

ATTENTION

PAGE THREE OF FORM

DS-2029
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CAN ONLY BE USED WHEN
APPLICANT IS APPLYING FOR THE
CONSULAR REPORT OF BIRTH

REFER TO 7 FAM
SUBCHAPTER 1440



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

A. THIS SECTION TO BE COMPLETED BY APPLICANT.

Please Type or Print Neatly in Blue or Black Ink.
See Instructions on Reverse Side.

18.

Serial No. _____

1. NAME OF CHILD IN FULL (First)

(Middle)

(Last)

2. SEX

M F

Date Issued (mm-dd-yyyy) _____

Approved by _____

3. DATE OF BIRTH (mm-dd-yyyy)

4. HOUR

5. PLACE OF BIRTH IN FULL (City, State, Country)

AM

PM

FS Post _____

THE FOLLOWING ITEMS PERTAIN TO THE NATURAL PARENTS. COMPLETE FOR BOTH FATHER AND MOTHER.

FATHER	ITEM	MOTHER
	6. FULL NAME (Include mother's maiden name)	
	7. DATE OF BIRTH (Month, day, year)	
	8. PLACE OF BIRTH (City, State, Country)	
	9. PRESENT ADDRESS (Street No., City, State)	
	10. ADDRESS IN UNITED STATES (Street No., City, State)	
	11. EVIDENCE OF U.S. CITIZENSHIP IF ALIEN, SHOW NATIONALITY	
FROM (mm-dd-yyyy) TO (mm-dd-yyyy)	12. PRECISE PERIODS OF PHYSICAL PRESENCE IN UNITED STATES (Do not list individual States. Use additional paper, if necessary)	FROM (mm-dd-yyyy) TO (mm-dd-yyyy)
FROM (mm-dd-yyyy) TO (mm-dd-yyyy) BRANCH OF SERVICE	13. PRECISE PERIODS ABROAD IN U.S. ARMED FORCES, IN OTHER U.S. GOVERNMENT EMPLOYMENT, WITH QUALIFYING INTERNATIONAL ORGANIZATION, OR AS DEPENDENT OF SUCH PERSON (Specify)	FROM (mm-dd-yyyy) TO (mm-dd-yyyy) BRANCH OF SERVICE
	14. PREVIOUS MARRIAGES SHOW DATE AND MANNER OF TERMINATION OF ALL	

15. DATE AND PLACE OF PRESENT MARRIAGE (mm-dd-yyyy) (City, State, Country)

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

16. 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 PROVIDING INFORMATION		SIGNATURE		RELATIONSHIP TO CHILD	
SUBSCRIBED TO:	TYPED NAME AND TITLE OF OFFICIAL	SIGNATURE OF OFFICIAL		CITY	DATE (mm-dd-yyyy)
(SEAL)					

C. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICE

17. DOCUMENTS PRESENTED:

18. (See upper right corner)

APPLICATION FOR A CONSULAR REPORT OF BIRTH

A Consular Report of Birth may be issued for any U.S. citizen child under age 18 who was **born abroad and who acquired U.S. citizenship at birth**. Only the child's parent or legal guardian may make application on the child's behalf. The application 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. In certain circumstances, the application may be executed before a notary public overseas. (Contact the nearest American Embassy or Consulate for guidance in such cases.)

DOCUMENTARY EVIDENCE

A. For children who have never been documented as U.S. citizens: When an application is made for a Consular Report of Birth for a child who has never been documented as a U.S. citizen, the documentary evidence listed below should be presented. Provisions may be made for documents that are not available. In certain instances, additional evidence may be required to insure full compliance with citizenship law. All documentation submitted must be originals or certified copies of the originals.

1. Child's birth certificate.
2. Evidence of the parent(s) U.S. citizenship. This may consist of a U.S. passport, Consular Report of Birth, Naturalization Certificate, Certificate of Citizenship or U.S. birth certificate. For other forms of acceptable U.S. citizenship evidence, contact the U.S. consul.
3. Parents' marriage certificate.
4. Evidence of the termination of any previous marriages of the parents (divorce decree, annulment decree, or death certificate).

