USE OF THIS FORM

The Affidavit of Identifying Witness may be submitted with a passport application when the passport applicant is unable to establish his/ her identity to the satisfaction of the authorized Passport Agent, Passport Acceptance Agent, or Consular Officer. The passport applicant must still present some identification of his/her own. You, the witness, must complete items 1 through 10 (and, if applicable, 11 through 12) of this form, sign when requested to do so by the same authorized Passport Agent, Passport Acceptance Agent, or Consular Officer who accepted the passport application, and present some form of current government-issued photo identification of your own. You must include a photocopy of the front and back of your government-issued photo identification.

WARNING

False statements made knowingly and willfully on this form, in U.S. passport applications, or in affidavits or other supporting documents submitted therewith are punishable by fine and/or imprisonment under U.S. law, including the provisions of 18 U.S.C. 1001 and/or 18 U.S.C. 1542. Alteration or mutilation of a U.S. passport 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 submitted are subject to verification.

PRIVACY ACT STATEMENT

AUTHORITIES: The information is sought pursuant to 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

PURPOSE: The information solicited on this form will be used 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: The information solicited on this form may be made available as a routine use to other government agencies and private contractors to assist the U.S. Department of State in issuing certificates under the Seal of the U.S. Department of State and requests for related services, and for law enforcement, fraud prevention, border security, counterterrorism, litigation activities, and administrative purposes. For a more detailed listing of the routine uses to which this information may be put, please see the Department of State's Prefatory Statement of Routine Uses (Public Notice 6290 of July 15, 2008 can be found here: https://www.state.gov/wp-content/uploads/2019/05/Prefatory-Statement-of-Routine-Uses.pdf) and the listing of routine users set forth in the System of Records Notices for Overseas Citizen Services Records and Other Overseas Records (State-05) and Passport Records (State-26) found here: https://www.state.gov/system-of-records-notices-privacy-office

DISCLOSURE: Providing information on this form is voluntary. There may be a delay in processing the passport application if you do not provide the information requested on this form.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average five minutes per response, including time required for searching existing data sources, gathering the necessary data, 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: Passport Forms Officer, 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.

DS-71 XX-XXXX Page 1 of 2

U.S. Department of State



NOT FOR OFFICIAL USE AFFIDAVIT OF IDENTIFYING WITNESS IDENTIFICATION OF A PASSPORT APPLICANT

OMB CONTROL NO. 1405-0088 EXPIRATION DATE: XX-XX-XXXX ESTIMATED BURDEN: 5 MINUTES

NOT FOR OFFICIAL USE

This form should be completed <u>ONLY</u> by the identifying witness and used only in conjunction with form DS-11, Application for a U.S. Passport. This form must be completed in the presence of an authorized Passport Agent, Passport Acceptance Agent, or Consular Officer.

1. Passport Applicant's Name (Last, Fin	rst, Middle)				
2. How do you (the Witness) know the	passport applicant?				
3. How long have you (the Witness) ki	nown the passport applicant?	Yea	re	Months	
4. Witness' Name (Last, First, Middle)	WITNESS II	NFORMATION			
4. Princes Name (Last, 1 list, Middle)					
5. <i>Witness'</i> Residential Street Address					
City, State, ZIP Code					
6. Witness' Place of Birth (City, State)	7	7. <i>Witness</i> 'Date of Birth (<i>MM-DD-YYYY</i>)			
8. <i>Witness'</i> Telephone Number	9. <i>Witness'</i> Social Security Num			r been issued a U.S. passport? ontinue with questions 11 - 12	
1. Witness' Passport Number 12. Date		12. Date of Issue (MM-I	of Issue (MM-DD-YYYY). If unknown, give approximate date.		
PASSPORT AGEI		FE AGENT, OR CONSI	r government-iss	ued photo identification	
or non-citizen national of the Ur Signature	statements are true a	ieve the above-named passport applicant is a citizen ats are true and correct. Date (MM-DD-YYYY)			
Signature		<u> </u>	/		
	FOR AUTHORIZED	D AGENT'S USE ON			
Subscribed and sworn to (affirmed) before me		eal)	Acceptance Agent Location Passport Staff Agent		
Signature			(Vice) Consul USA Date (MM-DD-YYYY)		
WITNESS' PRIMARY IDE	NTIFICATION				
Issued in the Name of	Type of Document		Document Number	r	
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)		

DS-71 XX-XXXX Page 2 of 2