

Data items collected by the eGov NOC request but not collected by the DS-2006 & DS-2007 \* Forms;

- \* Form DS-2007: NOTIFICATION OF DEPENDENTS OF DIPLOMATIC, CONSULAR AND FOREIGN GOVERNMENT EMPLOYEES (CONTINUATION SHEET)

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\*Change Request Types:

Principal's Information

\*Mission:

\*Position Type (current):

\*Job Title (current):

\*PID:

\*Nationality:

\*Surname:

\*Given Name:

\*Date of Birth:

\*Gender:

Male  Female

\*Duty Office City:

\*State:

\*Zip Code:

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**\*Change Request Types:**

- Change of Duty Address
- Change of Residence Address
- Change of Nationality/Issuance of Green Card
- Arrival of Dependent at Later Date (including births)
- Change of Marital Status
- Death of Dependent or Member of Household
- Departure of Dependent or Member of Household
- New Visa Issued
- Change of Designation To/From DCM or Chargé
- Change to Justified Student Family Member
- Change of Name
- Change of Job title
- Change to Justified Handicap Family Member

**\*PID:**  **\*Nationality:**

**\*Surname:**  **\*Given Name:**

**\*Date of Birth:**  **\*Gender:**  Male  Female

**\*Duty Office City:**  **\*State:**  **\*Zip Code:**

**Change Duty Address:**

- a. Effective Date
- b. Remarks

Change of duty address is only used to report a change of the Principal's job location address. Change of duty address is not used to report a change in address for the mission. Change of duty address for the Principal must be to the Embassy, Consulate or an office/annex in the local area. This form should not be used for a change of duty address outside your immediate area.

**\*Duty Address:**

**\*Effective Date:**

- 2. Change of Residence Address:
  - a. Residence Country:
    - i. United States
    - ii. Canada
    - iii. Mexico
  - b. Effective Date
  - c. Type of Property:
    - i. Personal
    - ii. Government
  - d. Ownership of Property:
    - i. Owned
    - ii. Leased
  - e. Remarks

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Change of Residence Address | Page 2 of 3 | [Instructions](#)

**\*Residence Country:**  
 United States  Canada  Mexico

**\*Street Number:**  **\*Street Name:**  **Street/Road:**   **Quadrant:**

**Unit Type:**  **Unit Number:**

**\*City:**  **\*State:**   **\*Zip Code:**

**\*Phone Number:**  **Extension:**  **\*Effective Date:**

**Type of Property:**  
Personal  Government

**Ownership of Property:**  
Owned  Leased

3. Change of Citizenship/Issuance of Green Card:
  - a. To whom do these changes apply:
    - i. Principal
    - ii. Dependent
  - b. Dependent Information:
    - i. PID Number
    - ii. Date of Birth
    - iii. Relationship
  - c. Effective Date
  - d. Remarks

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\*Change Request Types:

Change of Nationality/Issuance of Green Card

**Principal's Information**

\*Mission:

\*Position Type (current):

\*Job Title (current):

\*PID:

\*Nationality:

\*Surname:

\*Given Name:

\*Date of Birth:

\*Gender:

Male  Female

\*Duty Office City:

\*State:

\*Zip Code:

\*To whom do these changes apply:

Principal:  Dependent:

**Dependent Information**

\*PID:

\*Surname:

\*Given Name:

\*Date of Birth:

\*Relationship:

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Change of Citizenship/Issuance of Green Card | Page 2 of 3 | [Instructions](#)

**New Citizenship**  Issuance of Green Card

**Change of Citizenship**

\*Country of Citizenship:

\*Effective Date:

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Change of Citizenship/Issuance of Green Card | Page 2 of 3 | [Instructions](#)

New Citizenship  **Issuance of Green Card**

**Issuance of Green Card**

\*Green Card Number: \*Expiration Date:

\*Effective Date:

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- 4. Birth/Adoption/Arrival of Dependent at Later Date:
  - a. Was the individual an official or the dependent of an official previously assigned to any post in the United States?:
    - i. None
    - ii. Unknown/Yes
  - b. PID Number
  - c. Birth Citizenship
  - d. I-94 Number
  - e. I-94 Expiration Date (leave blank for D/S)
  - f. I-94 Classification Type
  - g. Remarks

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Birth/Adoption/Arrival of Dependent at Later Date | Page 2 of 3 | [Instructions](#)

**\*Was the individual an official or the dependent of an official previously assigned to any post in the United States?**

Yes  None/Unknown

<b>*PID:</b> <input type="text"/>	<b>*Surname:</b> <input type="text"/>	<b>*Given Name:</b> <input type="text"/>
<b>*Date of Birth:</b> <input type="text"/>	<b>*Citizenship:</b> <input type="text" value="v"/>	<b>*Birth City:</b> <input type="text"/>
<b>*Birth Country:</b> <input type="text" value="v"/>	<b>*Birth Citizenship:</b> <input type="text" value="v"/>	<b>Arrival Date:</b> <input type="text"/>
<b>*Relationship:</b> <input type="text" value="v"/>	<b>*Gender:</b> <input type="text" value="v"/>	

**\* Visa Foil Number:**

Note: If the visa foil number is entered incorrectly, the transaction will be returned to the mission.

