

How to register your Newborn



The Ramstein Passport Office Staff wishes all the best to you and your precious little one. We're looking forward to assisting you with processing the birth registration and your baby's first passport.



Published by 786 FSS/FSPS. For more information, please send an e-mail to 786fss.passports@us.af.mil or visit our office at Ramstein Air Base, Building 2106, Room 110. Opening hours are Monday, Tuesday, Thursday, and Friday from 0800 to 1100 hours and from 1300 to 1500 hours and Wednesday from 1300 to 1500 hours.

Current As Of: 1 April 2024

Introduction

If you are a US citizen and the parent of a child born outside of the United States, you will need to document your child's US citizenship with a "Consular Report of Birth Abroad (CRBA)." You may also apply for your child's first passport and social security card when you report your child's birth. A SSN will not be issued unless your baby has a CRBA and a US passport.

Remember, if your baby is born in Germany, you have to get a US Passport and Birth Certificate for him/her before they are eligible to travel outside of Germany. Do not make any travel plans prior to holding the passport in your hand.

Dual citizens may need to travel with both their US passport and the passport from the second country. The US passport must be carried and shown to the Customs and Border Patrol agents when traveling to the US. The other passport must be carried if the traveler is visiting their other country of citizenship, as it will be needed to enter that country. If the traveler is visiting a third country, they can check local visa requirements to see whether it would be better to enter using their US passport or their other passport.

Important Information: To start the birth registration process, please carefully read this package and prepare all required documents.

Birth Registrations are done by appointment only, which are available Monday through Thursday. After submission and payment of your eCRBA application online, the Frankfurt Consulate will review your package and notify our office of favorable adjudication or let us know if corrections are required. We will then contact you via e-mail to schedule an appointment with the Ramstein Passport Office (Bldg 2106, Room 110). If you are not contacted within 7 to 14 days of eCRBA submission, please inquire on the status with us.

If you don't qualify for the eCRBA process, please contact our office for further instructions.

Please be on time to your appointment! Showing up late by more than 5 minutes may result in having to reschedule you for a later appointment since we book appointments in 30-minute increments and the next customer may be waiting already.

If you are Active Duty Air Force or Space Force, DeCA, a Civilian serviced by the Ramstein Air Base CPO or HRO, an Air Force contractor or a dependent of any of these personnel, please visit the Ramstein Passport Office at the Military Personnel Flight, Bldg 2106, Room 110, or send an e-mail to 786fss.passports@us.af.mil for more information.

If you are Active Duty Army, DoDDS, AAFES, DLA, a Civilian serviced by the Kaiserslautern CPO or HRO, an Army contractor or a dependent of any of these personnel, your servicing passport offices are either the Kleber Kaserne Passport Office or the Baumholder Passport Office.

Table of Contents

Introduction	Page 2
STEP 1: Collect all Required Documents	Page 4
STEP 2: Complete Form DS-2029, Application for Consular Report of Birth Abroad (CRBA)	Page 5
STEP 3: Complete Form DS-11, Application for a US Passport	Page 6
STEP 4: Complete Form SS-5, Application for a Social Security Card	Page 7
STEP 5: Schedule an Appointment for Birth Registration and Passport Application	Page 7
STEP 6: Additional Items Required for the Birth Registration Appointment	Page 7
STEP 7: Personal Appearance of Parents and Child for Birth Registration and Passport Application	Page 8
STEP 8: Pick up of CRBA and Passport(s) at Passport Office	Page 8
STEP 9: Apply for your Child's Social Security Card	Page 8
Special Circumstances and Other Documents that may be Required	Page 9
Attachment 1: Sample of DS-2029, Application for Consular Report of Birth Abroad	Page 10
Attachment 2: Sample of DS-11, Application for a US Passport	Page 15
Attachment 3: Sample of SS-5, Application for a Social Security Card	Page 17
Attachment 4: Quick Overview/Checklist of Required Items	Page 18

STEP 1: COLLECT ALL REQUIRED DOCUMENTS.

We suggest you gather original documents pertaining to you and your spouse prior to the birth of your newborn. If you find anything missing, this will give you the chance to request a replacement of the missing document through <http://www.vitalchek.com>.

To apply for your child's Consular Report of Birth Abroad (CRBA), you will need to provide the following original documents:

Birth Evidence

AE Form 40-400B - Report of Child Born Abroad of American Parent(s) when born in the US military hospital. Please ensure that the parents' info on the 40-400B matches their birth certificates (Name, Place of Birth etc). Please bring the original and two copies.

OR

Child's Foreign Birth Certificate (beglaubigte Abschrift oder Ausdruck aus dem Geburtenregister). This is the German birth certificate issued by local authorities upon request. This document must show the biological parents' names. There are other short-form birth certificates (Geburtsurkunde) which are not acceptable for documenting your child as a US citizen. If you are unsure which certificate you have, please ask the Standesamt where it was issued if you have the "Beglaubigte Abschrift oder Ausdruck aus dem Geburtenregister." Please bring the original and two copies.

