

**AFFIDAVIT OF PHYSICAL PRESENCE OR RESIDENCE,
PARENTAGE AND SUPPORT**

It is not expected that a transmitting U.S. citizen parent who completes the DS-2029 would also be required to complete this form.

PART I
(All affiants please complete Part I)

I, _____ do solemnly swear (or affirm):
Name

That I am a U.S. citizen/U.S. non-citizen national by: *(choose one)*

1) birth in _____ on _____
City/Town, State in the United States Date (mm-dd-yyyy)

2) naturalization on _____ before the _____
Date (mm-dd-yyyy) Name of Court or USCIS Office and U.S. State

3) birth abroad on _____ to U.S. citizen(s) or U.S. non-citizen national(s) in _____
Date (mm-dd-yyyy) Country

That I am *(choose all that apply)* ☐ Married ☐ Previously Married ☐ Single

married on _____ to _____
Date (mm-dd-yyyy) Name

in _____ If terminated, list date and manner of termination (e.g. *death or divorce*) or enter N/A.
Country

(Please use a separate sheet to list additional marriages and marriage termination information.)

That I am the biological parent of:

Name of Child	Date of Birth (mm-dd-yyyy)	Place of Birth

(Continue on a separate sheet, if necessary)

That I have been physically present or have had a residence in the United States as follows:

Place (City, State)	Date (mm-dd-yyyy)	Date (mm-dd-yyyy)	Purpose (Indicate purpose(s) of stay: vacation, family visit, business trip, studies, employment, residence, etc.)
	From	To	
	From	To	
	From	To	
	From	To	
	From	To	

(Continue on a separate sheet, if

Note: If claiming a **residence** in the United States during any of the above periods, please also provide in the Place block above the address (street and house or apartment number) in which this was your principal actual dwelling place (place of general abode). You may be asked to provide supporting evidence with respect to your residential address. Examples of documents that can help demonstrate residence include, but are not limited to: property rental leases and payment receipts; deeds; utility bills; property tax records; automobile registrations; professional licenses; employment records or information; income tax records; stamped school transcripts; military records; income records, including W-2 salary forms; vaccination and medical records.

That I have been physically present or have had a residence abroad as follows:

Place (City, Country)	Date (mm-dd-yyyy)	Date (mm-dd-yyyy)	Purpose (Indicate purpose(s) of stay: vacation, family visit, business trip, studies, employment, residence, etc. If working abroad, provide the name of employer. Specify if in U.S. government employment or military service or on orders as a dependent.)
	From	To	
	From	To	
	From	To	
	From	To	

(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 by:

1) birth in _____ on _____
City/Town, State in the United States Date (mm-dd-yyyy)

2) naturalization on _____ before the _____
Date (mm-dd-yyyy) Name of Court or USCIS Office and U.S. State

3) birth abroad on _____ to U.S. citizen(s)/U.S. non-citizen national(s) in _____
Date (mm-dd-yyyy) Country

The other biological parent has been physically present or has had a residence in the United States as follows: (PROVIDE ONLY IF THE OTHER PARENT IS A U.S. CITIZEN OR U.S. NON-CITIZEN NATIONAL)

Place (City, State)	Date (mm-dd-yyyy)	Date (mm-dd-yyyy)	Purpose (Indicate purpose(s) of stay: vacation, family visit, business trip, studies, employment, residence, etc.)
	From	To	
	From	To	
	From	To	
	From	To	
	From	To	
	From	To	

(See Note on previous page about Address information to be provided if claiming a residence in the United States. Continue on a separate sheet, if necessary)

PART II

(All U.S. National Fathers of a Child Born Abroad Out of Wedlock)

PLEASE STOP HERE! Part II of this document must be signed before a Consular Officer, Passport Specialist, or designated Consular/Acceptance Agent at the time the oath is sworn.

I am the biological father through whom such child is claiming U.S. citizenship. I agree to provide financial support for such child until he/she reaches the age of eighteen years.

Signature of Affiant

Subscribed and sworn before me this _____ day of _____, _____.

[SEAL]

Signature and Title of Consular Officer, Passport Specialist or designated Consular/Acceptance Agent Administering Oath

PART III
(Oath: To be completed by all affiants)

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 biological 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 SWORN TO (AFFIRMED) before me this _____ day of _____, _____,

at _____,

[SEAL]

Signature and Title of Administering Officer

PRIVACY ACT STATEMENT

AUTHORITY: The Department of State is authorized to collect this information pursuant to 8 U.S.C. §§ 1104(a), 1401, 1408 and 1409, and 22 U.S.C. §§ 211a, 213 and 2705.

PURPOSE: The principal purpose of the information gathered is to assist in determining whether a U.S. national biological parent of a child born abroad or in a United States territory has met the statutory physical presence or residence requirements for his or her child to acquire U.S. nationality at birth; and whether a U.S. national father of a child born abroad out of wedlock has met additional requirements of 8 U.S.C. § 1409(a) in relation to biological parentage and legal relationship with and financial support of his child born abroad out of wedlock, in order for such child to acquire U.S. citizenship at birth.

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 Notices for Overseas Citizens Services Records and Other Overseas Records, State-05, 81 FR 62235-62239 (2016); Passport Records, State-26, 80 FR 15653 (2015); 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, and Interpol, in connection with law enforcement, safety, welfare and related matters, as set forth in the aforementioned System of Records Notices.

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.

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 20522-1710.