



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 <div style="display: flex; justify-content: space-between;"> <div style="width: 30%; border-bottom: 1px solid black; text-align: center;">Washington <small>(Last/Surname)</small></div> <div style="width: 30%; border-bottom: 1px solid black; text-align: center;">George <small>(First)</small></div> <div style="width: 30%; border-bottom: 1px solid black; text-align: center;">Jason <small>(Middle)</small></div> </div>		
2. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	3. Date of Birth 06 / 04 / 2012 <small>(month) (day) (year)</small>	4. Place of Birth Georgetown <small>(City)</small> Guyana <small>(Country)</small>
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 Washington Augusta Hussein <small>(Last/Surname) (First) (Middle)</small>	11. Full Name Smith Michelle Laura <small>(Last/Surname) (First) (Middle)</small>	
6. All Previous Legal Names Used <small>(Last/Surname) (First) (Middle)</small>	12. All Previous Legal Names Used Morrison Michelle Laura <small>(Last/Surname) (First) (Middle)</small>	
7. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	8. Date of Birth 08 / 04 / 1961 <small>(month) (day) (year)</small>	13. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
9. Place of Birth Honolulu Hawaii United States <small>(City) (State) (Country)</small>	14. Date of Birth 01 / 17 / 1964 <small>(month) (day) (year)</small>	
10. Current Physical Address (Do not list P.O. Box) (A.P.O. Address Permitted) Lot 13 Grove Public Road <small>(Address Line 1)</small> East Bank Demerara, Guyana <small>(City, State/Province, Country, Postal Code)</small> 592-618-2782 <small>(Phone Number(s))</small> barley1@yahoo.com <small>(Email Address)</small>	15. Place of Birth Berbice Guyana <small>(City) (State/Province) (Country)</small>	
Use this address if Consular Report of Birth will be mailed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	16. Current Physical Address (Do not list P.O. Box) (A.P.O. Address Permitted) Lot 13 Grove Public Road <small>(Address Line 1)</small> East Bank Demerara, Guyana <small>(City, State/Province, Country, Postal Code)</small> 592-265-6082 <small>(Phone Number(s))</small> <small>(Email Address)</small>	
Use this address if Consular Report of Birth will be mailed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) <small>(Address Line 1)</small> <small>(City, State/Province, Country and Postal Code)</small>



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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 <div style="display: flex; justify-content: space-between;"> Washington <small>(Last/Surname)</small> George <small>(First)</small> Jason <small>(Middle)</small> </div>		
2. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	3. Date of Birth 06 / 04 / 2012 <small>(month) (day) (year)</small>	4. Place of Birth Georgetown <small>(City)</small> Guyana <small>(Country)</small>
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 <div style="display: flex; justify-content: space-between;"> Washington <small>(Last/Surname)</small> Augusta <small>(First)</small> Hussein <small>(Middle)</small> </div>		11. Full Name <div style="display: flex; justify-content: space-between;"> Smith <small>(Last/Surname)</small> Michelle <small>(First)</small> Laura <small>(Middle)</small> </div>
6. All Previous Legal Names Used <div style="display: flex; justify-content: space-between;"> <small>(Last/Surname)</small> <small>(First)</small> <small>(Middle)</small> </div>		12. All Previous Legal Names Used <div style="display: flex; justify-content: space-between;"> Harris <small>(Last/Surname)</small> Michelle <small>(First)</small> Laura <small>(Middle)</small> </div>
7. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	8. Date of Birth 08 / 04 / 1961 <small>(month) (day) (year)</small>	14. Date of Birth 01 / 17 / 1964 <small>(month) (day) (year)</small>
9. Place of Birth Honolulu <small>(City)</small> Hawaii <small>(State/Province)</small> United States <small>(Country)</small>	15. Place of Birth Berbice <small>(City)</small> Guyana <small>(State/Province) (Country)</small>	
10. Current Physical Address (Do not list P.O. Box) (A.P.O. Address Permitted) Lot 13 Grove Public Road <small>(Address Line 1)</small> East Bank Demerara, Guyana <small>(City, State/Province, Country, Postal Code)</small> 592-618-2782 <small>(Phone Number(s))</small> barley1@yahoo.com <small>(Email Address)</small>		16. Current Physical Address (Do not list P.O. Box) (A.P.O. Address Permitted) Lot 13 Grove Public Road <small>(Address Line 1)</small> East Bank Demerara, Guyana <small>(City, State/Province, Country, Postal Code)</small> 592-265-6082 <small>(Phone Number(s))</small> <small>(Email Address)</small>
Use this address if Consular Report of Birth will be mailed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Use this address if Consular Report of Birth will be mailed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) <div style="display: flex; justify-content: space-between;"> <small>(Address Line 1)</small> <small>(City, State/Province, Country and Postal Code)</small> </div>		

