## INSTRUCTIONS FOR COMPLETING FORM DS-2007, CONTINUATION SHEET

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

This form is to be completed for all dependents of diplomatic, consular and foreign employees (hereafter referred to as principal). It should be attached to the principal's Form DS-2003 or DS-2004 if the dependents arrive in the United States at the same time as the principal. It should be attached to Form DS-2006 and submitted therewith if the dependents arrive at a later date.

Any changes in the information provided on this form should be reported to the Office of Protocol as soon as possible using the Notification of Change, Form DS-2006.

**NOTE:** It is important that all information provided to the Office of Protocol and the Office of Foreign Missions be consistent. Discrepancies, such as in the spelling of the name, the residence address, date of birth, etc., may delay processing applications for identification cards, tax exemption cards, drivers licenses and automobile registrations.

The instructions below are numbered to correspond to the numbered items on the form. PLEASE TYPE ALL ANSWERS.

PRINCIPAL'S NAME: Enter the full name of the principal as originally notified to the Department. MISSION: Enter name of Embassy/Mission. If this form is being submitted for dependents who arrive separately from or later than the principal, please enter the principal's Personal Identification Number (*PID*), if one has already been assigned.

Provide arrival date if different from principal's. Please indicate by marking an "X" in the box if the dependent is applying for an identification card. (See instructions for DS-2003 or DS-2004 to determine which dependents are eligible for identification cards.)

Enter names of all family members residing in the household of the principal in the United States in the order specified (a) surname or family name; (b) first name or given name; (c) middle name; (d) prefix such as Mr., Mrs., Ms., or Miss; (e) suffix, such as Jr. or Sr.; (f) maiden name, and (g) any other name used. Give relationship to principal (e.g. wife, daughter, etc.), and indicate if dependent is male or female.

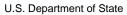
NOTE: Names on the dependent identification cards will be printed: Surname, Given Name, in the order of Surname, Given Name. (Due to space limitations it may not be possible to include all names on identification cards.)

Enter the dependent's date of birth (mm-dd-yyyy), place of birth (city, country), current citizenship, and type of United States visa (A-1, B-2, etc.) currently held.

Submit forms (original and two copies) and attachments to

Office of Protocol U.S. Department of State 3507 International Place, NW Washington, DC 20008-3034

ANY CHANGES IN THIS INFORMATION SHOULD BE REPORTED TO THE OFFICE OF PROTOCOL USING NOTIFICATION OF CHANGE, FORM DS-2006.





## NOTIFICATION OF DEPENDENTS OF DIPLOMATIC, CONSULAR AND FOREIGN GOVERNMENT EMPLOYEES

OMB APPROVAL NO. 1405-0105 EXPIRATION DATE: xx-xx-xxxx ESTIMATED BURDEN: 10 MINUTES \*

(CONTINUATION SHEET)