Evidence of Parents' Citizenship and Identity

Your current passport is the preferred form of proof and must be submitted. Your US birth certificate/naturalization certificate is also acceptable if you are not in possession of a passport. Foreign spouses must also submit their foreign passport along with the birth registration application per the Department of State (DoS). Please bring originals. The passports will be returned to you along with the birth certificate and passport of the child. If you require your passport for traveling, please ask our military passport agents for guidance. One US citizen parent has to provide proof of physical presence in the US. Please submit school records, high school diploma or proof of military service (AMS SURF) showing stateside assignments).

Military/Civilian/Contractor Privilege and ID Card and/or Spouse's Dependent ID Card

Proof of the relationship between the US citizen parent(s) and the child

Your child's AE Form 40-400B or foreign birth certificate containing both parents' names is the best form of proof. If you are married, we will need to see your original marriage certificate. If you have prior marriages, we will need to see your original divorce decree(s),

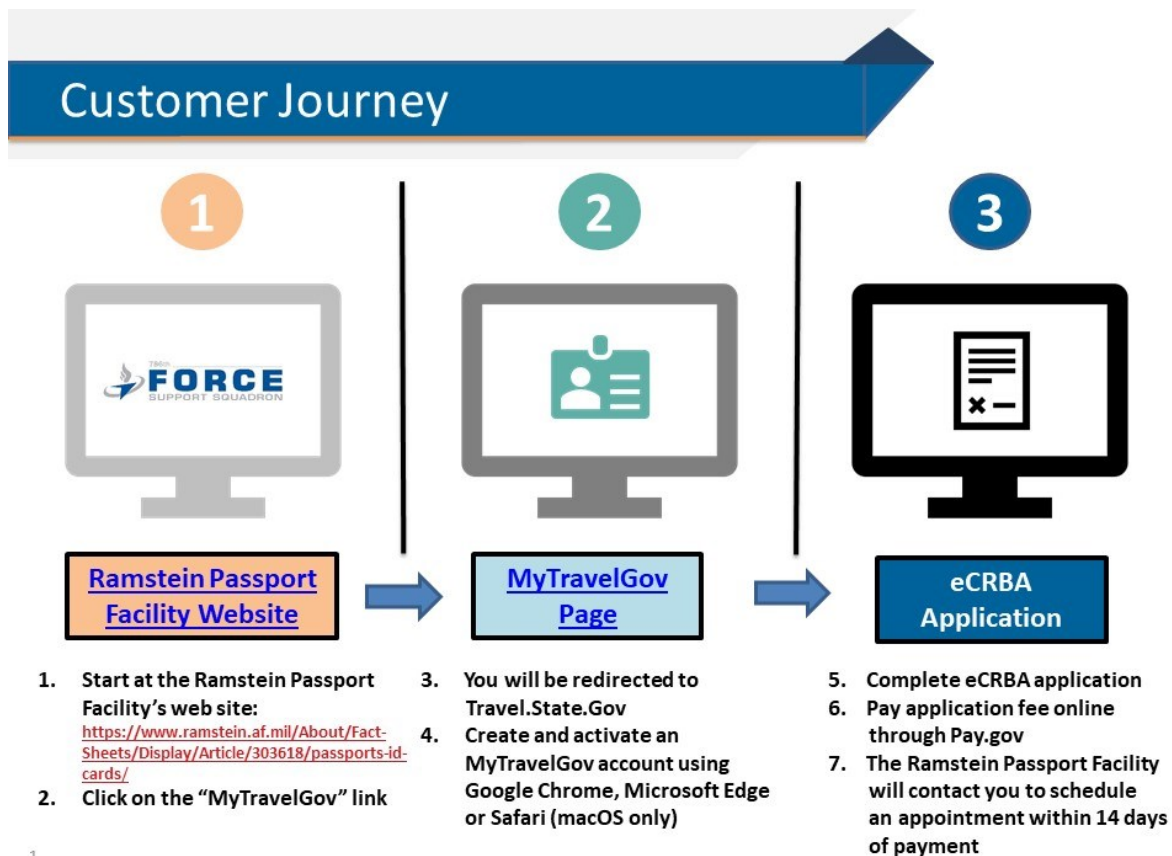
annulment, or a death certificate. If any of your documents are in a language other than English or German, a certified translation must be provided. All marriage certificates, divorce decrees, annulment or death certificates must be submitted in original form. They will be returned to you along with the birth certificate and passport.

Proof of Command Sponsorship

If you are eligible for a no-fee passport for your child, you will need to provide a command sponsorship approval letter, SURF with current DEROS, and orders bringing you to Germany. We recommend you apply for the no-fee passport after the CRBA and tourist passport has been received to prevent any delays through the State Department. If you haven't started this process yet, please obtain information at the Military Personnel Flight, Outbound Assignments Office, Building 2106, Room 312. Please note that command sponsorship can't be initiated until after the 2-week "well baby" appointment.