<b>*I-94 Number:</b> <input type="text"/>	<b>I-94 Expiration Date (leave blank for D/S):</b> <input type="text"/>	<b>*I-94 Classification Type:</b> <input type="text" value="v"/>
--	--	---

5. **Change of Marital Status:**
  - a. **Change Date**
  - b. **Change Reason: Other**
  - c. **PID Number**
  - d. **Relationship**
    - i. **Same Sex Domestic Partner**
    - ii. **Spouse**
  - e. **Dependents to be included in the marital status change:**
    - i. **PID Number**
    - ii. **Surname**
    - iii. **Given Name**
    - iv. **Date of Birth**
    - v. **Gender**
    - vi. **Birth City**
    - vii. **Current Citizenship**
    - viii. **Birth Country**
    - ix. **Relationship**
  - f. **Remarks**

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Change of Marital Status | Page 2 of 3 | [Instructions](#)

This request is for a marriage between two active persons with existing PIDS. If the new spouse has not been assigned a PID, please submit a "Notification of Change: Arrival of Dependent at a Later Date" request.

<b>*Change Date:</b>		<b>*Change Reason:</b>			
<input type="text"/>		<input type="text"/>			
<b>*PID:</b>	<b>*Surname:</b>	<b>*Given Name:</b>	<b>Other Name:</b>	<b>*Birth Date:</b>	<b>*Gender:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>*Birth City:</b>	<b>*Birth Country:</b>	<b>*Current Citizenship:</b>		<b>*Relationship:</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text" value="SAME SEX DOMESTIC PARTNER"/> <input type="text" value="SPOUSE"/>	

**DEPENDENTS:**

Please click the Add Dependents button to add dependents to be included in the marital status change.

Please remember to update your Visa or your request will be rejected.

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Change of Marital Status | Page 2 of 3 | [Instructions](#)

**Enter Dependent Information** ✕

**\*PID:**  **\*Surname:**  **\*Given Name:**  **\*Date of Birth:**

**\*Gender:**  **Birth City:**  **Current Citizenship:**

**Birth Country:**

**\*Relationship:**

Please remember to update your Visa or your request will be rejected.

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- 6. **Death of Dependent or Member of Household:**
  - a. PID Number
  - b. Remarks

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Death of Dependent or Member of Household | Page 2 of 3 | [Instructions](#)

**\*PID:**

**\*Surname:**  **\*Given Name:**

**\*Date of Death:**

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- 7. Departure of Dependent or Member of Household:
  - a. PID Number
  - b. Date of Birth
  - c. Gender
  - d. Relationship
  - e. Birth City
  - f. Birth Country
  - g. Citizenship
  - h. Remarks

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Departure of Dependent or Member of Household | Page 2 of 3 | [Instructions](#)

<b>*PID:</b>			
<input type="text"/>			
<b>*Surname:</b>	<b>*Given Name:</b>	<b>*Date of Birth:</b>	<b>*Gender:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="v"/>
<b>*Departure Date:</b>	<b>*Relationship:</b>		
<input type="text"/>	<input type="text" value="v"/>		
<b>*Birth City:</b>	<b>*Birth Country:</b>		
<input type="text"/>	<input type="text" value="v"/>		
<b>*Citizenship:</b>			
<input type="text" value="v"/>			
<input type="button" value="Cancel"/>	<input type="button" value="Back"/>	<input type="button" value="Next"/>	

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- 8. New Visa Issued:
  - a. To whom do these changes apply:
    - i. Principal
    - ii. Dependent
  - b. Dependent Information:
    - i. PID Number
    - ii. Date of Birth
    - iii. Relationship
  - c. Visa Foil Number
  - d. Visa Issue Date
  - e. Expiration Date
  - f. Remarks

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**New Visa Issued** | Page 2 of 3 | [Instructions](#)

**\* Visa Foil Number:**

Note: If the visa foil number is entered incorrectly, the transaction will be returned to the mission.

