

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. Business hours are Monday, Tuesday, Thursday, and Friday from 0800 to 1100 hours and from 1300 to 1500 hours.

Current as of: 1 March 2026

Introduction

If you are a U.S. citizen and your child is born outside the United States, you must document your child's U.S. citizenship by applying for a Consular Report of Birth Abroad (CRBA). You may also apply for your child's first U.S. passport and Social Security number. Please note that a Social Security number cannot be issued unless your child has both a CRBA and a U.S. passport.

If your baby is born in Germany, they will need a U.S. passport and a U.S. birth document (CRBA) in order to travel outside of Germany. Do not make any travel plans until you have the physical passport in hand.

Dual citizens may need to travel with both their U.S. passport and the passport of their other country of citizenship. When entering or leaving the United States, they are required to present their U.S. passport to Customs and Border Protection. If they are traveling to their other country of citizenship, they should also carry that country's passport, as it will be needed for entry and exit. For travel to a third country, they can review that country's visa and entry requirements to determine whether it is more advantageous to use their U.S. passport or their other passport.

Important Information: To start the birth registration process, please carefully read this package and prepare or collect all required documents prior to your appointment.

- 1. Submit eCRBA:** First, complete and pay for your electronic Consular Report of Birth Abroad (eCRBA) application online.
- 2. Notify Our Office NET 7 days after submission online:** After you submit the eCRBA, please send an e-mail to 786fss.passports@us.af.mil to inform us of the submission. To help request your file from the Consulate, please include the following in your email: Child's Full Name & Date of Birth, full names of both parents, CRBA application number, and date of online submission
- 3. Schedule Interview:** Once we receive your eCRBA, we will contact you and schedule a pre-review and appointment at the Ramstein Passport Office (Bldg 2106, Room 110).

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 10 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.

We process CRBAs for all DoW military and civilian personnel assigned to or employed at Ramstein Air Base and its geographically separated units within Germany. 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.

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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 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 U.S. 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 of citizenship and must be submitted. Your U.S. 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 U.S. citizen parent has to provide proof of physical presence in the United States. Please submit school records, high school transcripts 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 U.S. 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 also 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.

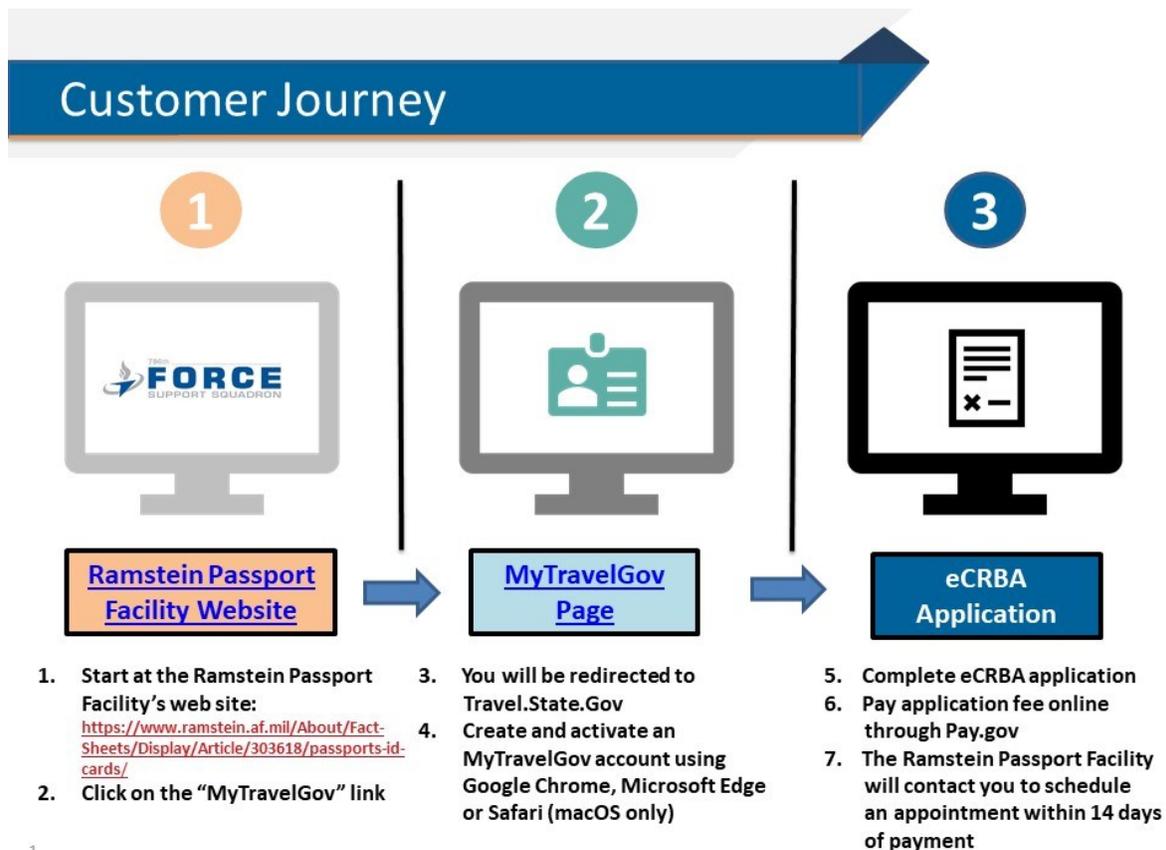
All marriage certificates, divorce decrees, annulment or death certificates must be submitted in original form. They will be returned to you along with the birth certificate and passport.