STEP 2: COMPLETE FORM DS-2029, APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD (CRBA).

eCRBA process: The eCRBA service enables applicants to apply online for a CRBA instead of the traditional paper DS-2029. First, scan and save all required documents as PDF, JPG or JPEG files on your computer. Then, register for an account at MyTravelGov and create an eCRBA application following below steps.




To create a MyTravelGov account, please go to the following web site:

<https://travel.state.gov/content/travel/en/about-us/mytravelgov.html>

The eCRBA application is self-explanatory and you can save your information and return for completion at any time. Please upload all applicable documents as required.

IMPORTANT: When adding the parent's contact information in the eCRBA application, please enter the Ramstein Passport Office's e-mail address (786fss.passports@us.af.mil) as the primary e-mail address. This will inform the Consulate staff which military passport facility will be processing your CRBA documents. Please add your personal or military e-mail address as an alternate so we can contact you to schedule an appointment.

DO NOT schedule a CRBA interview appointment at the Frankfurt Consulate. The Consulate will contact us upon adjudication of your eCRBA application and within 7 to 14 days of payment so we can schedule an appointment for you to visit our office. We will administer the oath and collect your original documents as well as accept the passport application during your appointment if applicable. See Step 5 for additional details.



Traditional CRBA process: In cases where the eCRBA service is not authorized or possible, please complete a DS-2029 application on the following web site:

<https://eforms.state.gov/Forms/ds2029.PDF>

Please read the first three instructional pages of DS-2029 for guidance on how to complete the form. See Attachment 1 for an example. Pages 1 through 3 of the DS-2029 must be completed by the parents. Page 4 will be completed by your servicing military passport agent and pages 5 to 6 will be completed by the US Consulate in Frankfurt.

Please print all pages on US Letter size format (no A4 format authorized) and single-sided. The DS-2029 must be typed. Handwritten applications will not be accepted.



STEP 3: COMPLETE FORM DS-11, APPLICATION FOR A US PASSPORT.

Please complete a DS-11 using the wizard on the following web site:

<https://pptform.state.gov>

Upon completion, select "Create Form" and print the form. Please only print Pages 5 and 6 on US Letter size format (no A4 format authorized) and single-sided. There will be a bar code on the top left corner of Page 5. If your form doesn't show this bar code, you will need to reaccomplish it. See Attachment 2 for an example. Please DO NOT sign the form. Both parents have to sign the form in the presence of a military passport agent.

STEP 4: COMPLETE FORM SS-5, APPLICATION FOR A SOCIAL SECURITY CARD.

Please complete the application SS-5, Application for Social Security Card, on the following web site:

<http://www.ssa.gov/online/ss-5.pdf>

See Attachment 3 for an example. The completed form must accompany your birth registration submission and will be returned along with the CRBA certificate and passport. The Social Security Number may not be issued before the US birth certificate and the passport are issued.

STEP 5: SCHEDULE AN APPOINTMENT FOR BIRTH REGISTRATION AND PASSPORT APPLICATION.

If you do not receive an e-mail from the Ramstein Passport Office notifying you of your CRBA appointment within 14 days of submission of your eCRBA, please contact our office per e-mail and provide your child's name, DOB, parent's names, application number and date the application was submitted. We will then inquire on the status and get back with you. All required documents must be originals and in order for the birth registration appointment. Non-compliance may result in having to reschedule your appointment.

STEP 6: ADDITIONAL ITEMS REQUIRED FOR THE BIRTH REGISTRATION APPOINTMENT.

Passport Photos

Two recent passport photos (biometric), measuring 2" x 2" or 5 cm x 5 cm. The child must be facing front on a white background. The face must be clearly visible and the child's eyes should be open. German-size passport photos are NOT acceptable for your child's US passport because they are too small and too dark in the background.

If you are only applying for a no-fee passport, we will take the passport photo at our office for submission at no cost to you.

Fees and Forms of Payment

We may only accept a money order or cashier's check (Made out to: Department of State). Cash, credit card or personal checks will not be accepted. Payment for the eCRBA application must be made online via direct payment from a U.S. bank account or with a major credit card.

If your child is command-sponsored and you're only requesting a CRBA and a no-fee passport, the fee will be \$100. The US government will cover the cost of the no-fee passport. If you select to apply for a tourist passport, the additional fee will be \$135. A tourist passport is required if you plan any leisure travel outside of Germany and the US.

STEP 7: PERSONAL APPEARANCE OF PARENTS AND CHILD FOR BIRTH REGISTRATION AND PASSPORT APPLICATION.

Please bring your newborn to your scheduled appointment. We are required to see the child. Both parents have to be present to sign the passport application and take an oath in the presence of a Military Passport Agent. Please refer to guidance referenced in Special Circumstances (Page 9) if one of the parents will not be available during the appointment.