|   | Principal's Na  | Name (Surname, Given Name)   |          |   |              | Embassy/Mission |                        |  |                   | PID (If available)                    |              |                        |                |  |
|---|---|--|----------|---|--------------|-----------------|------------------------|--|-------------------|---------------------------------------|--------------|------------------------|----------------|--|
| - | 22 Family M   | 2. Family Members Residing in Household in the United States (Continued) |          |   |              |                 |                        |  |                   |                                       |              |                        |                |  |
| • |   | a) Surname (Last) (b) Given (First)                                      |          |   |              |                 |                        |  |                   |                                       |              |                        |                |  |
|   | (-),  |  |          |   |              |                 | (5) 5.1.611 (7 11.61)  |  |                   |                                       |              |                        |                |  |
| - | (d) Prefix  | (e) Suffix   | aiden    | (g) Other   |              |                 |                        |  | (h) Relationship  |                                       |              |                        |                |  |
|   | (d) I TOILX   | (c) Guillx   | (1) 101  | aideii  | (g) Out      | 01              |                        |  | (ii) Relationship |                                       |              | Male                   | Female         |  |
| ŀ | Date of Birth   | Birth (mm-dd-yyyy) Place of Birth (City, Country)                        |          |   |              | Citizenship     |                        |  |                   |                                       | Visa S       | L<br>Status (Δ#ac      | ch copies)     |  |
|   | _ = = = = = = = = = = = = = = = = = = =                                     | race of Birat (imm da yyyyy)   |          |   |              |                 |                        |  |                   |                                       |              | (Allac                 | in copics)     |  |
| - | Arrival date if   | <br>Arrival date if different from principal <i>(mm-dd-yyyy)</i>         |          |   |              |                 | Please indicate if rec |  |                   | esting identification card.           |              |                        |                |  |
|   | 7 ti iivai dato ii  |  |          |   |              |                 |                        |  | oquooi            | ing identified                        | ttiori oai   | 'ч.                    | es No          |  |
| • | (a) Surname   | ) Surname (Last)   |          |   |              |                 |                        | (b) Given (First)                                  |                   |                                       |              |                        |                |  |
|   |   |  |          |   |              |                 |                        |  |                   |                                       |              |                        |                |  |
|   | (d) Prefix  | refix (e) Suffix (f) Maiden (g) Other                                    |          |   |              | er              |                        |  |                   | lationship                            |              | Male                   | Female         |  |
|   |   |  |          |   |              |                 |                        |  |                   |                                       |              |                        |                |  |
|   | Date of Birth   | ate of Birth (mm-dd-yyyy) Place of Birth (City, Country)                 |          |   |              |                 |                        | Citizenship  |                   | Visa S                                |              | Status (Attach copies) |                |  |
|   |   |  |          |   |              |                 | _                      |  |                   |                                       |              |                        |                |  |
|   | Arrival date if   | Arrival date if different from principal (mm-dd-yyyy)                    |          |   |              |                 |                        | Please indicate if requesting identification card. |                   |                                       |              |                        |                |  |
| → | (a) Surname   | ime (Last)   |          |   |              |                 | (b) Give               | Siven (First)                                      |                   |                                       |              |                        |                |  |
|   | (-)   | s, s   |          |   |              |                 |                        | ·/ - · · · · · · · · · · · · · · · · · ·           |                   |                                       |              |                        |                |  |
| - | (d) Prefix (e) Suffix (f) Maiden  |  |          |   | (g) Other    |                 |                        | (h) Rel  |                   | elationship                           |              |                        |                |  |
|   | ( )   |  |          |   | (6)          |                 |                        |  |                   | , ,                                   |              | Male Female            |                |  |
| ŀ | Date of Birth (mm-dd-yyyy) Place of Birth (City, Country                    |  |          |   | ·)           |                 |                        | Citizenship  | Visa              |                                       | Visa S       | Status (Attach copies) |                |  |
|   |   |  |          |   |              |                 |                        |  |                   |                                       |              |                        |                |  |
|   | Arrival date if different from principal (mm-dd-yyyy)                       |  |          |   |              |                 | Please indicate if req |  |                   | equesting identification card. Yes No |              |                        |                |  |
| - | Yes Line  |  |          |   |              |                 |                        |  |                   |                                       |              | 25 <b></b>             |                |  |
| - |   |  |          |   | RIVACY       |                 |                        |  |                   |                                       |              |                        |                |  |
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|   |   |  |          | ought pursuant to Vienna Convent  | -            |                 |                        |  | enna Co           | nvention on C                         | onsular f    | Relations of 19        | 63; Diplomatic |  |
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|   | PURPOSE: T  | he principal pur   | pose fo  | r the collection of this information                                      | is to notify | the D           | epartme                | ent of State of de                                 | ependen           | ts for diploma                        | tic, consi   | ular, and/or fore      | eign           |  |
|   | -   |  |          | rtment can therefore extend variou<br>the U.S. Department of State.       | ıs privilege | es and          | d benefit              | s granted by the                                   | e above-          | cited authoriti                       | es which     | are predicated         | d upon review  |  |
|   | and acceptain   | ce of this inform  | allon b  | y the 0.0. Department of State.   |              |                 |                        |  |                   |                                       |              |                        |                |  |
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|   | -   | · · · · · · · · · · · · · · · · · · ·                                    |          | State Publication 10424. Names of   |              | r Offic         | ers, title             | s, and office add                                  | dresses           | are published                         | semi-anı     | nually in Foreig       | n Consular     |  |
|   | Offices in the  | United States, I   | J.S. De  | partment of State Publication 102   | 77.          |                 |                        |  |                   |                                       |              |                        |                |  |
|   | DISCLOSUR   | E: Providing this  | inform   | ation is mandatory. Failure to prov                                       | ide the inf  | format          | tion requ              | ested on this fo                                   | rm may            | prevent accep                         | tance an     | nd the extension       | n of benefits  |  |
|   | to principals or family members as provided in the above-cited authorities. |  |          |   |              |                 |                        |  |                   |                                       |              |                        |                |  |
|   |   |  |          | PAPERWO   | RK RED       | UCTI            | ON AC                  | T STATEMEN   | NT                |                                       |              |                        |                |  |
| ſ | -   | -  |          | ction of information is estimated to                                      | _            |                 |                        | · ·  | -                 | -                                     |              |                        |                |  |
|   |   |  |          | ion, providing the information and,<br>plays a currently valid OMB contro |              |                 |                        | _  |                   |                                       |              |                        |                |  |
|   |   |  |          | M/OFM, 3507 International Place   |              | -               |                        |  | accurac           | y or uns bulde                        | zii Gəliille | ate anu/or reco        | mmenualions    |  |
| ļ |   | -  |          | NFORMATION MUST BE RE   |              |                 |                        |  | OFFIC             | E OF PROT                             | OCOL (       | ON FORM D              | S-2006.        |  |