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, AMS SURF with current DEROS, and orders bringing you to Germany. We highly recommend you apply for the no-fee passport after the CRBA and tourist passport have 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 or select the MyTravelGov link via our facility web site:

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

The eCRBA application is straightforward, and you may save your progress and return to it at any time. Please upload all required documents as instructed in the system.

Do NOT schedule a CRBA interview appointment at the Frankfurt Consulate. Instead, contact our office 7 to 14 days after you have paid for your eCRBA application. We will request your file from Frankfurt and arrange an appointment for you at our office. During your appointment, both parents will be interviewed, the oath will be administered, and we will collect your original documents. If applicable, we will also accept your child's passport application at that time. See Step 5 for more details.

Our office will print the eCRBA documents received from the Consulate in Frankfurt in preparation for your appointment. In addition to those documents, parents will need to complete Page 2 and 5 (if applicable) of the DS-2029. Use page 5 only if one or both parents lived outside the United States without affiliation to the U.S. Armed Forces or other qualifying U.S. Government employment or if additional space is needed when completing page 2.

Please print all pages on U.S. letter size format (no A4 format authorized) and single-sided. Pages 2 and 5 of the DS-2029 must be typed. Handwritten applications will not be accepted.

Traditional CRBA process: In rare cases, if the eCRBA service is not available or cannot be used in your situation, please complete the DS-2029 application at the following website:

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

STEP 3: COMPLETE FORM DS-11, APPLICATION FOR A U.S. 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 U.S. 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 during the appointment.

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 will accompany your birth registration submission and will be returned along with the CRBA certificate and passport for further processing. The Social Security Number may not be issued before the U.S. birth certificate and the passport are issued.

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

Please contact our office per e-mail and provide your child's name, DOB, parent's names, application number and date the application 7 to 14 days after submission. We will then inquire on the status of your eCRBA and get back with you with an appointment via e-mail and waitwhile.com confirmation. All required documents must be originals and provided to the passport agent during the 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 U.S. passport because they are too small and too dark in the background.

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

Fees and Forms of Payment

The Consulate accepts online payments only. Payment for the eCRBA application must be completed online using either a major credit card or a direct payment from a U.S. bank account. Tourist passport fees must also be paid online. Please bring a printed copy of your electronic payment confirmation from: <https://www.pay.gov/public/form/start/1274042472/?>. Be sure to enter your child's information to pay the correct passport fee of \$135. A tourist passport is required for any leisure travel outside Germany and the United States. If your child is command-sponsored and you are applying only for a CRBA and a no-fee passport, then only the \$100 CRBA fee is required. The U.S. government covers the cost of the no-fee passport.