NOTE: Your applications and documents to include original passports or birth certificates will be safeguarded at all times and transported to and from the Frankfurt Consulate by an official courier from the Military Passport Acceptance Facility.

STEP 8: PICK UP OF CRBA AND PASSPORT(S) AT THE PASSPORT OFFICE.

Once your child's CRBA and passport(s) are received at our office, you will be notified per e-mail. The wait time is usually between 6 to 8 weeks, but can exceed 8 weeks at times.

STEP 9: APPLY FOR YOUR CHILD'S SOCIAL SECURITY CARD.

The SS-5, Application for Social Security Card, will be returned to you along with the birth certificate and passport(s). We will provide certified copies of all required documents for submitting the social security card application. You will then need to mail these documents to below address for processing:

American Consulate General
Federal Benefits Unit
Giessener Strasse 30
60435 Frankfurt

Unfortunately, this will not be funded by the US Government. We recommend mailing the documents via the German Post Office to speed up the process. It will generally take an additional 6 to 8 weeks for the actual card to be mailed directly to you from the United States. Our office is not able to track the progress of your application. Any questions must be directed to the Federal Benefits Unit at the Frankfurt Consulate. They can be reached at 069-7535-4242 (Mon/Tue/Thu from 9:00 to 11:00 a.m.) or per e-mail: fbu.frankfurt@ssa.gov.

Once you receive the social security card in the mail, please immediately stop by the ID Cards Office in Bldg 2106, Room 117 (right across from the Passport Office) to update DEERS. This is very critical to ensure proper Tricare entitlements.

This completes your Birth Registration process! Please ensure you always keep vital documents in a safe and secure place to prevent damage or theft. Do not laminate them!

SPECIAL CIRCUMSTANCES AND OTHER DOCUMENTS THAT MAY BE REQUIRED:

If the parents are not married, we need a notarized affidavit from the father. Please fill out the Affidavit of Physical Presence or Residence, Parentage and Support on the following web site:

<https://eforms.state.gov/Forms/ds5507.pdf>

If the child is conceived or born prior to marriage, you may need to submit affidavits or evidence depending on the circumstances surrounding the child's birth/conception. The Passport Office will advise you prior to your appointment. Please let us know of your situation in advance so we can provide guidance.

If one parent/guardian is unable to appear in person, then a signed and notarized Form DS-3053, Statement of Consent from the non-applying parent/guardian, must be submitted. The non-applying parent or guardian must complete items 1 through 3 on the form providing written consent for the issuance of a passport for the minor child. The form is only valid for 90 days. Please complete a DS-3053 application on the following web site:

<https://eforms.state.gov/Forms/ds3053.pdf>

Additionally, the non-applying parent or guardian consenting to the issuance of a passport for a minor child must:

- ✓ Sign and date Form DS-3053 in the presence of a Certified Notary Public, and
- ✓ Submit a photocopy of the front and back side of the ID that was presented to the Notary Public with Form DS-3053.

Other documents from the absent US citizen parent may be required if the applying parent is a non-US citizen.

If the minor child only has one parent/guardian, evidence of sole authority to apply for the child must be submitted in the form of a:

- ✓ Court order granting sole legal and physical custody to the applying parent (unless child's travel is restricted by that order) or
- ✓ Court order specifically permitting applying parent's travel with the child or
- ✓ Judicial declaration of incompetence of the non-applying parent or
- ✓ Death certificate of the non-applying parent

Privacy Act or Sensitive Personal Information: If you'd like to discuss matters in a more private environment away from other customers, please let us know in advance and we will make proper arrangements. Our passport agents are certified officials by the State Department and information provided to them will be handled with confidentiality and the utmost respect for your privacy.

Attachment 1



U.S. Department of State

OMB CONTROL NO. 1405-0011
Expiration: 08/31/2023
Estimated Burden: 60 minutes

APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD OF A CITIZEN OF THE UNITED STATES OF AMERICA

Registration Number

A. THIS SECTION TO BE COMPLETED BY THE CHILD'S PARENT(S) OR GUARDIAN(S) OR THE CHILD
(Use Section E Continuation Sheet If Additional Space Is Needed)

1. INFORMATION ABOUT THE CHILD

1a. Name of Child in Full

<i>Last/Surname</i> DOE	<i>First</i> MARIE	<i>Middle</i> JANE
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1b. Sex

Male
 Female

1c. Date of Birth

<i>month</i>	<i>day</i>	<i>year</i>
04	01	2023

1d. Place of Birth

<i>City</i> LANDSTUHL	<i>Country</i> GERMANY
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2. INFORMATION ABOUT MOTHER/FATHER/PARENT

3. INFORMATION ABOUT MOTHER/FATHER/PARENT

NOTE: If the U.S. citizen parent, transmitting citizenship to the child is not present, he or she may complete Form DS-5507 Affidavit of Physical Presence or Residence, Parentage and Support and submit it separately. The parent completing this application need not provide information on the parent completing the Form DS-5507 on this DS-2029 Form but instead should check the box before the following statement below: Please see the accompanying Form DS-5507.