B. For children who have previously been documented as U.S. citizens: When an application is made for a child who has previously been documented as a U.S. citizen, the application need only be accompanied by the documentation issued to the child and the original or a certified copy of the child's birth certificate.

COMPLETION OF THE APPLICATION FOR A CONSULAR REPORT OF BIRTH

Complete Section A, items 1-15 on the first page of this form in accordance with the corresponding numbers below.

1. Enter the name of the child as it is recorded on the local birth certificate. Translations of foreign names are acceptable. If an erroneous name is shown on the birth certificate, an explanatory affidavit from the parent must be presented regarding the correct name. When a child's name has been changed by adoption or certain other legal action amending the child's name retroactive to birth, the new name may be recorded on the application when the legal action has been substantiated by an adoption decree or other documentary evidence, respectively.
2. Check (X) box to indicate whether male or female.
3. Write the month in full. Do not abbreviate. (Example: October 2, 1984).

4. Strike out either A.M. or P.M. and enter the conventional local time as shown on the birth certificate. (Example: 3:00 P.M.) If the time of birth is not shown on the birth certificate, enter the time from memory if known. If time is not known, write "not known".
5. Enter only the name of the city, state, or province (if applicable), and country.
6. Enter the names of the natural parents including the maiden name of mother.
7. Write the month in full. Do not abbreviate.
8. Enter only the city, state, and country.
9. Use address at the time the application is executed.
10. Enter either address at which parents will be residing or receiving mail upon arrival or return to the United States, or the last address in the U.S. The address should be written out in every instance. Do not write "same" or "same as husband".
11. List the type of document, document number, date and place of issuance, and name of individual as recorded on the document if different than item 6 above. If parent is not a U.S. citizen, show nationality.
12. List periods of physical presence in the U.S. prior to the child's birth in exact detail. Do not include periods that will be mentioned in item 13. Vacation trips abroad, schooling in foreign countries, and any other brief absences cannot be counted a physical presence in the U.S.
13. List periods in detail. Official written evidence from the appropriate governmental department or international organization must be presented to support any periods shown. For names of qualifying organizations, see consul.
14. List all prior marriages in the following manner: Date of marriage, manner of termination, date of termination. If no previous marriages, write "none".
15. Show date and place of marriage of child's parents. If the parents are not intermarried, write "not married".

PRIVACY ACT STATEMENT

The information solicited on this form is authorized by, but not limited to, those statutes codified in Titles 8, 18, and 22, United States Code, and all predecessor statutes whether or not codified, and all regulations issued pursuant to Executive Order 11295 of August 5, 1966. The primary purpose for soliciting the information is to establish citizenship, identity and entitlement to issuance of a United States passport or related facility, and to properly administer and enforce the laws pertaining thereto.

The information is made available as a routine use on a need-to-know basis to personnel of the Department of State and other Government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties; pursuant to a subpoena or court order; and, as set forth in Part 6a, Title 22, Code of Federal Regulations (See Federal Register Volume 40, pages 45755, 45756, 47419, and 47420).

Failure to provide the information requested on this form may result in the denial of a United States passport, related document or service to the individual seeking such passport, document or service.

