OMB APPROVAL NO. 1405-0088 EXPIRATION DATE: xx-xx-xxxx ESTIMATED BURDEN: 5 MINUTES*

AFFIDAVIT OF IDENTIFYING WITNESS (IDENTIFICATION OF A PASSPORT APPLICANT)
This form should be completed ONLY by the identifying witness. Please print legibly in blue or black ink only.

APPLICANT INFORMATION			
1. Passport Applicant's Name (Last, First, Middle)			
2. Basis of your knowledge concerning the Pass	port Applicant (Such as your relati	onship to the	e applicant)
3. How long have you (The Witness) known the Passport Applicant?			Years Months
WITNESS INFORMATION			
4. Witness Name (Last, First, Middle)			
5. <i>Witness</i> Residential Address			
City, State, ZIP Code			
6. Witness Place of Birth (City, State, Zip Code)		7. Witness Date of Birth (mm-dd-yyyy)	
8. Witness Daytime Telephone Number	9. Witness Home Telephone Num	ber	10. Have you as the <i>Witness</i> been issued a U.S. Passport? Yes No If yes, continue with questions #11 - 13.
11. Witness Passport Number	12. Place of Issue if Known		13. Date of Issue (mm-dd-yyyy) If necessary, give approximate.
NOTE: Read the following oath but DO NOT SIGN the affidavit until requested to do so by an Authorized Agent. I declare under penalty of perjury that I know or have reason to believe that the above-named passport applicant is who he/she claims to be and have reason to believe that he/she is a U.S. citizen or non-citizen national; and the above statements are true and correct.			
Signature Date (mm-dd-yyyy)			
FOR ACCEPTANCE AGENT'S USE ONLY			
Subscribed and sworn to (affirmed) before me		=	Clerk of Court
	(Seal)	=	Passport Agent Location
Signature			Postal Employee
			Vice) Consul USA Date (mm-dd-yyyy)
APPLICANT IDENTIFICATION			
Issued in the Name of	Type of Document		Document Number
Place of Issue	Date of Issue (mm-dd-yyyy)		Date of Expiration (mm-dd-yyyy)
2. Issued in the Name of	Type of Document		Document Number
Place of Issue	Date of Issue (mm-dd-yyyy)		Date of Expiration (mm-dd-yyyy)
	WITNESS IDENTIF	CATION	N
Issued in the Name of	Type of Document		Document Number
Place of Issue	Date of Issue (mm-dd-yyyy)		Date of Expiration (mm-dd-yyyy)

USE OF THE AFFIDAVIT OF IDENTIFYING WITNESS: This affidavit is required to be included with a passport application only when the applicant for a passport is unable to establish his or her identity to the satisfaction of a person authorized to accept passport applications. The applicant must still present some identification of his or her own. Witnesses must complete items one through ten (and if applicable, eleven through thirteen), sign when requested to do so by the same authorized acceptance agent who accepted the passport application, and present some form of current photo identification of his or her own.

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 U.S. passport is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a U.S. 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 submitted are subject to verification.

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS

AUTHORITIES: The information solicited on this form may be requested pursuant to provisions in Titles 8 and 22 of the United States Code (U.S.C.), including specifically 22 U.S.C. 211A, et seq., and all regulations issued pursuant to Executive Order 11295 (August 5, 1966), including Part 51, Title 22, Code of Federal Regulations (CFR), and, in particular, 22 CFR 51.23, 51.24, 51.41, and 51.45.

<u>PURPOSE</u>: The primary purpose for soliciting the information is to establish identity, citizenship, and eligibility for 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'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 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.

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Failure to provide the information requested on this form may result in the denial of a United States passport, related documents, or service to the individual seeking such passport, documents, or service.

*Public reporting burden for this collection of information is estimated to average 5 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 any comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/ISS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202.

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