2a. Full Name

<i>Last/Surname</i> DOE	<i>First</i> JOHN	<i>Middle</i> JAMES
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2b. All Previous Legal Names Used

<i>Last/Surname</i>	<i>First</i>	<i>Middle</i>

2c. Sex

Male Female

2d. Date of Birth

<i>month</i>	<i>day</i>	<i>year</i>
01	30	1995

2e. Citizenship: Were you a U.S. citizen or U.S. Non-Citizen National when the child was born? Yes No

2f. Place of Birth

<i>City</i> OLYMPIA	<i>State/Province</i> WA	<i>Country</i> USA
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2g. Current Physical Address and Contact Information (Do not list P.O. Box. APO/FPO/DPO permitted) Same as mailing address

Address
PSC 4 BOX 1234
City, State/Province, Country, Postal Code
APO AE 01234
Phone Number(s)
016123456789 *Email Address*
youremailaddress@us.af.mil

3a. Full Name

<i>Last/Surname</i> DOE	<i>First</i> JANE	<i>Middle</i> JOY
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3b. All Previous Legal Names Used

<i>Last/Surname</i> BROWN	<i>First</i> JANE	<i>Middle</i> JOY

3c. Sex

Male Female

3d. Date of Birth

<i>month</i>	<i>day</i>	<i>year</i>
09	02	1996

3e. Citizenship: Were you a U.S. citizen or U.S. Non-Citizen National when the child was born? Yes No

3f. Place of Birth

<i>City</i> SAN ANTONIO	<i>State/Province</i> TX	<i>Country</i> USA
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3g. Current Physical Address and Contact Information (Do not list P.O. Box. APO/FPO/DPO permitted) Same as mailing address

Address
PSC 4 BOX 1234
City, State/Province, Country, Postal Code
APO AE 01234
Phone Number(s)
016123456789 *Email Address*
youremailaddress@gmail.com

2h and 3h. Marital Status of the Parents
(This item requires a single response regarding both parents)

Were the biological parents married to each other when the child was born? Yes No

Date and Place of Marriage to the child's other biological parent:

<i>month</i>	<i>day</i>	<i>year</i>	<i>City, State/Province, Country</i>
03	03	2022	SAN ANTONIO TX, USA

Marital Status: Still Married Divorced Deceased

<i>Date:</i>	<i>month</i>	<i>day</i>	<i>year</i>	<i>Date:</i>	<i>month</i>	<i>day</i>	<i>year</i>

Attachment 1

<p align="center"><i>(Continued)</i></p> <p>2. INFORMATION ABOUT MOTHER/FATHER/PARENT 2i. Please list any other marriages (<i>Show Name(s) of Spouse(s), Dates and Current Status</i>) if applicable (<i>Death, Divorce, Still Married</i>). If you have never been married, enter "None." (<i>If additional space is needed, please use the Section E Continuation Sheet</i>)</p> <p style="font-size: 24pt; margin-top: 20px;">None</p> <p>2j. 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<p>4. How would you like to receive the Consular Report of Birth Abroad? <input checked="" type="checkbox"/> Pick-up <input type="checkbox"/> Mail</p>																																																																																																																																																				
<p>5. Mailing Address (<i>If different from Current Physical Address</i>) (<i>Do not list P.O. Box. APO/FPO/DPO permitted</i>)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Address</td> <td style="width:25%;">City</td> <td style="width:25%;">State/Province</td> <td style="width:25%;">Country</td> </tr> <tr> <td>788 FSS/FSPS PASSPORTS</td> <td>Unit 3220</td> <td>APO</td> <td>AE</td> </tr> <tr> <td colspan="3"> </td> <td>Postal Code</td> </tr> <tr> <td colspan="3"> </td> <td>09094</td> </tr> </table>		Address	City	State/Province	Country	788 FSS/FSPS PASSPORTS	Unit 3220	APO	AE				Postal Code				09094																																																																																																																																			
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Attachment 1

B. THIS SECTION, IF IT APPLIES (SEE INSTRUCTIONS), MUST BE COMPLETED AND SUBSCRIBED TO BEFORE A CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER PERSON QUALIFIED TO ADMINISTER OATHS

NOTE: Please see the instructions at the beginning of this form for important information.

1. I, _____ do solemnly swear or affirm *(Please draw a line through and initial any statement that is not true.)*
(Name)

I am the father of _____ who was born on _____ in _____
(Name of Child) (Date of Birth) (month/day/year)
(Place of Birth)

I am the child's biological father through whom he/she is claiming U.S. citizenship, and was not married to the child's biological mother at the time of birth.

I agree to provide financial support for this child until he/she reaches the age of eighteen.

