



BIRTH AFFIDAVIT

WARNING False statements made knowingly and willfully in passport applications or in affidavits or other supporting documents submitted therewith are punishable by fine and/or imprisonment under the provisions of 18 U.S.C 1001 and/or 18 U.S.C. 1542. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification.

PURPOSE A birth affidavit should be submitted (with an application for a U.S. passport) when an acceptable birth certificate cannot be obtained for a person born in the United States and may be accompanied by a notice from the appropriate authorities indicating that no birth record exists. A birth affidavit may also be submitted in conjunction with other birth records. A birth affidavit must be made by a person who has personal knowledge of the facts of the birth of the person whose birth in the United States is to be proved. The affidavit shall state briefly how his/her knowledge was acquired. The affidavit may be made by an older blood relative, the attending physician, or any other person who has personal knowledge of the birth. Completed affidavits will be retained by Passport Services.
Requests for copies of this affidavit should be made at the time of execution.

1. Name of Applicant Whose Birth in the United States is to be proved		2. Sex
Last	Title (Jr., Sr., III)	<input type="checkbox"/> Male
First	Middle	<input type="checkbox"/> Female

3. Applicant's Date of Birth (mm-dd-yyyy)	4. Applicant's Place of Birth

5. Applicant's Current Home Address		
Street	Apartment Number	
City	State	ZIP Code

6. Number of Years You Have Known the Applicant	7. Your Relationship to the Applicant OR The Basis of Your Knowledge Regarding the Applicant

8. State all the facts you know about the applicant's birth. State how you obtained this knowledge. Continue on the back of this form if additional space is required.

I, the undersigned, do solemnly swear (or Affirm) that the above information given by me is true and correct to the best of my knowledge and belief.

_____	_____
Printed Name of Affiant	Signature of Affiant

Address of Affiant (Number and Street, City, State, and Zip Code)	(SEAL)

Identifying Document Submitted (Type of Document, Date of Issuance/Expiration, Document Number)	
Subscribed and Sworn to (Affirmed) before me this _____ day of _____	
_____ at _____	
Name of Passport Agent, Acceptance Agent, or Notary Public	Location (Passport Agency or City & State)

For Additional Comments

PRIVACY ACT STATEMENT

AUTHORITIES 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. 211a, 212, 213, and all regulations issued pursuant to Executive Order 11295 (August 5, 1966), including Part 51, Title 22, Code of Federal Regulations (CFR).

PURPOSE The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to the issuance of a U.S. passport. The information may also be used in connection with issuing other travel documents or evidence of citizenship, and in furtherance of the Secretary of State'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 (such as the FBI, DHS, etc.), 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 or to investigate or prosecute violations of law. The information may also be made available to private U.S. citizen 'wardens' designated by U.S. embassies and consulates for use in emergency evacuation and other appropriate situations.

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

PAPERWORK REDUCTION ACT STATEMENT

*Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You are not required to respond to the collection of information unless this form displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/ISS/DIR) Washington, DC 20520.