



PASSPORT CHECKLIST



NEWBORN PACKAGE: CONSULAR BIRTH ABROAD, TOURIST PASSPORT, SSN

RAF Mildenhall, Bldg 436, Room 204/ Hours of Operation: **Mon-Thurs 0830-1500** /Walk-Ins: **ONLY** For Passport Pick-Ups

For an Appointment please visit: <https://rafmildenhallpassports.setmore.com/>

ONE APPOINTMENT: NEWBORNS BORN WHO HAVE NEVER RECEIVED A CRBA/TOURIST PASSPORT/SSN

ITEMS REQUIRED FOR THE CONSULAR OF BIRTH:

Locations FOR MONEY ORDER: Kessler CU, USPS, Community Bank

1. **Separate money order for \$100** made out to **"US DISBURSING OFFICER" or "US DEPARTMENT OF STATE "**
2. Completed **DS-2029 APPLICATION FORM-** (Physical address listed) <https://eforms.state.gov/Forms/ds2029.PDF>
3. ONE (1) **Printed photocopy** of **BOTH parents military ID** (front & back) FOUO
4. **Original Documents are required to be submitted with the application; documents will be returned**
 - British **Birth Certificate** /Baby's **Birth Certificate** (Child)
 - Parents Original **Marriage Certificate**
 - **Divorce Decree** or **Death Certificate** If previously married for all marriages (If applicable)
 - Any **Official Name change** documentation (If applicable)
 - **BOTH Parents Passport** or **Birth Certificates**, or **Naturalization Certificates** (Foreign Parent must mail-in Foreign Passport)
5. TWO (2) **Royal Mail Special Delivery Prepaid envelopes** from **Royal Mail PO - Off Base Paid up to 500gr stamps A4/C4 size**

ITEMS REQUIRED FOR THE TOURIST PASSPORT:

Locations FOR PASSPORT PHOTOS: RAFM Bob Hope Center, Public Affairs

1. **Separate money order for \$115** made out to **"US DEPARTMENT OF STATE "**
2. **DS-11 Application Form** - Generated-NOTE: Pages must be **printed single-sided and on letter-size format paper. 5&6**
3. TWO (2) Passport photos taken with a **white/off white background** (Must be a recent photos taken in last 6 months)
Locations FOR PASSPORT PHOTOS: RAFM- Bob Hope Community Center Bldg. 404 COMM: 01638542579
4. ONE (1) **Printed photocopy** of the **BOTH parents military ID** (front & back) FOUO

STEPS TO FILL-OUT THE DS-11 Application Form: Go to website: <https://pptform.state.gov/> and complete questionnaire. Application **MUST** be typed using online version with 2d barcode **ONLY!!** You cannot print and write on the application—it will be rejected (**no exceptions!**)

Your mailing address will be as shown below:

1st Street /RFD # Block:	100 FSS/FSMPS PASSPORT OFFICE	Country:	UNITED KINGDOM
2nd Street/RFD # Block:	UNIT 4702	Post Code	IP28 8NG
City:	BURY ST. EDMUNDS		

IF YOUR CHILD HAS NEVER RECIEVED A SSN PLEASE INPUT: 000-00-0000 FOR THE SSN

When asked if this is your permanent address, you MUST check the box "NO"

Permanent address must be your **CURRENT** physical address (not the PSC/CMR box)

Point of Contact number must be your local #, cell phone or sponsor's (DSN # preferred COMM: 4401638-54-XXXX)

E-mail address is your government e-mail address OR your sponsor's government e-mail address (for dependents)

Emergency Contact must be **FILLED IN** and must be someone not traveling with you (Please list their physical address,)

Parent's information must be **MAIDEN NAME** filled out or name before parent changed name

For other names known, list all previous names you have had. Please do not put NO or N/A for nicknames , just leave it **BLANK**

Only legal names (i.e. maiden name, previous marriage name)

You must select **PASSPORT BOOK** and below that you must select **52 PAGE BOOK** to be able to select the **NEXT** button, then **CREATE FORM** to populate the **DS-11** and print out pages **5&6** only. **Travel Plans** (Can be left blank, NOT required to be filled out)

ITEMS REQUIRED FOR THE SOCIAL SECURITY CARD:

1. **SS-5 Application** - <https://www.ssa.gov/forms/ss-5.pdf> **Military PSC box** should be listed- **SSN Card will be mailed to the member**
2. ONE (1) **Printed** photo copy of Signing **Parent's Passport**
3. ONE (1) **Printed** photo copy of Signing **Parent's Military ID (Front & BACK)**

Both biological parents and the child must be present to apply! If only one parent can attend the appointment, a notarized DS-3053 and a copy of the absent parents photo ID are required. This document must be original/wets signed) Link: <https://eforms.state.gov/Forms/ds3053.pdf>

ALL APPLICANTS MUST BE PHYSICALLY PRESENT, NO EXCEPTIONS!

