U. S. Department of State

OMB NO. 1405-0187 EXPIRES - XX-XX-XXXX Estimated Burden - 30 minutes

CONSULAR OFFICES OF THE UNITED STATES OF AMERICA

AFFIDAVIT OF PHYSICAL PRESENCE OR RESIDENCE, PARENTAGE AND SUPPORT

	do solemnly swear (or affirm):	:
Name		
That I am a U.S. citizen/U.S. no	n-citizen national by: (choose one)	
) birth in	on	
City/Town, State in the	United States on Date (mm-dd-yyyy)	_
2) naturalization on	before the	
Date (mm-do	before the	
3) birth abroad on	to U.S. citizen(s) or U.S. non-citizen national(s) in	
Date (mm-dd-y		
That I am (choose all that apply) Married Previously Married Single	
married on f	Name	
in	If terminated, list date and manner of termination (e.g. de	eath or divorce) or enter N/A.
* :=		
Country Please use a separate sheet to	ist additional marriages and marriage termination information.	
Please use a separate sheet to		
Please use a separate sheet to That I am the biological parent of	Date of Birth	
Please use a separate sheet to That I am the biological parent of	Date of Birth	
Please use a separate sheet to That I am the biological parent of	Date of Birth	
Please use a separate sheet to That I am the biological parent of	Date of Birth	
Please use a separate sheet to That I am the biological parent of	Date of Birth	
Please use a separate sheet to That I am the biological parent of	Date of Birth	
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Please use a separate sheet to That I am the biological parent of	Date of Birth	
Please use a separate sheet to That I am the biological parent of	Date of Birth	
Please use a separate sheet to That I am the biological parent of	Date of Birth	
Please use a separate sheet to That I am the biological parent of	Date of Birth (mm-dd-yyyy) Place of Birth	

N	Doto	Doto	Purpose
Place (City, State)	Date (mm-dd-yyyy)	Date (mm-dd-yyyy)	(Indicate purpose of stay: vacation, residence, business, studies, etc.)
	From	То	
Continue on a separate sheet, if necessary)		Purpose
hat I have been physically present abroad	as follows:		(Indicate purpose of stay: vacation, residence,
Place (Country)	Date (mm-dd-yyyy)	Date (mm-dd-yyyy)	business, studies, U.S. government employment, U.S. government/military service or dependent, etc. If working abroad give name of employer)
	From	То	
	From	То	
	From	То	
	From	То	
Continue on a congrate cheet if necessary		То	
Continue on a separate sheet, if necessary		То	
	<u> </u> ')		am applying for citizenship is
That the other biological parent of the above	<u> </u> ')		am applying for citizenship is
That the other biological parent of the abou	<u> </u> ')		am applying for citizenship is
That the other biological parent of the above lame is a citizen or national of the U.S.	<u> </u> ')		am applying for citizenship is
That the other biological parent of the abou	<u> </u> ')		am applying for citizenship is
That the other biological parent of the above Name is a citizen or national of the U.S. is not a citizen of the U.S.	r) re-named child/ch	ildren for whom I	am applying for citizenship is
Name is a citizen or national of the U.S. is not a citizen of the U.S. f the other parent is a U.S. citizen/U.S. no	re-named child/ch	ildren for whom I	
That the other biological parent of the above Name is a citizen or national of the U.S. is not a citizen of the U.S. f the other parent is a U.S. citizen/U.S. no	re-named child/ch	ildren for whom I	am applying for citizenship is Date (mm-dd-yyyy)
is not a citizen of the U.S. If the other parent is a U.S. citizen/U.S. no birth in City/Town, State in the United Status and the U.S.	re-named child/ch	ildren for whom I	Date (mm-dd-yyyy)
Name is a citizen or national of the U.S. is not a citizen of the U.S. f the other parent is a U.S. citizen/U.S. no birth in City/Town, State in the United St	re-named child/ch	ildren for whom I	Date (mm-dd-yyyy)

PART II

(All applicants with a child/children born out of wedlock)

That the non-applying parent has been physically present in the United States as follows: (INFORMATION ABOUT THE UNMARRIED NON-APPLYING PARENT SHOULD ONLY BE PROVIDED IF THAT PARENT IS A U.S. CITIZEN OR U.S. NON-CITIZEN NATIONAL)

Place (City, State)	Date (mm-dd-yyyy)	Date (mm-dd-yyyy)	
	From	То	
(Continue on a separate sheet, if necessary)	-!	-1	
PLEASE STOP HERE! Part II of this document must be time the oath is sworn.	signed before a	Consular Officer	or other authorized individual a
My child was born out of wedlock, and I am the father throu financial support for such child until he/she reaches the age			S. citizenship. I agree to provide
	Signatur	e of Affiant	
Subscribed and sworn before me this day of		,	
[SEAL]			

Signature and Title of Official Administering Oath

PART III

(Oath: To be completed by all applicants)

PLEASE STOP HERE! Part III of the document must be signed before a Consular Officer or other authorized individual at the time the oath is sworn.

WARNING: False statements made knowingly and willfully in applications for citizenship documentation or affidavits and other supporting documents are punishable by fine and/or imprisonment under the provisions of 18 USC 1001 and other applicable criminal statutes.

A U.S. consular officer may require additional evidence of one's blood relationship to one's child and/or evidence of one's physical presence or residence in the United States.

I solemnly swear (or affirm) that all the statements contained in this affidavit are true and complete to the best of my knowledge and belief, and that this affidavit is for the purpose of establishing my relationship to the aforementioned child/children and his/her/their claim to U.S. citizenship.

Signature of affiant				
Present Street Address				
City	State		Country	
Zip Code	Telephone Number			
SUBSCRIBED AND SW	ORN TO (AFFIRMED) before me this	day of _		, ,
at		- ,	[SEAL	L]

Signature and Title of Administering Officer

DS-5507 Page 4 of 5

PRIVACY ACT STATEMENT

AUTHORITY: The State Department is authorized to collect this information pursuant to 8 U.S.C. § 1104(a)(1), 1104(a)(3), 1401 [INA 301], 1408, 1409(a) [INA 309], 1409(a)(3), 22 U.S.C. § 211(a) and 213.

PURPOSE: The principal purpose of the information gathered is to determine if a child's U.S. citizen/national parent(s) possessed the requisite physical presence or residence in the United States prior to the child's birth to transmit U.S. citizenship (or U.S. non-citizen nationality) to the child; to establish parentage of the child, and, when appropriate, to fulfill the provisions of 8 U.S.C. § 1409(a)(3) which requires a written statement of financial support to be provided by U.S. citizen fathers for children born abroad out of wedlock.

ROUTINE USES: The information solicited on this form may be made available to Federal government entities such as the Social Security Administration, the Department of Homeland Security, and Department of Justice, in connection with processing of immigration and naturalization matters. Information also can be made available to appropriate federal, state, local or foreign government entities, such as state law enforcement agencies, state prosecutors, judicial staff, local police, and INTERPOL, in connection with law enforcement, safety, welfare and related matters. These matters include custody disputes and notification of next of kin.

Furnishing the information on this form is voluntary; however, failure to furnish the requested information may delay or prevent you from being able to obtain U.S. nationality for your child.

PAPERWORK REDUCTION ACT (PRA) STATEMENT

Public reporting burden for this collection of information is estimated to average 30 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: Bureau of Consular Affairs, Overseas Citizens Services (CA/OCS/PRI), U.S. Department of State, SA-29, 4th Floor, Washington, DC 20520.

DS-5507 Page 5 of 5