

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

\*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:

Cancel

Next

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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:** 

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**Change Duty Address:**

- Effective Date
- Remarks

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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:**  

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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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\*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 ☒

Cancel

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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:

▼

Cancel

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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:

Cancel

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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:

Cancel

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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

**\*PID:**

**\*Surname:**

**\*Given Name:**

**\*Date of Birth:**

**\*Citizenship:**

**\*Birth City:**

**\*Birth Country:**

**\*Birth Citizenship:**

**Arrival Date:**

**\*Relationship:**

**\*Gender:**

**\* Visa Foil Number:**

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

**\*I-94 Number:**

**I-94 Expiration Date (leave blank for D/S):**

**\*I-94 Classification Type:**

Cancel

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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.

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

Cancel

Save

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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[HOME](#) » [PERSON MANAGEMENT](#) » NOTIFICATION OF CHANGE**Change of Designation To/From DCM or Chargé:**| Page 2 of 3 | [Instructions](#)**\*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
Upload additional documents as necessary.	<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.

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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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\*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:

Cancel

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Please note that student must be 21 years or older.

\*Surname:

\*Given Name:

\*PID:

\*Date of Birth:

Cancel

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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	
Upload additional documents as necessary.			<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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Surname: NAMELAST Given Name: NAMEFIRST

New Name:

\*Surname:

\*Given Name:

\*Reason:

OTHER ▼

Description:

Cancel

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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	
Upload additional documents as necessary.			<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	
Upload additional documents as necessary.			<input type="button" value="Upload"/> <input type="button" value="Remove"/>

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### 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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\*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
Upload additional documents as necessary.	<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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