PLEASE DO NOT SIGN YOUR DOCUMENTS (You must sign it in the presence of a Military Passport Agent)

For additional information: please send an email to 100fss.passport@us.af.mil DSN 238-2222/OPT 2

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Attachment 1 CRBA

Attachment 2 DS-11 (Tourist Application)

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Introduction:

If you are a US citizen and the parent of a child born outside of the United States, you will need to document your child's US citizenship with a "Consular Report of Birth Abroad (CRBA)." You may also apply for your child's first passport (tourist) and social security card when you report your child's birth. A SSN will not be issued unless your baby has a CRBA and a US Passport. A Passport serves as the proof of U.S. Citizenship.

If your baby was born in the U.K., you have to get a U.S. Passport and CRBA for them before they are eligible to travel outside of the U.K. Remember a CRBA is not a travel document. Parents will have the opportunity to complete all three applications (CRBA, Tourist Passport, and SSN) at their scheduled appointment, which is highly recommended. **This process should start No Later Than 60 days after the birth of the child.**

Emergency Passports:

If you are due to PCS within the next 45 days we recommend that you make plans to visit the UK Embassy. The embassy will only schedule an appointment for you if you are five working days from the date of overseas travel. (During the pandemic) Please pay attention to the webpage uk.usembassy.gov for updates or contact our office for more information. Email:

100fss.passport@us.af.mil

You are required to bring the long-form birth certificate (stating the name of both parents. Both parents and child must be present during the appointment. If one parent or both parents (biological) are unable to attend they must bring a notarized affidavit DS-3053 to the appointment, as well as a notarized copy of the photo ID from the absent parent/s.

<http://eforms.state.gov/Forms/ds3053.pdf>

<https://eforms.state.gov/Forms/ds5507.pdf>

Step 1: Collect all Required Documents:

We suggest that you gather original documents pertaining to you and your spouse prior to the birth of your newborn. If you find you have missing documents, this will give you the opportunity. To request replacements.

For more information on obtaining birth records, you may visit the Center for Disease Control at

<http://www.cdc.gov/nchs/w2w.htm>.

Please contact the appropriate Vital Statistics Office of the state or area in which your birth occurred.

<https://www.vitalchek.com/birth-certificates/>

Birth Evidence

Child's U.K. birth certificate: Long form U.K. birth certificate listing both the child and parents' information. **Short form birth certificates listing just the child are not acceptable. Please bring the original document.**

Evidence of Parents Citizenship and Identity

Your current passport is the preferred form of proof and must be submitted. Your Original U.S. birth certificate/Naturalization certificate is also acceptable. Foreign spouses must submit their original foreign passport. The original documents submitted including the child's original birth certificate will be returned to you.

Proof of the Relationship between the U.S. Citizen parent(s) and the child

Your child's U.K. birth certificate containing both parent's name is the best form of proof. If you are married, we have submit your original marriage certificate.

Marriage certificate: *An original or court certified copy of the marriage certificate issued by the appropriate authorities in the country in which the marriage took place. **Church/Religious certificates are not acceptable.*** If the parents are not married, this is not required. **Please bring the original the document;**

If you have prior marriages, we need to see the original divorce decree, annulment, or a death certificate. If you any of your documents are in language other than English a certified translation must be provided. All marriage certificates divorce decrees, annulment, or death certificates must be submitted in original form. All original documents will be returned to you along with the birth certificate and passport.

Child born out of wedlock

a. Mother:

A child born outside of the United States and out of wedlock to a U.S. citizen mother, **on or before June 11, 2017**, may acquire U.S. citizenship if the mother was a U.S. citizen at the time of the child's birth and, if the mother was physically present in the United States for a continuous period of one year (365 days) prior to the birth of the child.

