	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 to my knowledge.			
		18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:		
		<input type="checkbox"/> Self	<input type="checkbox"/> Natural Or Adoptive Parent	<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Other Specify

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)							
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			
				DATE			