

CONSULAR AND PASSPORT OFFICES OF THE UNITED STATES OF AMERICA Estimated Burden - 30 minutes

AFFIDAVIT OF PHYSICAL PRESENCE OR RESIDENCE, PARENTAGE AND SUPPORT

Nama		do s	olemnly swear (or affirm):	
Name		,		
That I am a U.S. citizen/U.S. non-citiz	en national by: (cho	ose one)		
) birth in			on	
City/Town, State in the Unite	ed States		Date (mm-dd-yyyy)	
naturalization on b				
Date (mm-dd-yyyy)	Name of 0	Court and Sta	ie	
birth abroad on to	U.S. citizen(s) or U.S	S. non-citizen		
Date (mm-dd-yyyy)			Country	
That I am (choose all that apply)	Married	Previously N	larried Single	
married on to				
Date (mm-dd-yyyy) Na	me			
in		date and man	ner of termination (e.g. death or divorc	e) or enter N/A.
		date and man	ner of termination (e.g. death or divord	e) or enter N/A.
in	If terminated, list o			e) or enter N/A.
in Country	If terminated, list o			e) or enter N/A.
in Country (Please use a separate sheet to list a	If terminated, list o			e) or enter N/A.
in Country (Please use a separate sheet to list a	If terminated, list o	and marriage a	ermination information.)	e) or enter N/A.
in Country (Please use a separate sheet to list a	If terminated, list o	and marriage i		e) or enter N/A.
in Country (Please use a separate sheet to list a	If terminated, list o	and marriage a	ermination information.)	e) or enter N/A.
in Country (Please use a separate sheet to list a	If terminated, list o	and marriage a	ermination information.)	e) or enter N/A.
in Country (Please use a separate sheet to list a	If terminated, list o	and marriage a	ermination information.)	e) or enter N/A.
in Country (Please use a separate sheet to list a	If terminated, list o	and marriage a	ermination information.)	e) or enter N/A.
in Country (Please use a separate sheet to list a	If terminated, list o	and marriage a	ermination information.)	e) or enter N/A.
in Country (Please use a separate sheet to list a	If terminated, list o	and marriage a	ermination information.)	e) or enter N/A.
in Country (Please use a separate sheet to list a	If terminated, list o	and marriage a	ermination information.)	e) or enter N/A.
in Country (Please use a separate sheet to list a	If terminated, list o	and marriage a	ermination information.)	e) or enter N/A.
in Country (Please use a separate sheet to list a	If terminated, list o	and marriage a	ermination information.)	e) or enter N/A.

That I have been physically present or have had a residence in the United States as follows: Purpose				
Place (City, State)	Date <i>(mm-dd-yyyy)</i>	Date <i>(mm-dd-yyyy)</i>	(Indicate purpose of stay: vacation, residence, business, studies, etc.)	
	From	То		

(Continue on a separate sheet, if necessary)

			Purpose
That I have been physically present or resident abroad as follows:			(Indicate purpose of stay: vacation, residence,
Place (Country)	Date <i>(mm-dd-yyyy)</i>	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	

(Continue on a separate sheet, if necessary)

That the other biological parent of the above-named child/children for whom this application for a Consular Report of Birth and/or U.S. passport is being filed is:

Name is a citizen or national of the U.S.	_
is not a citizen of the U.S.	
If the other parent is a U.S. citizen/U.S. non-citizen national it is	s by:
1) birth inCity/Town, State in the United States	on Date (mm-dd-yyyy)
2) naturalization on before the Date <i>(mm-dd-yyyy)</i> Name of Court	rt and State
3) birth abroad on to U.S. citizen(s)/U.S. non-c Date <i>(mm-dd-yyyy)</i>	citizen national(s) in Country

The other biological parent has been physically present or has had a residence 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)

NON-CITIZEN NATIONAL)			Purposo
Place (City, State)	Date (mm-dd-yyyy)	Date (mm-dd-yyyy)	Purpose (Indicate purpose of stay: vacation, residence, business, studies, etc.)
	From	То	
Continue on a separate sheet, if n	ecessary)		
To Be Completed by U.S. citi		PART II	ut of wedlock if the child is under the age of 18
			onsular Officer, Passport Specialist, or designated
consular/Acceptance Agent at th			onsular Onicer, Passport Specialist, or designated
Av child was born out of wedlock	and I am the biological fath	er through whom	such child is claiming U.S. citizenship. I agree
p provide financial support for suc	h child until he/she reaches	s the age of eight	een years.
		Signature of	of Affiant
Subscribed and sworn before me t	his day of		,
[SEAL]			
		Specialist	and Title of Consular Officer, Passport or designated Consular/Acceptance ninistering 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, Passport Specialist, or designated Consular/Acceptance Agent 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 or Passport Specialist 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	t	
Present Street Add	lress	
City	State	Country
Zip Code	Telephone Number	
SUBSCRIBED AN	D SWORN TO (AFFIRMED) before me this	day of ,
at		, [SEAL]
Signature and Title	of Administering Officer	

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, 1408, 1409, 22 U.S.C. § 211(a) and 213.

PURPOSE: The principal purpose of the information gathered is to determine if a U.S. citizen/national parent(s) has met the statutory physical presence or residence requirements to transmit U.S. citizenship to his/her child born abroad or in the United States for U.S. non-citizen nationality; to establish parentage of the child; and to fulfill the requirements of 8 U.S.C. 1409(a), which permits acknowledgment of paternity under oath and requires the U.S. citizen father's written agreement to provide financial support for his 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 determinations of citizenship status, administration of federal benefits, and law enforcement purposes as set forth in the System of Records Notice for Overseas Citizens Records, STATE-05, 73 FR 24342 (2008) and the Department wide Prefatory Statement of Routine Uses, 73 FR 40649-40651 (2008). 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, as set forth by the System of Records Notice for Overseas Citizens Records, STATE-05, 73 FR 24342 (2008). 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 documenting your child as a U.S. citizen or national.

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: CA/OCS/PMO, 10th Floor, SA-17, U.S. Department of State, Washington, DC 20036.