



U.S. DEPARTMENT OF STATE
APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD
OF A CITIZEN OF THE UNITED STATES OF AMERICA

OMB NO. 1405-0011
 EXPIRES: 10-31-2001
 Estimated Burden: 20 Minutes*

A. THIS SECTION TO BE COMPLETED BY APPLICANT.

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

1. NAME OF CHILD IN FULL (First) _____ (Middle) _____ (Last) _____	2. SEX <input type="checkbox"/> M <input type="checkbox"/> F	
3. DATE OF BIRTH (mm-dd-yyyy) _____	4. HOUR AM _____ PM _____	5. PLACE OF BIRTH IN FULL (City, State, Country) _____

18. Serial No. _____
 Date Issued (mm-dd-yyyy) _____
 Approved by _____
 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: _____ (SEAL)	TYPED NAME AND TITLE OF OFFICIAL _____ SIGNATURE OF OFFICIAL _____	CITY _____ DATE (mm-dd-yyyy) _____

C. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICE

17. DOCUMENTS PRESENTED: _____

18. (See upper right corner)