U.S. SOCIAL SECURITY ADMINISTRATION								
APPLICATION FOR SOCIAL SECURITY NUMBER CARD								
COMPLETE ONLY IF APPLICANT HAS NEVER BEFORE APPLIED FOR OR RECEIVED A SOCIAL SECURITY NUMBER CARD AND IS UNDER AGE 5. UNLESS THE REQUESTED INFORMATION IS PROVIDED, WE MAY NOT BE ABLE TO ISSUE A SOCIAL SECURITY NUMBER. PLEASE READ PRIVACY ACT STATEMENT ON REVERSE.							18. Serial No. _____	
1. NAME OF CHILD IN FULL (First) (Middle) (Last) TO BE SHOWN ON CARD					2. SEX <input type="checkbox"/> M <input type="checkbox"/> F		Date Issued (mm-dd-yyyy) _____	
3. DATE OF BIRTH (mm-dd-yyyy)		4. HOUR AM PM	5. PLACE OF BIRTH IN FULL (City, State, Country)		6. <input type="checkbox"/> PLB <input type="checkbox"/> FCI	Approved By _____		FS Post _____
FATHER'S NAME			7. FATHER'S FULL NAME MOTHER'S FULL NAME AT BIRTH		MOTHER'S NAME			
Father's Social Security Number			8. SOCIAL SECURITY NUMBER		Mother's Social Security Number			
9. HAS THE PERSON IN ITEM 1 EVER APPLIED FOR OR RECEIVED A SOCIAL SECURITY NUMBER BEFORE?							<input type="checkbox"/> NO	
10. NAME OF CHILD	FIRST	FULL MIDDLE NAME				LAST		
FULL NAME AT BIRTH IF OTHER THAN ABOVE								
11. MAILING ADDRESS	STREET ADDRESS, APT. NO., P.O. BOX, RURAL ROUTE NO.							
DO NOT ABBREVIATE	CITY/PROVINCE		STATE OR FOREIGN COUNTRY			POSTAL/ZIP CODE		
	<input type="checkbox"/> CTY		<input type="checkbox"/> STE			<input type="checkbox"/> ZIP		
12. RACE/ETHNIC DESCRIPTION	<input type="checkbox"/> Asian, Asian American or Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Black (Not Hispanic)	<input type="checkbox"/> North American Indian or Alaskan Native	<input type="checkbox"/> White (Not Hispanic)			
(Check one only-Voluntary)								
13. NAME OF PERSON PROVIDING INFORMATION			14. SIGNATURE			15. RELATIONSHIP TO CHILD		
16. TODAY'S DATE (mm-dd-yyyy)			17. DAYTIME TELEPHONE NUMBER (Including Area Code)					
<input type="checkbox"/> DON								
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				
				DATE (mm-dd-yyyy)				
				DATE (mm-dd-yyyy)				
				<input type="checkbox"/> DCL				

THE PRIVACY ACT/PAPERWORK ACT AND YOUR APPLICATION

The Privacy Act of 1974 requires us to give each person the following notice when applying for a Social Security Number.

Sections 205(c) and 702 of the Social Security Act allow us to collect the facts we ask for on this form.

We use the facts you provide on this form to assign you a Social Security number or to issue you a Social Security card. You do not have to give us these facts, however, without them we cannot issue you a Social Security number or a card. Without a number, you may not be able to get a job and could lose Social Security benefits in the future.

The Social Security number is also used by the Internal Revenue Service for tax administration purposes as an identifier in processing tax returns of persons who have income which is reported to the Internal Revenue Service and by persons who are claimed as dependents on someone's Federal income tax return.

We may disclose information as necessary to administer Social Security programs, including to appropriate law enforcement agencies to investigate alleged violations of Social Security law; to other government agencies for administering entitlement, health, and welfare programs such as Medicaid, Medicare, veterans benefits, military pension, and civil service annuities, black lung, housing, student loans, railroad retirement benefits, and food stamps; to the Internal Revenue Service for Federal tax administration; and to employers and former employers to properly prepare wage reports. We may also disclose information as required by Federal law, for example, to the Department of Justice, Immigration and Naturalization Service, to identify and locate aliens in the U.S.; to the Selective Service System for draft registration; and to the Department of Health and Human Services for child support enforcement purposes. We may verify Social Security numbers for State motor vehicle agencies that use the number in issuing drivers licenses, as authorized by the Social Security Act. Finally, we may disclose information to your Congressional representative if they request information to answer questions you ask him or her.

We may use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies to determine whether a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in the U.S. Social Security offices, U.S. Embassies or consulates, or the VARO in Manila. If you want to learn more about this, contact any U.S. Social Security office, U.S. Embassy or consulate, or VARO in Manila.

The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number. We estimate that it will take you about 8.5 to 9 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. All requests for Social Security cards and other claims-related information should be sent to your local U.S. Social Security office, U.S. Embassy or consulate, or VARO in Manila.