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

Please bring your newborn to the scheduled appointment, as we are required to see the child in person. Both parents must be present to sign the passport application and take the oath before a Military Passport Agent. If one parent cannot attend, please refer to the guidance under Special Circumstances (Page 9).

Note: All applications and supporting documents, including original passports and birth certificates, are securely safeguarded at all times. They are 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) arrive at our office, you will be notified by e-mail. Processing typically takes 6 to 8 weeks, though it may take longer during peak periods. Do not make any travel plans outside Germany until you have your child's passport in hand.

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

The SS-5 Application for a Social Security Card will be returned to you along with your child's birth certificate and passport. We will provide certified copies of all required documents needed to submit the Social Security application. You must then mail these documents to the following address for processing:

American Consulate General
Federal Benefits Unit
Giessener Strasse 30
60435 Frankfurt

Please note that mailing costs are not covered by the U.S. government. We recommend sending the documents through the German Post Office to help expedite delivery. Processing generally takes an additional 6 to 8 weeks, and the Social Security card will be mailed directly to you from the United States.

Our office cannot track the status of your application. All questions must be directed to the Federal Benefits Unit at the Frankfurt Consulate. They can be reached at 069-7535-4242 (Tue/Thu, 9:00–12:00) or by email at fbu.frankfurt@ssa.gov.

Once you receive your child's Social Security card, please visit the ID Cards Office in Bldg. 2106, Room 117 (across from the Passport Office) to update DEERS. This step is essential 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, and the father cannot be present at the time the CRBA application is submitted, a notarized affidavit from the father is required. Please complete the Affidavit of Physical Presence or Residence, Parentage, and Support (Form DS-5507), available at:

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

If the child was conceived or born before the parents' marriage, additional affidavits or supporting evidence may be required depending on the circumstances. The Passport Office will advise you before your appointment. Please inform us of your situation in advance so we can provide appropriate guidance.

If one parent or legal guardian is unable to appear in person, 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 to 3 on the form, granting consent for the issuance of a passport for the minor child. The form is valid for 90 days. You can access it here:

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

The non-applying parent or guardian must also:

- ✓ Sign and date Form DS-3053 in the presence of a Certified Notary Public
- ✓ Provide a photocopy of the front and back of the ID presented to the Notary Public

If the applying parent is not a U.S. citizen, additional documentation from the absent U.S. citizen parent may be required.

If the minor child has only one parent or legal guardian, evidence of sole authority to apply for the child must be provided. Acceptable documentation includes:

- ✓ A court order granting sole legal and physical custody to the applying parent (unless travel is restricted)
- ✓ A court order specifically permitting the applying parent to travel with the child
- ✓ A judicial declaration of incompetence for the non-applying parent
- ✓ A death certificate for the non-applying parent

Privacy and Sensitive Information: If you prefer to discuss personal circumstances in a more private setting, please let us know in advance so we can make appropriate arrangements. Our passport agents are certified by the U.S. Department of State, and all information you provide is handled confidentially and with the utmost respect for your privacy.