(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)	
	From	To
Military Base (Germany)	08-05-1981	06-30-1984
Military Base(Afghanistan)	03-18-1989	04-19-1991
	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)	
	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 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 Augusta H. Washington 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 George J. Washington,
 (Name of Child)

who was born on 06-04-1961 in Georgetown, Guyana. My child was born out of wedlock, and I am the
 (Date of Birth) (Place of Birth)

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

 (Signature of Affiant)

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

 (Signature and Title of Administering Officer)

(SEAL)

(Continued)

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)
Military Base (Germany)	From 08-05-1981	To 06-30-1984
Military Base(Afghanistan)	From 03-18-1989	To 04-19-1991
	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)
	From	To

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

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28. I Augusta H. Washington 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 George J. Washington,

(Name of Child)

who was born on 06-04-1961 in Georgetown, Guyana. 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)

C.

THIS SECTION TO BE COMPLETED BY CONSULAR OFFICER

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

<input type="checkbox"/>	Child's Birth Certificate	____/____/____ (month) (day) (year)	_____ (City)	_____ (Province)	_____ (Country)
<input type="checkbox"/>	Marriage Certificate	____/____/____ (month) (day) (year) (File Date)	____/____/____ (month) (day) (year) (Date of Issuance)	_____ (City)	_____ (State)
			_____ (Province)	_____ (Country)	
<input type="checkbox"/>	Divorce Decree(s)	(a) ____/____/____ (month) (day) (year) (File Date)	____/____/____ (month) (day) (year) (Date of Issuance)	_____ (City)	_____ (State)
			_____ (Province)	_____ (Country)	
		(b) ____/____/____ (month) (day) (year) (File Date)	____/____/____ (month) (day) (year) (Date of Issuance)	_____ (City)	_____ (State)
			_____ (Province)	_____ (Country)	
		(c) ____/____/____ (month) (day) (year) (File Date)	____/____/____ (month) (day) (year) (Date of Issuance)	_____ (City)	_____ (State)
			_____ (Province)	_____ (Country)	
<input type="checkbox"/>	Death Certificate(s)	(a) ____/____/____ (month) (day) (year)	_____ (City)	_____ (State)	
		(b) ____/____/____ (month) (day) (year)	_____ (City)	_____ (State)	
<input type="checkbox"/>	Mother/Father/Parent's Passport	_____ (Passport Number)	____/____/____ (month) (day) (year) (Date of Issuance)	_____ (Nationality)	
<input type="checkbox"/>	Mother/Father/Parent's Passport	_____ (Passport Number)	____/____/____ (month) (day) (year) (Date of Issuance)	_____ (Nationality)	
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate)	_____ (Name of the Citizenship Document)	_____ (Document Number)	____/____/____ (month) (day) (year) (Date of Issuance)	
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate)	_____ (Name of the Citizenship Document)	_____ (Document Number)	____/____/____ (month) (day) (year) (Date of Issuance)	
<input type="checkbox"/>	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)	
<input type="checkbox"/>	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)	
<input type="checkbox"/>	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)

Place (City, State)	Entry Date	Exit Dates
Miami, Florida	01-19-1999	05-01-1999
Miami, Florida	05-15-1999	07-30-2002
Miami, Florida	08-03-2002	01-30-2007
Miami, Florida	02-13-2007	06-04-2012 (Child's Birth Date)

Sample