**\*Visa Issue Date:**

**\*Expiration Date:**

Cancel

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9. Change of Designation To/From DCM or Chargé (not included on DS-2006):
  - a. Principal's Information
    - i. Mission
    - ii. Position Type (current)
    - iii. Job Title (current)
    - iv. PID Number
    - v. Nationality
    - vi. Surname
    - vii. Given Name
    - viii. Date of Birth
    - ix. Gender:
      1. Male
      2. Female
    - x. Duty Office City
    - xi. State
    - xii. Zip Code
  - b. Old Title:
    - i. Chargé d'Affaires
    - ii. Deputy Chief of Mission
    - iii. None
  - c. New Title:
    - i. Ambassador Chief of Mission
    - ii. Chargé d'Affaires
    - iii. Deputy Chief of Mission
    - iv. None
  - d. Effective Date
  - e. Document: PROOF OF NAME CHANGE
  - f. Remarks

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**\*Change Request Types:**

Change of Designation To/From DCM or Chargé

**Principal's Information**

**\*Mission:**

**\*Position Type (current):**

**\*Job Title (current):**

**\*PID:**

**\*Nationality:**

**\*Surname:**

**\*Given Name:**

**\*Date of Birth:**

**\*Gender:**

Male  Female

**\*Duty Office City:**

**\*State:**

**\*Zip Code:**

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**Change of Designation To/From DCM or Chargé:**

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**\*Old Title:**

Chargé d'Affaires:  Deputy Chief of Mission:  None:

**\*New Title:**

Ambassador Chief of Mission:  Chargé d'Affaires:  Deputy Chief of Mission:  None:

**\*Effective Date:**

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Documents

These documents are required to process your request.		0 of 1 required documents uploaded	
Item		Filename	
PROOF OF NAME CHANGE			<input type="button" value="Upload"/> <input type="button" value="Remove"/>

These documents are optional, unless specifically requested by the Department of State.		0 of 1 optional documents uploaded	
Item		Filename	
<i>Upload additional documents as necessary.</i>			<input type="button" value="Upload"/> <input type="button" value="Remove"/>

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**10. Change to Justified Student Family Member (not included on DS-2006):**

**a. Principal's Information:**

- i. Mission
- ii. Position Type (current)
- iii. Job Title (current)
- iv. PID Number
- v. Nationality
- vi. Surname
- vii. Given Name
- viii. Date of Birth
- ix. Gender:
  - 1. Male
  - 2. Female
- x. Duty Office City
- xi. State
- xii. Zip Code

**b. Justified Student Family Member:**

- i. Surname
- ii. Given Name
- iii. PID Number
- iv. Date of Birth

**c. Document: STUDENT JUSTIFICATION DOCUMENT**

**d. Remarks**

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**Principal/Subject Information** | Page 1 of 3 | [Instructions](#)

**\*Change Request Types:**

Change to Justified Student Family Member

**Principal's Information**

**\*Mission:**

**\*Position Type (current):**

**\*Job Title (current):**

**\*PID:**  **\*Nationality:**

**\*Surname:**  **\*Given Name:**

**\*Date of Birth:**  **\*Gender:**  Male  Female

**\*Duty Office City:**  **\*State:**  **\*Zip Code:**

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**Change to Justified Student Family Member** | Page 2 of 3 | [Instructions](#)

Please note that student must be 21 years or older.

**\*Surname:**  **\*Given Name:**

**\*PID:**  **\*Date of Birth:**

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Documents

These documents are required to process your request.		0 of 1 required documents uploaded	
Item		Filename	
STUDENT JUSTIFICATION DOCUMENT			<input type="button" value="Upload"/> <input type="button" value="Remove"/>

  

These documents are optional, unless specifically requested by the Department of State.		0 of 1 optional documents uploaded	
Item		Filename	
<i>Upload additional documents as necessary.</i>			<input type="button" value="Upload"/> <input type="button" value="Remove"/>

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- 11. **Change of Name:**
  - a. **To whom do these changes apply:**
    - i. **Principal**
    - ii. **Dependent**
  - b. **Dependent Information:**
    - i. **PID Number**
    - ii. **Surname**
    - iii. **Given Name**
    - iv. **Date of Birth**
    - v. **Relationship**
  - c. **Remarks**

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\*Change Request Types:

Change of Name

Principal's Information

\*Mission:

\*Position Type (current):

\*Job Title (current):

\*PID:

\*Nationality:

\*Surname:

\*Given Name:

\*Date of Birth:

\*Gender:

Male  Female

\*Duty Office City:

\*State:

\*Zip Code:

\*To whom do these changes apply:

Principal:  Dependent:

Dependent Information

\*PID:

\*Surname:

\*Given Name:

\*Date of Birth:

\*Relationship:

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**Change of Name** | Page 2 of 3 | [Instructions](#)

**Previous Name**

Surname: NAMELAST Given Name: NAMEFIRST

**New Name:**

\*Surname:  \*Given Name:

