



# PASSPORT CHECKLIST



**NEWBORN PACKAGE: CONSULAR BIRTH ABROAD, TOURIST PASSPORT, SSN**

RAF Mildenhall, Bldg 436, Room 203. Hours of Operation Mon-Thurs 0830-1500

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

Walk-Ins: **ONLY** For Passport Pick-Ups

## ONE APPT:NEWBORNS BORN WHO HAVE NEVER RECIEVED ANY CRBA/TOURIST PASSPORT/SSN

### ITEMS REQUIRED FOR THE CONSULAR OF BIRTH:

1. Separate money order for \$100 made out to "US DISBURSING OFFICE" SIGN THE MONEY ORDER/ADDRESS
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 (Child) including ONE (1) photocopy
  - Parents Original Marriage Certificate including ONE (1) photocopy
  - Divorce Decree or Death Certificate (If previously marriage for all marriages) (If applicable)
  - Any official Name change documentation
  - Parents Passport, Birth Certificates, or Naturalization Certificates (Foreign Parent must mail-in Foreign Passport)
5. TWO (2) Royal Mail Special Delivery Prepaid envelopes from Royal Mail Paid up to 500gr stamps (Mildenhall PO)

### 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 " SIGN THE MONEY ORDER/ADDRESS
2. DS-11 Application Form - (TYPED ONLY) 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:

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

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 physical address listed on birth certificate (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, no PSC/CMR box)

Parent's information must be filled out and match the birth certificate \*ALWAYS LIST PARENTS NAME At TIME OF THEIR BIRTH\*

For other names known, list all previous names you have had. Please do not put NO or N/A or nicknames; 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.

You must include travel plans (Put travel plans LEAVE BLANK with the Countries to visited AS United Kingdom GB)

### ITEMS REQUIRED FOR THE SOCIAL SECURITY CARD

1. SS-5 Application - <https://www.ssa.gov/forms/ss-5.pdf> **USE YOUR PSC BOX THE SSN WILL BE MAILED TO YOU**
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)

For Children under the age of 16, both biological parents and the child must be present to apply! If only one parent can not attend the appointment, a notarized DS-3053 and notarized copy of photo ID are required from absent parent. Link: <https://eforms.state.gov/Forms/ds3053.pdf>

**ALL APPLICANTS MUST BE PHYSICALLY PRESENT, NO EXCEPTIONS! PLEASE DO NOT SIGN YOUR FORM!!! (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](mailto:100fss.passport@us.af.mil) DSN 238-2222/5440

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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](http://uk.usembassy.gov) for updates or contact our office for more information. Email:

[100fss.passport@us.af.mil](mailto: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  M  F  
3. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(month) (day) (year)  
4. Place of Birth \_\_\_\_\_  
(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  M  F  
8. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(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  M  F  
14. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(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)





(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>(Date of Approval)</i>
	____ / ____ / ____ <i>(month) (day) (year)</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) \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date of Issuance) (Nationality)

Mother/Father/Parent's Passport \_\_\_\_\_  
(Passport Number) \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date of Issuance) (Nationality)

Other Identity Document of  
Mother/Father/Parent  
(e.g. Naturalization Certificate) \_\_\_\_\_  
(Name of the Citizenship Document) (Document Number) \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date of Issuance)

Other Identity Document of  
Mother/Father/Parent  
(e.g. Naturalization Certificate) \_\_\_\_\_  
(Name of the Citizenship Document) (Document Number) \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date of Issuance)

Other Identity Document of  
Mother/Father/Parent  
(e.g. Driver's License) \_\_\_\_\_  
(Name of the Identity Document) (Document Number) \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date of Issuance)

Other Identity Document of  
Mother/Father/Parent  
(e.g. Driver's License) \_\_\_\_\_  
(Name of the Identity Document) (Document Number) \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Date of Issuance)

Other (Legal Guardianship; Power of  
Attorney, etc.) \_\_\_\_\_  
(Name of the Document) (Document Number) \_\_\_\_/\_\_\_\_/\_\_\_\_  
(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.



# APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0004  
OMB EXPIRATION DATE: 08-31-2019  
ESTIMATED BURDEN: 85 MIN

Attention: Read **WARNING** on page 1 of instructions

Please select the document(s) for which you are applying:

U.S. Passport Book     U.S. Passport Card     Both

The U.S. passport card is **not** valid for international air travel. For more information see page 1 of instructions.

Regular Book (Standard)     Large Book (Non-Standard)

**Note:** The large book option is for those who frequently travel abroad during the passport validity period, and is recommended for applicants who have previously required the addition of visa pages.

### 1. Name Last

DOE

First

JOSHUA

Middle

LEE

### 2. Date of Birth (mm/dd/yyyy)

12 / 08 / 2020

### 3. Sex

M     F

### 4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.)

BRANDON, UNITED KINGDOM

### 5. Social Security Number

000 / 00 / 0000

### 6. Email (Info alerts offered at [travel.state.gov](http://travel.state.gov))

MYMILITARYEMAIL@US.AF.MIL

### 7. Primary Contact Phone Number

044-016-38542222

### 8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.

100 FSS/FSMPS PASSPORTS

Address Line 2: **Clearly label** Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g., In Care Of - Jane Doe, Apt # 100)

City

BURY ST EDMUNDS

State

Zip Code

IP28 8NG

Country, if outside the United States

UNITED KINGDOM

### 9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)

A.

B.

