AFFIDAVIT OF RESIDENCE AND PATERNITY/MATERNITY

I solemnly swear or affirm that the following statements are true and complete to the best of my knowledge and belief. I acknowledge that the purpose of this Affidavit is the establishment of my relationship to persons claiming U.S. citizenship, entitlement to visas, or federal benefits.

Name: _____ **Date of Birth:** _____
Last *First* *Middle* *(Month/Day/Year)*

Social Security No.: _____ **Local Telephone No.:** _____

If you are a U.S. citizen, please complete the following:

I became a U.S. citizen by: ☐ **Birth in the U.S** ☐ **Born American Outside U.S.** ☐ **Naturalization**
Passport or Naturalization Certificate No: _____
Date Issued: _____ **Place:** _____

1. What is your occupation? _____

2. Have you ever been outside the U.S. as an employee, or as the dependent of an employee of the U.S. government or an international organization? ☐ **YES** ☐ **NO**

If 'YES', list the agency or organization and the dates abroad as an employee or dependent of an employee:

_____ _____
Organization Name *Dates Abroad*

3. Have you worked as a seaman? ☐ **YES** ☐ **NO** **If yes, provide all of your discharge slips and fill in the blank below.**
I have been working as a seaman since: _____.
(Month/Day/Year)

4. I have been physically present in the United States as follows:
(Please bring your current and all previous passports or other evidence such as:cancelled passports, tax returns, letters from former employers with specific dates of employment, old pay stubs, cancelled checks, school transcripts, report cards, medical records, discharge slips, receipts or any other type of documentation that shows the date and required your signature.)

FROM (MONTH/DAY/YEAR)	TO (MONTH/DAY/YEAR)	TYPE OF EVIDENCE	FOR OFFICE USE

5. List present and all previous spouses:

SPOUSE'S NAME	SPOUSE'S DATE OF BIRTH	DATE OF MARRIAGE	DATE OF DIVORCE	DATE OF DEATH
1.				
2.				
3.				
4.				

6. Has any one of your spouses been previously married? ☐ YES ☐ NO If yes, please complete the table below.

YOUR SPOUSE'S NAME	NAME OF HIS/HER PREVIOUS SPOUSE	PREVIOUS SPOUSE DATE OF BIRTH	DATE AND REASON FOR TERMINATION OF MARRIAGE
1.			
2.			
3.			

7. Please list ALL your children (including natural, step-, and adopted children) whether living or deceased.

CHILD'S FIRST NAME	FATHER'S FIRST NAME	MOTHER'S FIRST NAME	GENDER (M/F)	DATE OF BIRTH	PLACE OF BIRTH

Warning: *False statements made knowingly and willfully in passport applications, affidavits, or other supporting documents are Punishable by fine and/or imprisonment under the provisions of U.S.C. Sections 1001 and 1542.*

Signature of Affiant: _____

Subscribed and sworn before me on _____, at _____

_____
Notary Public or US Consular Officer