\*Reason: **Description:**

OTHER

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**Documents**

These documents are required to process your request.		0 of 1 required documents uploaded	
Item		Filename	
PROOF OF NAME CHANGE			<input type="button" value="Upload"/> <input type="button" value="Remove"/>

These documents are optional, unless specifically requested by the Department of State.		0 of 1 optional documents uploaded	
Item		Filename	
<i>Upload additional documents as necessary.</i>			<input type="button" value="Upload"/> <input type="button" value="Remove"/>

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- 12. Change Job Title:
  - a. Is This a New Position:
    - i. Yes
    - ii. No
  - b. New Functional Title
  - c. Head of Post:
    - i. Yes
    - ii. No
  - d. Document: DIPLOMATIC NOTE
  - e. Remarks

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Change Job Title | Page 2 of 3 | [Instructions](#)

**Is This a New Position:**

Yes  No

**\*New Job Title:**

**New Functional Title:**

**\*Effective Date:**

**Head of Post:**

Yes  No

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**Documents** (Change Job Title)

These documents are required to process your request.		0 of 1 required documents uploaded	
Item		Filename	
DIPLOMATIC NOTE			<input type="button" value="Upload"/> <input type="button" value="Remove"/>

  

These documents are optional, unless specifically requested by the Department of State.		0 of 1 optional documents uploaded	
Item		Filename	
<i>Upload additional documents as necessary.</i>			<input type="button" value="Upload"/> <input type="button" value="Remove"/>

NOTE: Uploaded documents are no longer visible on this page once you have submitted your request.

**13. Change to Justified Handicap Family Member: (not included on DS-2006)**

**a. Principal's Information:**

- i. Mission
- ii. Position Type (current)
- iii. Job Title (current)
- iv. PID Number
- v. Nationality
- vi. Surname
- vii. Given Name
- viii. Date of Birth
- ix. Gender:
  - 1. Male
  - 2. Female
- x. Duty Office City
- xi. State
- xii. Zip Code

**b. Justified Handicap Family Member:**

- i. Surname
- ii. Given Name
- iii. PID Number
- iv. Date of Birth

**c. Document: HANDICAP JUSTIFICATION DOCUMENT**

**d. Remarks**

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\*Change Request Types:

Change to Justified Handicap Family Member

Principal's Information

\*Mission:

\*Position Type (current):

\*Job Title (current):

\*PID:

\*Nationality:

\*Surname:

\*Given Name:

\*Date of Birth:

\*Gender:

Male  Female

\*Duty Office City:

\*State:

\*Zip Code:

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Change to Justified Handicap Family Member | Page 2 of 3 | [Instructions](#)

\*Surname:

\*Given Name:

\*PID:  \*Date of Birth:

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Documents

These documents are required to process your request.		0 of 1 required documents uploaded	
Item		Filename	
HANDICAP JUSTIFICATION DOCUMENT			<input type="button" value="Upload"/> <input type="button" value="Remove"/>

  

These documents are optional, unless specifically requested by the Department of State.		0 of 1 optional documents uploaded	
Item		Filename	
<i>Upload additional documents as necessary.</i>			<input type="button" value="Upload"/> <input type="button" value="Remove"/>

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14. Remarks

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Notification of Change User Input Review | Page 3 of 3 | [Instructions](#)

Please take a moment to confirm your entry. If it is correct, click the Submit button to send the application.

**Principal's Information:**

**Mission Name:**

DC - WASHINGTON - EMBASSY OF CANADA

**Position Type:**

Job Title: MINISTER

PID: 12345678

Name: NAMELAST, NAMEFIRST

Gender: F

Date of Birth: 10/16/2017

Nationality: CANADIAN

Duty Office Address: CITY, AL 12345

**Change Information:**

**New Duty Address:**

**New Duty Address:**

2825 ROCK CREEK DR NW WASHINGTON, DC  
20008

Effective Date: 10/16/2017

**Request Remarks:**

There are no existing remarks

**Add a Remark:**

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Please take a moment to confirm your entry. If it is correct, click the Submit button to send the application.

### Principal's Information:

#### Mission Name:

DC - WASHINGTON - EMBASSY OF CANADA

#### Position Type:

Job Title: MINISTER

PID: 12345678

Name: NAMELAST, NAMEFIRST

Gender: F

Date of Birth: 10/16/2017

Nationality: CANADIAN

Duty Office Address: CITY, AL 12345

### Change Information:

#### Change of Designation To/From DCM or Chargé:

Old Title: NONE

New Title: CHARGÉ D'AFFAIRES

Effective Date: 10/16/2017

### Attachments

Filename	Description
chrysanthemum.jpg	Proof of Name Change

### Request Remarks:

There are no existing remarks

### Add a Remark:

Cancel

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Submit

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