



AFFIDAVIT OF IDENTIFYING WITNESS (IDENTIFICATION OF A PASSPORT APPLICANT)

This form should be completed **ONLY** by the identifying witness and is to **ONLY** be used in conjunction with form DS-11, Application for a U.S. Passport.

This affidavit must be accompanied by a photocopy of the front and back side of the witness' identification.

1. Passport Applicant's Name <i>(Last, First, Middle)</i>
2. How do you know the applicant?
3. How long have you (the Witness) known the passport applicant? <div style="text-align: right; margin-right: 50px;">_____ Years</div> <div style="text-align: right; margin-right: 50px;">_____ Months</div>

WITNESS INFORMATION

4. Witness' Name <i>(Last, First, Middle)</i>		
5. Witness' Residential Address		
City, State, ZIP Code		
6. Witness' Place of Birth <i>(City, State, Zip Code)</i>	7. Witness' Date of Birth <i>(mm-dd-yyyy)</i>	
8. Witness' Home Telephone Number ()	9. Witness' Social Security Number	10. Have you (the Witness) been issued a U.S. Passport? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, continue with questions 11 - 13.
11. Witness' Passport Number	12. Place of Issue <i>(if known)</i>	13. Date of Issue <i>(mm-dd-yyyy)</i> . If unknown, give approximate date.

NOTE TO THE WITNESS: Read the following oath, but **DO NOT SIGN** the affidavit until requested to do so by an Authorized Acceptance Agent.

I declare under penalty of perjury that I know or have reason to believe the above-named passport applicant is a citizen or non-citizen national of the United States; 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	(Seal)	<input type="checkbox"/> Acceptance Agent	Location
Signature _____		<input type="checkbox"/> Passport Staff Agent	
		<input type="checkbox"/> (Vice) Consul USA	Date <i>(mm-dd-yyyy)</i>

APPLICANT'S IDENTIFICATION

1. Issued in the Name of	Type of Document	Document Number
Place of Issue	Date of Issue <i>(mm-dd-yyyy)</i>	Date of Expiration <i>(mm-dd-yyyy)</i>
2. Issued in the Name of	Type of Document	Document Number
Place of Issue	Date of Issue <i>(mm-dd-yyyy)</i>	Date of Expiration <i>(mm-dd-yyyy)</i>

WITNESS' IDENTIFICATION

Issued in the Name of	Type of Document	Document Number
Place of Issue	Date of Issue <i>(mm-dd-yyyy)</i>	Date of Expiration <i>(mm-dd-yyyy)</i>

USE OF 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, 11 through 13), 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. **The affidavit must be accompanied by a photocopy of the front and back side of the witness' identification.**

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, 18 U.S.C. 1542, and/or 18 U.S.C. 1621. Alteration or mutilation of a U.S. 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 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 are subject to verification.

PRIVACY ACT STATEMENT

AUTHORITIES: We are authorized to collect this information by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

PURPOSE: We are requesting this information in order to determine entitlement to a U.S. passport. The collection of the Social Security number will be used to verify your identity only and no other purpose unless authorized by law.

ROUTINE USES: This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad.

More information on the Routine Uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-26, Passport Records.

DISCLOSURE: Providing your Social Security number and the other information on this form is voluntary, but failure to provide the information on this form may, given the form's purpose of verification of identity and entitlement to a U.S. passport, result in processing delays or denial of the passport application.

PAPERWORK REDUCTION ACT STATEMENT

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 comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 2201 C Street NW, Washington, D.C. 20520.