

**APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD
OF A CITIZEN OF THE UNITED STATES OF AMERICA**OMB NO. 1405-0011
EXPIRES: 03/31/2019
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		
Traveler Jr.	Happy	World
(Last/Surname)	(First)	(Middle)
2. Sex		
<input type="checkbox"/> M <input checked="" type="checkbox"/> F		
3. Date of Birth		
05 / 15 / 2016	Tokyo	
(month) (day) (year)	(City)	Japan
4. Place of Birth		
(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		
Traveler	Happy	World
(Last/Surname)	(First)	(Middle)
6. All Previous Legal Names Used		
(Last/Surname)	(First)	(Middle)
(Last/Surname)	(First)	(Middle)
7. Sex		
<input checked="" type="checkbox"/> M <input type="checkbox"/> F		
8. Date of Birth		
01 / 01 / 1980		
(month) (day) (year)		
9. Place of Birth		
Cambridge		England
(City)	(State/Province)	(Country)
10. Current Physical Address (Do not list P.O. Box) (A.P.O. Address Permitted)		
1-10-5 Akasaka, Minato-ku		
(Address Line 1)		
Tokyo 107-8420		
(City, State/Province, Country, Postal Code)		
090-1234-5678		
(Phone Number(s))		
sample@sample.com		
(Email Address)		
Use this address if Consular Report of Birth will be mailed?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

INFORMATION ON MOTHER/FATHER/PARENT

11. Full Name		
Traveler	Sample	Happy
(Last/Surname)	(First)	(Middle)
12. All Previous Legal Names Used		
Example	Sample	Happy
(Last/Surname)	(First)	(Middle)
(Last/Surname)	(First)	(Middle)
13. Sex		
<input type="checkbox"/> M <input checked="" type="checkbox"/> F		
14. Date of Birth		
01 / 01 / 1981		
(month) (day) (year)		
15. Place of Birth		
Los Angeles	California	USA
(City)	(State/Province)	(Country)
16. Current Physical Address (Do not list P.O. Box) (A.P.O. Address Permitted)		
1-10-5 Akasaka, Minato-ku		
(Address Line 1)		
Tokyo 107-8420		
(City, State/Province, Country, Postal Code)		
080-1234-5678		
(Phone Number(s))		
Sample@sample.com		
(Email Address)		
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)

(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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																		
MARITAL STATUS OF THE PARENTS																																																																			
20. Were you married to the child's other biological parent when the child was born? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																			
21. Date and Place of Marriage to the child's other biological parent and current status <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> 12 / 20 / 2010 <small>(month) (day) (year)</small> </div> <div> New York City <small>(City)</small> </div> <div> New York <small>(State/Province)</small> </div> <div> USA <small>(Country)</small> </div> </div> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Still Married <input type="checkbox"/> Divorced <input type="checkbox"/> Death </div>																																																																			
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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) Name: Tokyo Traveler. May 1st, 2009 divorced.	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) None																																																																		
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#22 and #23: Previous marriage information.

#24 and #25: Time spent in the United States: List all dates you have been present in the United States. (e.g. If you were born in the U.S., start from the date you were born until the date you left the U.S.)

(Continued) INFORMATION ON MOTHER/FATHER/PARENT	(Continued) INFORMATION ON MOTHER/FATHER/PARENT																																																																		
<p>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)</p>																																																																			
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#26 and #27: Parents' periods abroad serving in U.S. Armed Forces, other U.S. Government employment, or as a dependent child.

#28: If you are a U.S. citizen father NOT married to the mother at the time of child's birth this section MUST be completed.

Do not sign yet!

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

(Signature and Title of Administering Officer)

(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

Happy World Traveler

Parent

Sample Happy Traveler

Parent

Type Name and Title of Official

Signature of Official

City

Date

____/____/____
(month) (day) (year)

Subscribed to: (SEAL)

Do not sign yet!

30. Approval of Consular Report of Birth

(Printed Name of Consular Officer)

(Signature of Consular Officer)

(Applying Post)

____/____/____
(month) (day) (year)
(Date of Approval)

(Registration Number)

C.

FOR OFFICIAL USE

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)	
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<input type="checkbox"/>	Other (Legal Guardianship; Power of Attorney, etc.)	_____ (Name of the Document)	_____ (Document Number)	____/____/____ (month) (day) (year) (Date of Issuance)	