(NOTE: Periods spent overseas with the U.S. government/military dependent are NOT considered as physical presence in the U.S. for transmission under this category)

In light of the U.S. Supreme Court's decision in *Sessions v. Morales-Santana*, 582 U.S._____, 137 S. Ct. 1678 (2017), a child born outside of the United States and out of wedlock to a U.S. citizen mother **on or after June 12, 2017**, may acquire U.S. citizenship if the mother was a U.S. citizen at the time of the child's birth, and was physically present in the United States for a period of five years, two of which were after the age of fourteen.

In both cases, the U.S. citizen mother must be the genetic or gestational mother and the legal parent of the child under local law at the time and place of the child's birth in order to transmit U.S. citizenship.

b. Father:

A child born outside of the United States and out of wedlock to a U.S. citizen father, may acquire U.S. citizenship if the father was a U.S. citizen at the time of the child's birth and, if the father was physically present in the United States or one of its outlying possessions for five years, two of which were after the age of fourteen. In addition, the U.S. citizen father must acknowledge paternity and agree in writing to provide financial support for the child until he/she reaches the age of 18 years old

Step 2: COMPLETE FORM DS-2029, APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD (CRBA).

CRBA- Consular Birth Abroad

A Consular Report of Birth Abroad may be issued for any U.S. citizen child under the age of 18 who was born abroad and who acquired U.S. citizenship at birth. Only the child's parent(s), legal guardian, person acting in loco parentis or the child may apply on the child's behalf. The application generally 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. A Consular Report of Birth Abroad is proof of U.S. citizenship; however, and does not take the place Of a passport for travel purposes.

<https://eforms.state.gov/Forms/ds2029.PDF>

Please use the mailing address listed on the Child's U.K. Birth certificate. This is a physical U.K. Please do not put your PCS box on this document.

Please read the first three instructional pages of the DS-2029 to its entirety for guidance on how to complete the form. See attachment 1 for an example of how the DS-2029 is to be completed. Please print ALL 7 pages. We recommend this document be typed.

Please DO NOT sign the form!!!!

Both parents have to sign the form in the presence of a military passport agent.

Step 3: COMPLETE FORM DS-11, APPLICATION FOR A US PASSPORT.

Please complete a DS-11 using the wizard on the following web site:

<https://pptform.state.gov>

Upon completion, select "Create Form" and print the form. Please only print Pages 5 and 6 on US Letter size format (no A4 format authorized) and single-sided. There will be a bar code on the top left corner of Page 5. If your form doesn't show this bar code, you will need to re-accomplish it. See Attachment 2 for an example.

Please DO NOT sign the form!!!!

Both parents have to sign the form in the presence of a military passport agent!!!

****NOTE:** If one parent or both parents (biological) are unable to attend they must bring a notarized affidavit DS-3053 to the appointment, as well as a notarized copy of the photo ID from the absent parent/s. **

<http://eforms.state.gov/Forms/ds3053.pdf>

<https://eforms.state.gov/Forms/ds5507.pdf>

Step 4: COMPLETE FORM SS-5, APPLICATION FOR A SOCIAL SECURITY CARD.

Please complete the application SS-5, Application for Social Security Card, on the Following web site:

<http://www.ssa.gov/online/ss-5.pdf>

See Attachment 3 for an example. The completed form must accompany your birth registration submission and will be returned along with the CRBA certificate and passport. The Social Security Number may not be issued before the Consular Birth Abroad and the passport are issued. An Affidavit is required for babies who are obtaining a Passport at the same time of the applying for a SSN.

You may sign this document prior to your appointment!

Passport Photos

Two recent passport photos (biometric), measuring 2" x 2" or 5 cm x 5 cm. The child must be facing front on a white/off white background. The face must be clearly visible and the child's eyes should be open. This photo needs to be a recent photo. RAFM Locations; Bob Hope offers passport photos

Fees and Forms of Payment

We may only accept a money order or cashier's check Cash, credit card or personal checks will not be accepted. Kessler CU, Community Bank, USPS can provide money order/grams

CRBA fee will be \$100. – "US DISBURSING OFFICE"

Tourist passport fee will be \$115. – "US Department of State"

Money Order needs to be one different on different money orders

PROCESSING:

Documents are expected to be sent to the Embassy the same Friday no later than the first business day of the following week

Times

Pandemic Processing times:

CRBAs: 3-4 Weeks

Tourist Passports: 3-4 Weeks

Social Security Card: 8-10 Weeks

8 to 10 weeks to receive the CRBA and Tourist Passport

An additional 8- 10 weeks once the tourist passport is received

Statuses will not be provided Until 90 Days has passed for the Tourist Passport and CRBA _____

Tourist Passports/CRBAS/Original Docs will be received back to our office once they have been processed. Once we receive your documents you will be emailed to pick up your documents from our office. Please feel free to walk-in and pick up your passport/s during our hours of operation: M-TH,: 0830-1500 Closed Fridays. Closed all holidays/family days/goal gals.