**STOP! CONTINUE TO PAGE 2**

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

### Identifying Documents - Applicant or Mother/Father/Parent on Second Signature Line (if identifying minor)

Driver's License     State Issued ID Card     Passport     Military     Other \_\_\_\_\_

Name \_\_\_\_\_

Issue Date (mm/dd/yyyy) \_\_\_\_\_ Exp. Date (mm/dd/yyyy) \_\_\_\_\_ State of Issuance \_\_\_\_\_

ID No. \_\_\_\_\_ Country of Issuance \_\_\_\_\_

### Identifying Documents - Applicant or Mother/Father/Parent on Third Signature Line (if identifying minor)

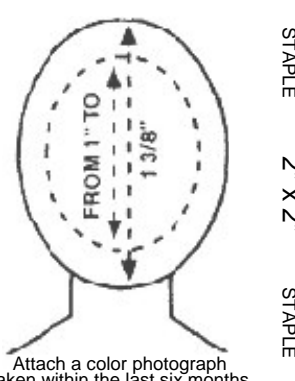
Driver's License     State Issued ID Card     Passport     Military     Other \_\_\_\_\_

Name \_\_\_\_\_

Issue Date (mm/dd/yyyy) \_\_\_\_\_ Exp. Date (mm/dd/yyyy) \_\_\_\_\_ State of Issuance \_\_\_\_\_

ID No. \_\_\_\_\_ Country of Issuance \_\_\_\_\_

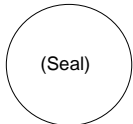
I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on page four of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph attached to this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.



Attach a color photograph taken within the last six months

Acceptance Agent     (Vice) Consul USA

Passport Staff Agent



Name of courier company (if applicable)

Facility ID Number

Facility Name/Location

Agent ID Number

Signature of person authorized to accept applications

Date

For Issuing Office Only -> Bk \_\_\_\_\_ Card \_\_\_\_\_ EF \_\_\_\_\_ Postage \_\_\_\_\_ Execution \_\_\_\_\_ Other \_\_\_\_\_



\* DS 11 B 09 2013 1 \*

Name of Applicant (Last, First, & Middle) Date of Birth (mm/dd/yyyy)

**DOE, JOSHUA LEE** **12/08/2020**

**10. Parental Information** Last Name (at Parent's Birth)

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

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

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

Date of Birth (mm/dd/yyyy) Place of Birth Sex U.S. Citizen?  
**07 25 1988** **LANDSTHUL, GERMANY**  Male  Yes  
 Female  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? Date of Marriage (mm/dd/yyyy) Have you ever been widowed or divorced? Widow/Divorce Date (mm/dd/yyyy)  
 Yes  No  Yes  No

**12. Additional Contact Phone Number** **13. Occupation (if age 16 or older)** **14. Employer or School (if applicable)**  
**447-260-00000**  Home  Cell  
 Work  **CHILD**

**15. Height** **16. Hair Color** **17. Eye Color** **18. Travel Plans**  
**1ft. 1in.** **RED** **GREEN** 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) Apartment/Unit  
**522 WINDMIND HEIGHTS**

City State Zip Code  
**BURY ST EDMUNDS, GBR** **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 Address: Street/RFD # or P.O. Box Apartment/Unit  
**MISSY SMITH** **7 STREET BLVD**

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

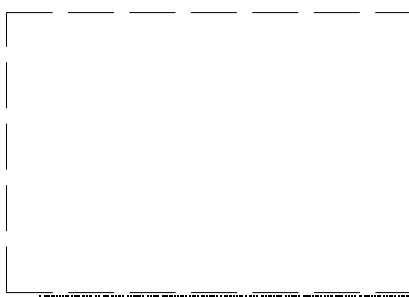
Status of your most recent passport book:  Submitting with application  Stolen  Lost  In my possession (if expired)

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

<b>1</b>	<b>NAME TO BE SHOWN ON CARD</b>	First JOSHUA	Full Middle Name LEE	Last DOE									
	<b>FULL NAME AT BIRTH IF OTHER THAN ABOVE</b>	First	Full Middle Name	Last									
	<b>OTHER NAMES USED</b>												
<b>2</b>	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										
<b>3</b>	<b>PLACE OF BIRTH</b> BRANDON	UNITED KINGDOM	Office Use Only	<b>4</b>	<b>DATE OF BIRTH</b> 12/08/2020								
(Do Not Abbreviate) City		State or Foreign Country	FCI	MM/DD/YYYY									
<b>5</b>	<b>CITIZENSHIP</b> (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)											
<b>6</b>	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>7</b>	<b>RACE</b> 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									
<b>8</b>	<b>SEX</b>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female											
<b>9</b>	<b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>	First JANE	Full Middle Name MARIE	Last SMITH									
	<b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (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										
<b>10</b>	<b>A. PARENT/ FATHER'S NAME</b>	First JOE	Full Middle Name LEE	Last DOE									
	<b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (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										
<b>11</b>	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.)												
<b>12</b>	Name shown on the most recent Social Security card issued for the person listed in item 1	First	Full Middle Name	Last									
<b>13</b>	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY										
<b>14</b>	<b>TODAY'S DATE</b> 01/29/2021	<b>15</b>	<b>DAYTIME PHONE NUMBER</b>	044 7260000000									
				Area Code	Number								
<b>16</b>	<b>MAILING ADDRESS</b> (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No. PSC 37 BOX 0000											
		City APO	State/Foreign Country AE	ZIP Code 09459									
<b>17</b>	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.												
<b>YOUR SIGNATURE</b>		<b>18</b>	<b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b>										
		<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		
			DATE		