Attachment 1

<p align="center"><i>(Continued)</i></p> <p>2. INFORMATION ABOUT MOTHER/FATHER/PARENT</p> <p>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 align="center" style="font-size: 1.2em; font-weight: bold;">JIMMY DAVID DOE (FATHER)</p> <p>2j. Precise Periods of Time in United States (<i>Please see instructions on Instruction Page 1.</i>)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Place (City, State)</th> <th style="width:35%;">Date (month-day-year)</th> <th style="width:35%;">Date (month-day-year)</th> </tr> </thead> <tbody> <tr> <td>NEW YORK, NY</td> <td>From 05261991</td> <td>To 06152005</td> </tr> <tr> <td>CHICAGO, IL</td> <td>From 06152005</td> <td>To 03152019</td> </tr> <tr><td> </td><td>From</td><td>To</td></tr> </tbody> </table> <p>2k. Periods abroad in U.S. Armed Forces, in other U.S. Government employment, with qualifying international organization, or as a dependent child of a person so employed. (<i>Please see instructions on Instruction Page 1.</i>)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Branch/Agency/Org.</th> <th style="width:35%;">Date (month-day-year)</th> <th style="width:35%;">Date (month-day-year)</th> </tr> </thead> <tbody> <tr> <td>AD AF (SPANGDALEHM AB)</td> <td>From 03152019</td> <td>To 08152024</td> </tr> <tr> <td>AD AF (RAMSTEIN AB)</td> <td>From 08152024</td> <td>To PRESENT</td> </tr> <tr><td> </td><td>From</td><td>To</td></tr> </tbody> </table>	Place (City, State)	Date (month-day-year)	Date (month-day-year)	NEW YORK, NY	From 05261991	To 06152005	CHICAGO, IL	From 06152005	To 03152019		From	To	Branch/Agency/Org.	Date (month-day-year)	Date (month-day-year)	AD AF (SPANGDALEHM AB)	From 03152019	To 08152024	AD AF (RAMSTEIN AB)	From 08152024	To PRESENT		From	To	<p align="center"><i>(Continued)</i></p> <p>3. INFORMATION ABOUT MOTHER/FATHER/PARENT</p> <p>3i. 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 align="center" style="font-size: 1.2em; font-weight: bold;">JANE JANET SMITH (MOTHER)</p> <p>3j. Precise Periods of Time in United States (<i>Please see instructions on Instruction Page 1.</i>)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Place (City, State)</th> <th style="width:35%;">Date (month-day-year)</th> <th style="width:35%;">Date (month-day-year)</th> </tr> </thead> <tbody> <tr> <td>CHICAGO, IL</td> <td>From 12231994</td> <td>To 05152009</td> </tr> <tr> <td>SAN FRANCISCO, CA</td> <td>From 05152009</td> <td>To 08152024</td> </tr> <tr><td> </td><td>From</td><td>To</td></tr> </tbody> </table> <p>3k. Periods abroad in U.S. Armed Forces, in other U.S. Government employment, with qualifying international organization, or as a dependent child of a person so employed. (<i>Please see instructions on Instruction Page 1.</i>)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Branch/Agency/Org.</th> <th style="width:35%;">Date (month-day-year)</th> <th style="width:35%;">Date (month-day-year)</th> </tr> </thead> <tbody> <tr> <td>AF (RAMSTEIN AB)</td> <td>From 08152024</td> <td>To PRESENT</td> </tr> <tr><td> </td><td>From</td><td>To</td></tr> </tbody> </table>	Place (City, State)	Date (month-day-year)	Date (month-day-year)	CHICAGO, IL	From 12231994	To 05152009	SAN FRANCISCO, CA	From 05152009	To 08152024		From	To	Branch/Agency/Org.	Date (month-day-year)	Date (month-day-year)	AF (RAMSTEIN AB)	From 08152024	To PRESENT		From	To																																																																																																			
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Attachment 1

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

CLEAR FORM

Sample

Attachment 2



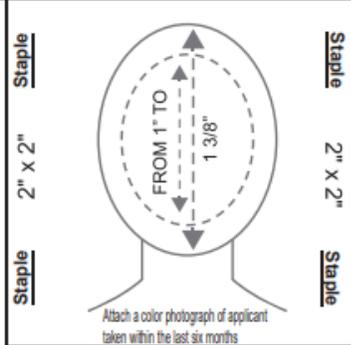
U.S. Department of State
APPLICATION FOR A U.S. PASSPORT

OMB Control No. 1405-0004
Expiration Date: 06/30/2028
Estimated Burden: 85 Minutes

Please print legibly using black ink only. If you make an error, complete a new form. Do not correct or white out.

Select document(s) for which you are submitting fees:
1. Name Last: DOE
2. Date of Birth: 02 01 2026
3. Sex: M F X
4. Place of Birth: LANDSTUHL, GERMANY
5. Social Security Number: 000 00 0000
6. USCIS Registration A-Number: A-
7. Email: JIMMY.DOE@US.AF.MIL

8. Mailing Address Line 1: 786 FSS/FSPS PASSPORT OFFICE
Address Line 2: OPC 2 BOX 65, JIMMY DOE
City: APO State: AE Zip Code: 09094
9. Primary Contact Phone Number: 112-233-4455667



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
Driver's License State Issued ID Card Passport Military Other

Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian on Third Signature Line
Driver's License State Issued ID Card Passport Military Other

Acceptance Agent (Vice) Consul USA
Passport Staff Agent
(Seal)

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...