SSN will be mailed to address listed on the SS-5 (SSN application) we cannot provide status checks for social security numbers you have to request a status by. U.S. Embassy Federal Benefits Unit

<https://uk.usembassy.gov/u-s-citizen-services/federal-benefits/contacting-the-london-federal-benefits-unit/>

Once you receive the SSN make sure you go to DEERS to have the SSN added! Benefits such as medical can affect the child

No-Fee Passport:

No-Fee passports is a passport used by DOD personnel and their eligible family members. If you are a military member you have to have a No-Fee passport for your U.S. child while here in the U.K for official reasons. This passport can only be obtained if dependents are command sponsored or on the orders of the DOD personnel. A No-Fee passport is **FREE** and is at no cost to the member. Each Eligible family member must obtain a separate no-fee passport per person regardless of their age

Once the CRBA and Tourist Passport has been received you can immediately start the process for a No-Fee passport. This will be a Second Appointment that you will have to book once you documents have been received.

Please follow the No-Fee Passport Checklist for an Initial No-Fee. A DS-11 Application will be filled out every time as an Initial Passport until the child is 16.

Electing to not get a Tourist Passport

It is not required for newborns to have a tourist passport, but is highly recommended as it makes it easier to receive a SSN. Remember a passport has to be issued in order for the child to obtain a SSN. You have to obtain the CRBA in order to apply for any CRBA to verify U.S. Citizen Eligibility.

NOTE: THIS IS RARE THAT THE PARENTS ELECTs TO ONLY RECEIVE A NO FEE PASSPORT AND NOT A TORUIST PASSPORT. THAT CHILD WILL NOT BE ABLE TO TRAVEL FOR LEISURE ON A NO-FEE PASSPORT.



TO WHOM IT MAY CONCERN:

I _____ legal Parent/Guardian of
_____ declare under penalty of perjury under the
laws of the United States of America that the following is true and correct. I /My Child
_____ (print full name of applicant/child) has never been issued a Social
Security Number by the Social Security Administration.

Executed: _____
Date

Signature: _____

Signature: _____

Sign using full name as indicated on the passport application



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

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

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)

<p style="text-align: center;">(Continued)</p> <p style="text-align: center;">INFORMATION ON MOTHER/FATHER/PARENT</p> <p>18. Citizenship Were you a U.S. citizen or U.S. Non-Citizen National when the child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;">(Continued)</p> <p style="text-align: center;">INFORMATION ON MOTHER/MOTHER/FATHER/PARENT</p> <p>19. Citizenship Were you a U.S. citizen or U.S. Non-Citizen National when the child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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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

___ / ___ / ___ (month) (day) (year) _____ (City) _____ (State/Province) _____ (Country)

Still Married Divorced ___ / ___ / ___ (month) (day) (year) Death ___ / ___ / ___ (month) (day) (year)

<p style="text-align: center;">(Continued)</p> <p style="text-align: center;">INFORMATION ON MOTHER/FATHER/PARENT</p> <p>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)</p>	<p style="text-align: center;">(Continued)</p> <p style="text-align: center;">INFORMATION ON MOTHER/FATHER/PARENT</p> <p>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)</p>
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<p>24. Precise Periods of Time in United States (if additional space is needed, please use the Section D Continuation Sheet)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Place (City, State)</th> <th style="text-align: center;">Date (month-day-year)</th> <th style="text-align: center;">Date (month-day-year)</th> </tr> </thead> <tbody> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> </tbody> </table>	Place (City, State)	Date (month-day-year)	Date (month-day-year)		From	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To	<p>25. Precise Periods of Time in United States (if additional space is needed, please use the Section D Continuation Sheet)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Place (City, State)</th> <th style="text-align: center;">Date (month-day-year)</th> <th style="text-align: center;">Date (month-day-year)</th> </tr> </thead> <tbody> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> </tbody> </table>	Place (City, State)	Date (month-day-year)	Date (month-day-year)		From	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To
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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	Date
	(month-day-year)	(month-day-year)
	From	To
	From	To
	From	To
	From	To
	From	To
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	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	Date
	(month-day-year)	(month-day-year)
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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)