(Signature of Affiant)

SUBSCRIBED AND SWORN TO (AFFIRMED) before me this _____ day _____

(Signature and Title of Administering Officer) (Seal)

C. THIS SECTION MUST BE COMPLETED AND SUBSCRIBED TO BEFORE A CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER PERSON QUALIFIED TO ADMINISTER OATHS

1. AFFIRMATION: I SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Name of Person(s) Providing Information	Relationship to the Child <i>(Parent, Legal Guardian, Other (Specify))</i>	Signature of Person(s) Providing Information
JOHN JAMES DOE	FATHER	_____
JANE JOY DOE	MOTHER	_____

Type or Print Name and Title of Official	Signature of Official	City	Date (mm/dd/yyyy)
_____	_____	_____	_____

Subscribed to: (SEAL) **Please do not sign prior to your birth registration appointment. You must sign this form in front of a military passport agent.**

2. APPROVAL OF CONSULAR REPORT OF BIRTH ABROAD

_____ <small>Printed Name of Consular Officer</small>	_____ <small>Signature of Consular Officer</small>	
_____ <small>Approving Post</small>	_____ <small>Date of Approval (mm/dd/yyyy)</small>	_____ <small>Registration Number</small>

Attachment 1

D. FOR OFFICIAL USE ONLY				
1. Documents Presented - Please mark accordingly and provide date of document. If more space is required, list on separate page.				
<input type="checkbox"/> Child's Birth Certificate	<i>Date mm/dd/yyyy:</i>	<i>City</i>	<i>Province</i>	<i>Country</i>
<input type="checkbox"/> Marriage Certificate	<i>File Date mm/dd/yyyy:</i>	<i>City</i>	<i>State/Province</i>	<i>Country</i>
	<i>Issue Date mm/dd/yyyy:</i>			
<input type="checkbox"/> Divorce Decree(s)	<i>File Date mm/dd/yyyy:</i>	<i>City</i>	<i>State/Province</i>	<i>Country</i>
	<i>Issue Date mm/dd/yyyy:</i>			
	<i>File Date mm/dd/yyyy:</i>	<i>City</i>	<i>State/Province</i>	<i>Country</i>
	<i>Issue Date mm/dd/yyyy:</i>			
	<i>File Date mm/dd/yyyy:</i>	<i>City</i>	<i>State/Province</i>	<i>Country</i>
	<i>Issue Date mm/dd/yyyy:</i>			
<input type="checkbox"/> Death Certificate(s)	<i>Date mm/dd/yyyy:</i>	<i>City</i>	<i>State/Province</i>	<i>Country</i>
	<i>Date mm/dd/yyyy:</i>	<i>City</i>	<i>State/Province</i>	<i>Country</i>
<input type="checkbox"/> Mother/Father/Parent's Passport	<i>Nationality</i>	<i>Passport Number</i>	<i>Issue Date mm/dd/yyyy</i>	
<input type="checkbox"/> Mother/Father/Parent's Passport	<i>Nationality</i>	<i>Passport Number</i>	<i>Issue Date mm/dd/yyyy</i>	
<input type="checkbox"/> Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate)	<i>Name of the Document</i>	<i>Document Number</i>	<i>Issue Date mm/dd/yyyy</i>	
<input type="checkbox"/> Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate)	<i>Name of the Document</i>	<i>Document Number</i>	<i>Issue Date mm/dd/yyyy</i>	
<input type="checkbox"/> Other Identity Document of Mother/Father/Parent (e.g. Driver's License)	<i>Name of the Document</i>	<i>Document Number</i>	<i>Issue Date mm/dd/yyyy</i>	
<input type="checkbox"/> Other Identity Document of Mother/Father/Parent (e.g. Driver's License)	<i>Name of the Document</i>	<i>Document Number</i>	<i>Issue Date mm/dd/yyyy</i>	
<input type="checkbox"/> Other (Legal Guardianship; Power of Attorney, etc.)	<i>Name of the Document</i>	<i>Document Number</i>	<i>Issue Date mm/dd/yyyy</i>	
<input type="checkbox"/> DS-5507				

Attachment 1

E. CONTINUATION SHEET (USE THIS SPACE FOR ADDITIONAL INFORMATION)

Empty continuation sheet area for additional information.

CLEAR FORM

Sample

Attachment 2 (Tourist Passport Example)



U.S. Department of State

APPLICATION FOR A U.S. PASSPORT

OMB Control No. 1405-0004
Expiration Date: 04/30/2025
Estimated Burden: 85 Minutes

Use black ink only. If you make an error, complete a new form. Do not correct.

Select document(s) for which you are submitting fees:

- U.S. Passport Book
 U.S. Passport Card
 Both
The U.S. passport card is not valid for international air travel. See Instruction Page 3
 Regular Book (Standard)
 Large Book (Non-Standard)
The large book is for frequent international travelers who need more visa pages.