Signature of person authorized to accept applications
Date
Agent ID Number
Facility ID Number
Print Facility Name/Location
Name of courier company (if applicable)

Applicant's Legal Signature - age 16 and older
Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

For Issuing Office Only -> Bk Card EF Postage Execution Other
DS 11 B 04 2025 1

Sample - Please enter your information.

Attachment 2

Name of Applicant (Last, First, & Middle) DOE, JOHN DAVID		Date of Birth (MM/DD/YYYY) 02/01/2026	
10. Parental Information			
Mother/Father/Parent - First & Middle Name (at Parent's Birth) JIMMY DAVID		Last Name (at Parent's Birth) DOE	
Date of Birth (MM/DD/YYYY) 05 26 1991	Place of Birth (City & State if in the U.S. or City & Country as it is presently known) NEW YORK, NY	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mother/Father/Parent - First & Middle Name (at Parent's Birth) JANE JANET		Last Name (at Parent's Birth) SMITH PLEASE ENTER MOTHER'S MAIDEN NAME	
Date of Birth (MM/DD/YYYY) 12 23 1994	Place of Birth (City & State if in the U.S. or City & Country as it is presently known) CHICAGO, IL	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	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) PLEASE LEAVE ITEM 11 BLANK; THIS ITEM WILL ALWAYS BE MARKED "NO" FOR NEWBORNS		Date of Birth (MM/DD/YYYY)	Place of Birth
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) CHILD	14. Employer or School (if applicable) NONE
15. Height 1ft. 0in.		16. Hair Color BROWN	17. Eye Color BROWN
18. Travel Plans (If no travel plans, please write "none")			
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 ABC STRASSE PLEASE ENTER YOUR CURRENT RESIDENCE ADDRESS			Apartment/Unit 5
City RAMSTEIN, DEU		State	Zip Code 11223
20. Your Emergency Contact (Provide the information of a person not traveling with you to be contacted in the event of an emergency.)			
Name JIMMY DOE		Address: Street/RFD # or P.O. Box ABC STRASSE	
City RAMSTEIN		State	Zip Code 11223
Phone Number 112-233-4455667		Relationship FATHER	
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 printed on your most recent book		Name printed on your most recent card	
Status of Book <input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired)		Status of Card <input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired)	
If your most recent passport book/card was lost or stolen, you must explain in detail below. Please provide your previous book/card number and include the date and location (address/city/state/country) of the loss/theft, if known. Please indicate whether you filed a police report, and if it is available, please submit a copy. If you need more space, continue on a separate sheet of paper.			
PLEASE LEAVE ITEM 21 BLANK; THIS ITEM WILL ALWAYS BE MARKED "NO" FOR NEWBORNS APPLYING FOR THEIR FIRST PASSPORT			
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 Citz <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"/> Citz W/S			
			 DS 11 B 04 2025 2

Attachment 3

Form **SS-5** (12-2024) UF
Discontinue Prior Editions
Social Security Administration

Page 5 of 5
OMB No. 0960-0066

Application for a Social Security Card

1	NAME TO BE SHOWN ON CARD		First JOHN	Full Middle Name DAVID	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"/>	<input type="text"/> <input type="text"/>
3	PLACE OF BIRTH (Do Not Abbreviate)	LANDSTUHL City	GERMANY State or Foreign Country	Office Use Only FCI	4
				DATE OF BIRTH	02012026 MM/DD/YYYY
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 checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH	First JANE	Full Middle Name JANET	Last SMITH	
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9B on Page 3)		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10	A. PARENT/ FATHER'S NAME	First JIMMY	Full Middle Name DAVID	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"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <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	02232026 MM/DD/YYYY	15	DAYTIME PHONE NUMBER	+49 12345678901 Area Code Number
16	MAILING ADDRESS (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No. ABC STRASSE 5 City: RAMSTEIN State/Foreign Country: GERMANY ZIP Code: 11223			
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	

Sample - Please enter your information.

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		
If applicable, electronic payment confirmation of \$135 for tourist passport. eCRBA will be paid for on-line (\$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)		