(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) (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)

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) **DOE, JOSHUA LEE** Date of Birth (mm/dd/yyyy) **12/08/2020**

10. Parental Information
Mother/Father/Parent - First & Middle Name **JANE** Last Name (at Parent's Birth) **SMITH**

Date of Birth (mm/dd/yyyy) **11 19 1990** Place of Birth **ORLANDO, FL** Sex Male Female U.S. Citizen? Yes No

Mother/Father/Parent - First & Middle Name **JOE** Last Name (at Parent's Birth) **DOE**

Date of Birth (mm/dd/yyyy) **07 25 1988** Place of Birth **LANDSTHUL, GERMANY** 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 **447-260-00000** Home Cell Work **CHILD** 13. Occupation (if age 16 or older) 14. Employer or School (if applicable)

15. Height **1ft. 1in.** 16. Hair Color **RED** 17. Eye Color **GREEN** 18. Travel Plans
Departure Date (mm/dd/yyyy) _____ Return Date (mm/dd/yyyy) _____ Countries to be Visited **U.K.**

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) **522 WINDMIND HEIGHTS** Apartment/Unit _____

City **BURY ST EDMUNDS, GBR** State _____ Zip Code **IP28 657**

20. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.
Name **MISSY SMITH** Address: Street/RFD # or P.O. Box **7 STREET BLVD** Apartment/Unit _____

City **NEW YORK CITY** State **NY** Zip Code **10001** Phone Number **646-123-4567** Relationship **SISTER**

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)

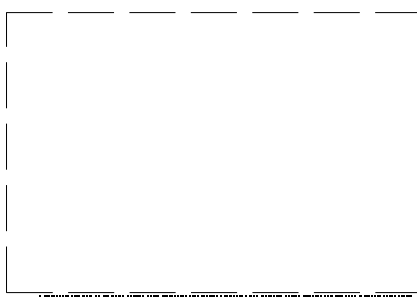
Name as printed on your most recent passport card _____ Most recent passport card number _____ Most recent passport card issue date (mm/dd/yyyy) _____

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 PIERS #/DOI: _____
- Other: _____
- Attached: _____



P/C of Citiz P/C of ID DS-71 DS-3053 DS-64 DS-5520 DS-5525 PAW NPIC IRL Citiz W/S * DS 11 B 09 2013 2 *

Application for a Social Security Card

1	NAME TO BE SHOWN ON CARD	First JOSHUA	Full Middle Name LEE	Last DOE									
	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		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr> </table>	0	0	0	0	0	0	0	0	0	
0	0	0											
0	0												
0	0	0	0										
3	PLACE OF BIRTH (Do Not Abbreviate) City	BRANDON UNITED KINGDOM State or Foreign Country	Office Use Only FCI	4									
				DATE OF BIRTH MM/DD/YYYY									
5	CITIZENSHIP (Check One)	<input checked="" 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)											
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 checked="" type="checkbox"/> Male <input type="checkbox"/> Female											
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH	First JANE	Full Middle Name MARIE	Last SMITH									
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 3)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">3</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">5</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">6</td><td style="width: 20px; height: 20px; text-align: center;">7</td><td style="width: 20px; height: 20px; text-align: center;">8</td><td style="width: 20px; height: 20px; text-align: center;">9</td></tr> </table> <input type="checkbox"/> Unknown	1	2	3	4	5	6	7	8	9		
1	2	3											
4	5												
6	7	8	9										
10	A. PARENT/ FATHER'S NAME	First JOE	Full Middle Name LEE	Last DOE									
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">9</td><td style="width: 20px; height: 20px; text-align: center;">8</td><td style="width: 20px; height: 20px; text-align: center;">7</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">6</td><td style="width: 20px; height: 20px; text-align: center;">5</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr> </table> <input type="checkbox"/> Unknown	9	8	7	6	5	4	3	2	1		
9	8	7											
6	5												
4	3	2	1										
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 checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)												
12	Name shown on the most recent Social Security card issued for the person listed in item 1	First	Full Middle Name	Last									
13	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY										
14	TODAY'S DATE 01/29/2021 MM/DD/YYYY	15	DAYTIME PHONE NUMBER 044 7260000000 Area Code Number										
16	MAILING ADDRESS (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No. PSC 37 BOX 0000 City State/Foreign Country ZIP Code APO AE 09459											
17	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 of my knowledge.												
17	YOUR SIGNATURE	18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input checked="" 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										