1. Name Last

DOE

D O S NFR

End. # _____ Exp. _____

First

JANE

Middle

MARIE

2. Date of Birth (mm/dd/yyyy)

04 01 2023

3. Gender (Read Instruction Page 1)

M F X Changing gender marker? Yes

4. Place of Birth (City & State if in the U.S. or City & Country as it is presently known)

LANDSTUHL, GERMANY

5. Social Security Number

MUST ENTER ZEROS
000 00 0000

6. Email (See application status at passportstatus.state.gov)

JOHN.DOE@US.AF.MIL

7. Primary Contact Phone Number

063-710-00000

8. Mailing Address Line 1: Street/RFD#, P.O. Box, or URB

786 FSS/FSPS PASSPORTS

Address Line 2: (Include Apartment, Suite, etc. If applicant is a child, write "In Care Of" of the parent. Example: In Care Of - Jane Doe)

UNIT 3220 RAMSTEIN AIR BASE, IN CARE OF JANE DOE

City State Zip Code Country, (if outside the United States)

APO

AE

09094

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed.)

A.

B.

STOP! CONTINUE TO PAGE 2

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian on Second Signature Line (if identifying minor)

Driver's License
 State Issued ID Card
 Passport
 Military
 Other _____

Name _____

Issue Date (mm/dd/yyyy)

Exp. Date (mm/dd/yyyy)

State of Issuance

ID No _____

Country of Issuance _____

Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian on Third Signature Line (if identifying minor)

Driver's License
 State Issued ID Card
 Passport
 Military
 Other _____

Name _____

Issue Date (mm/dd/yyyy)

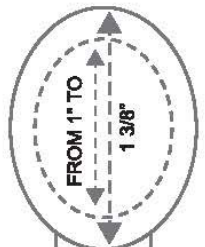
Exp. Date (mm/dd/yyyy)

State of Issuance

ID No _____

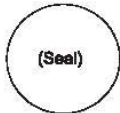
Country of Issuance _____

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not performed any of the acts listed under "Acts or Conditions" on page 4 of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph attached to this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page 4 of the instructions to the application form.



Attach a color photograph taken within the last six months

- Acceptance Agent
 (Vice) Consul USA
 Passport Staff Agent



Signature of person authorized to accept applications

By signing this form, I certify that I have provided the verbal oath and witnessed the applicant's/legal guardian's signature.

Print Facility Name/Location

Name of courier company (if applicable)

Date

Agent ID Number

Facility ID Number

Applicant's Legal Signature - age 15 and older


Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

For Issuing Office Only → Bk _____ Card _____ EF _____ Postage _____ Execution _____ Other _____

DS 11 B 03 2022 1

Attachment 2 (Tourist Passport Example)

Name of Applicant (Last, First, & Middle) DOE, MARIE JANE				Date of Birth (mm/dd/yyyy) 04/01/2023			
10. Parental Information							
Mother/Father/Parent - First & Middle Name (at Parent's Birth) JOHN JAMES			Last Name (at Parent's Birth) DOE				
Date of Birth (mm/dd/yyyy) 01 30 1995		Place of Birth (City & State if in the U.S. or City & Country as it is presently known) OLYMPIA WA USA		Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X		U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mother/Father/Parent - First & Middle Name (at Parent's Birth) JANE JOY			Last Name (at Parent's Birth) BROWN PLEASE ENTER MOTHERS MAIDEN NAME				
Date of Birth (mm/dd/yyyy) 09 02 1996		Place of Birth (City & State if in the U.S. or City & Country as it is presently known) SAN ANTONIO TX USA		Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F <input type="checkbox"/> X		U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. Have you ever been married? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete the remaining items in #11.</i> Full Name of Current Spouse or Most Recent Spouse (Last, First & Middle) _____ Date of Birth (mm/dd/yyyy) _____ Place of Birth _____ PLEASE LEAVE ITEM 11 BLANK; THIS WILL ALWAYS BE MARKED "NO" FOR NEWBORNS							
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Marriage (mm/dd/yyyy) _____		Have you ever been widowed or divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No		Widow/Divorce Date (mm/dd/yyyy) _____	
12. Additional Contact Phone Number			13. Occupation (if age 16 or older)			14. Employer or School (if applicable)	
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> _____			CHILD				
15. Height		16. Hair Color		17. Eye Color		18. Travel Plans (If no travel plans, please write "none")	
1ft. 0in.		BROWN		GREEN		Departure Date (mm/dd/yyyy) _____ Return Date (mm/dd/yyyy) _____ Countries to be Visited _____	
19. Permanent Address (Complete if P.O. Box is listed under Mailing Address or if residence is different from Mailing Address. Do not list a P.O. Box.)							
Street/RFD # or URB PLEASE ENTER YOUR CURRENT RESIDENCE ADDRESS						Apartment/Unit	
City			State			Zip Code	
_____			_____			_____	
20. Your Emergency Contact (Provide the information of a person not traveling with you to be contacted in the event of an emergency.)							
Name JANE DOE			Address: Street/RFD # or P.O. Box RAMSTEIN			Apartment/Unit	
City RAMSTEIN		State AE	Zip Code 09009	Phone Number 314-555-5555		Relationship MOTHER	
21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete the remaining items in #21.</i>							
Name as printed on your most recent passport book			Most recent passport book number		Most recent passport book issue date (mm/dd/yyyy)		
_____			_____		_____		
PLEASE LEAVE ITEM 21 BLANK; THIS WILL ALWAYS BE MARKED "NO" FOR NEWBORNS							
Status of your most recent passport book: <input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired)							
Name as printed on your most recent passport card			Most recent passport card number		Most recent passport card issue date (mm/dd/yyyy)		
_____			_____		_____		
Status of your most recent passport card: <input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired)							
PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY							
Name as it appears on citizenship evidence _____							
<input type="checkbox"/> Birth Certificate SR CR City Filed:		Issued:		<input type="checkbox"/> Sole Parent			
<input type="checkbox"/> Nat. / Citiz. Cert. USCIS USDC Date/Place Acquired:		A#					
<input type="checkbox"/> Report of Birth Filed/Place:							
<input type="checkbox"/> Passport C/R S/R See #21 #/DOI:							
<input type="checkbox"/> Other:							
<input type="checkbox"/> Attached:							
<input type="checkbox"/> P/C of Citiz <input type="checkbox"/> P/C of ID <input type="checkbox"/> DS-71 <input type="checkbox"/> DS-3053 <input type="checkbox"/> DS-64 <input type="checkbox"/> DS-5520 <input type="checkbox"/> DS-5525 <input type="checkbox"/> PAW <input type="checkbox"/> NPIC <input type="checkbox"/> IRL <input type="checkbox"/> Citiz W/S				 DS 11 B 03 2022 2			

