



**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.

1. Passport Applicant's Name (Last, First, Middle) \_\_\_\_\_

2. How do you (the Witness) know the passport applicant? \_\_\_\_\_

3. How long have you (the Witness) known the passport applicant?  
 \_\_\_\_\_ Years \_\_\_\_\_ Months

**WITNESS INFORMATION**

4. *Witness*' Name (Last, First, Middle) \_\_\_\_\_

5. *Witness*' Residential Address \_\_\_\_\_  
 City, State, ZIP Code \_\_\_\_\_

6. *Witness*' Place of Birth (City, State) \_\_\_\_\_

7. *Witness*' Date of Birth (mm-dd-yyyy) \_\_\_\_\_

9. *Witness*' Telephone Number \_\_\_\_\_

9. *Witness*' Social Security Number \_\_\_\_\_

10. Have you (the Witness) ever been issued a U.S. Passport?  
 Yes  No If yes, continue with questions 11 - 12

11. *Witness*' Passport Number \_\_\_\_\_

12. Date of Issue (mm-dd-yyyy). If unknown, give approximate date. \_\_\_\_\_

**STOP! DO NOT SIGN THE AFFIDAVIT UNLESS REQUESTED TO DO SO BY AN AUTHORIZED ACCEPTANCE AGENT**

**NOTE TO THE WITNESS: You must include a photocopy of the front and back of your photo identification.**

*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)

Signature \_\_\_\_\_

Acceptance Agent \_\_\_\_\_ Location \_\_\_\_\_

Passport Staff Agent \_\_\_\_\_

(Vice) Consul USA \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_

**WITNESS' PRIMARY IDENTIFICATION**

Issued in the Name of _____	Type of Document _____	Document Number _____
Place of Issue _____	Date of Issue (mm-dd-yyyy) _____	Date of Expiration (mm-dd-yyyy) _____

**WITNESS' SECONDARY IDENTIFICATION**

Issued in the Name of _____	Type of Document _____	Document Number _____
Place of Issue _____	Date of Issue (mm-dd-yyyy) _____	Date of Expiration (mm-dd-yyyy) _____

## USE OF AFFIDAVIT OF IDENTIFYING WITNESS

This form may be submitted with a passport application when the passport applicant is unable to establish his or her identity to the satisfaction of the authorized acceptance agent. The passport applicant must still present some identification of his or her own. You, the witness, must complete items one through ten (and if applicable, 11 through 12) of this form, 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 your own. **You must include a photocopy of the front and back of your 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 the applicant's entitlement to a U.S. passport. The collection of the Social Security number will be used to verify the identity of you, the witness, and for 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 Other Overseas Records, and State-26, Passport Records.

**DISCLOSURE:** Providing your Social Security number and other information on this form is voluntary. Given the form's purpose of verification of identity and entitlement to a U.S. passport, failure to provide the information may 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, 44132 Mercure Cir, P.O. Box 1199, Sterling, VA 20166-1199.