Sample - Please enter your information.

Attachment 3

Application for a Social Security Card

1	NAME TO BE SHOWN ON CARD		First MARIE	Full Middle Name JANE	Last DOE
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
2	Social Security number previously assigned to the person listed in item 1		<input type="text"/>	<input type="text"/>	<input type="text"/>
3	PLACE OF BIRTH (Do Not Abbreviate)	CITY LANDSTUHL	STATE OR FOREIGN COUNTRY GERMANY	Office Use Only FCI	4 DATE OF BIRTH MM/DD/YYYY 04/01/2023
5	CITIZENSHIP (Check One)	<input checked="" type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3) <input type="checkbox"/> Other (See Instructions On Page 3)			
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7	RACE Select One or More (Your Response is Voluntary)	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian	
8	SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH	First JANE	Full Middle Name JOY	Last BROWN	
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 3)		<input type="text"/>	<input type="text"/>	<input type="text"/>
10	A. PARENT/ FATHER'S NAME	First JOHN	Full Middle Name JAMES	Last DOE	
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)		<input type="text"/>	<input type="text"/>	<input type="text"/>
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
12	Name shown on the most recent Social Security card issued for the person listed in item 1	First	Full Middle Name	Last	
13	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY		
14	TODAY'S DATE 07/04/2023 MM/DD/YYYY	15	DAYTIME PHONE NUMBER	Area Code Number	
16	MAILING ADDRESS (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No. PSC 4 BOX 1234		City APO	State/Foreign Country AE ZIP Code 12345
17	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.				
17	YOUR SIGNATURE	18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input checked="" type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____		
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)					
NPN		DOC	NTI	CAN	ITV
PBC	EVI	EVA	EVC	PRA	NWR DNR UNIT
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
			DATE		
			DCL DATE		

Attachment 4

Birth Registration Quick Review Checklist		
Item Required	Initials	Notes or Corrections Required
DS-2029 Application for eCRBA/CRBA		
DS-11 Application for Passport		
SS-5 Application for Social Security Card		
Original AE 40-400B Child's Report of Birth (Child Born in Military Hospital)		
Original Child's German Birth Certificate "Beglaubigter Auszug aus dem Geburtenregister" (Child Born in German Hospital)		
US Citizen Parent: Original US Passport of Parent		
Proof of Physical Presence in the US from the US citizen parent		
Foreign Parent: Original Foreign Passport of Parent		
Original Proof of Citizenship if Parent(s) are not in the possession of a valid Passport		
Original Marriage Certificate (if applicable)		
Original Divorce Decree (if applicable)		
Two Infant Passport Photos (2"x2"); only required for tourist passport applications		
Money order or cashier's check for \$135 (tourist passport). eCRBA will be paid for online (\$100). No-fee passport is free of charge.		
Command Sponsorship Letter, SURF, Orders, SSN statement (for no-fee passports only)		
Both Parents and Child must be present during Birth Registration		
One Parent and Child present with notarized consent of absent Parent (DS-3053)		