

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. We are open Monday through Friday from 0900 to 1500 hours.

Current As Of: 22 August 2016

Introduction

If you are a U.S. citizen and the parent of a child born outside of the United States, you will need to document your child's U.S. 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.

Remember, if your baby is born in Germany, you have to get a U.S. Passport and Birth Certificate for him/her before they are eligible to travel outside of Germany. We highly recommend you don't make any travel plans prior to holding the passport in your hand.

Important Information: To start the birth registration process, please carefully read this package and prepare all required documents. Then, stop by our office for a pre-review of your application(s) and documents by one of our passport agents. This review is to your benefit as it allows us to go over the birth registration package, review the forms/documents provided and address any questions you may have prior to making the actual birth registration appointment. Birth registrations can be complicated and lengthy and the average error rate is over 80%. We need to ensure that all forms are in order before scheduling your appointment. This policy helps prevent having your entire family return to the office on another day due to missing documents or errors on applications. It also minimizes cancellations or rescheduled appointments, which shortens other customers' waiting time for appointments. Thank you for your understanding!

Birth Registrations are done by appointment only, which are available Monday through Thursday, between 0900 and 1030 hours. After the pre-review, we are ready to schedule you and your family for a birth registration appointment with the Ramstein Passport Office (Bldg 2106, Room 110). Your appointment is on:

DATE: _____ TIME: _____.

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, 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 office is the Kleber Kaserne Passport Office at DSN 483-8892 or commercial 0631-411-8892. Retirees living in the KMC area are also serviced by the Kleber Kaserne Passport Office.

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STEP 1: COLLECT ALL REQUIRED DOCUMENTS.

NOTE: 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/Ausdruck aus dem Geburtenregister) - This is the German birth certificate issued by local authorities on 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/Ausdruck aus dem Geburtenregister." Please bring original and two copies.

Evidence of Parents' Citizenship and Identity

Your current passport is the preferred form of proof. Your U.S. birth certificate or 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. This is a Department of State (DoS) requirement. Please bring originals and one copy. 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.

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

Please bring originals and three copies (front and back of ID).

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 need to see your original marriage certificate. If your marriage certificate is in a language other than English or German, a

certified translation must be provided. If you have prior marriages, we need to see your original divorce decree, annulment, or a death certificate. If your document is 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 and would like to request a no-fee passport, you will need to provide a command sponsorship approval letter at the time of the birth registration appointment. If you haven't started this process yet, please obtain information at the Military Personnel Flight, Outbound Assignments Office, Building 2106, Room 312. They are open for walk-in customers on Monday, Wednesday, Thursday and Friday, from 0830 to 1300 hours and Tuesday, from 0900 to 1300 hours. 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.

Please complete a DS-2029 application on the following web site:

<http://www.state.gov/documents/organization/156216.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 7 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 and print 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 Consular Report of Birth Abroad certificate and passport. The Social Security Number may not be issued before a US birth certificate is issued.

STEP 5: HAVE YOUR DOCUMENTS AND APPLICATIONS REVIEWED BY A MILITARY PASSPORT AGENT AND SET UP AN APPOINTMENT FOR BIRTH REGISTRATION.

We will point out any errors on the applications or missing documents during your pre-review. Please ensure all discrepancies are corrected prior to your actual appointment. All documents must be in order for the birth registration. Non-compliance may result in having to reschedule your appointment. This is a DoS requirement.

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

Passport Photos

Two recent passport photos, 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 must be open. German passport photos (biometric 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.

If your child is command-sponsored and you're only requesting a Consular Report of Birth Abroad and a no-fee passport, the fee will be \$100. This covers the cost of the birth certificate; the US government will cover the cost of the no-fee passport.

If you select to also apply for a tourist passport, the fee will be \$205. This covers the cost for the birth certificate (\$100) and the tourist passport (\$105).

STEP 7: PERSONAL APPEARANCE FOR THE BIRTH REGISTRATION OF YOUR CHILD.

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 8) 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 Consulate or a Military Passport Agent.

STEP 8: PICK UP YOUR CHILD'S CONSULAR REPORT OF BIRTH ABROAD (US BIRTH CERTIFICATE) AND PASSPORT(S) AT THE PASSPORT OFFICE UPON NOTIFICATION OF RECEIPT.

The waiting 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 069-905551100 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:

<http://www.state.gov/documents/organization/126018.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. Please complete a DS-3053 application on the following web site:

<http://www.state.gov/documents/organization/212243.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.

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.

If you have any additional questions, please don't hesitate to ask one of our military passport agents or our civilian passport and visa assistants.

Attachment 1



U.S. Department of State APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD OF A CITIZEN OF THE UNITED STATES OF AMERICA

OMB NO. 1405-0011
EXPIRES: 03/31/2019
Estimated Burden: 20 minutes

Registration Number

A. THIS SECTION TO BE COMPLETED BY THE CHILD'S PARENT(S) OR GUARDIAN(S) OR THE CHILD (USE SECTION D CONTINUATION SHEET)

INFORMATION ABOUT THE CHILD		
<p>1. Name of Child in Full</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 33%; text-align: center;">DOE <small>(Last/Surname)</small></div> <div style="width: 33%; text-align: center;">MARIE <small>(First)</small></div> <div style="width: 33%; text-align: center;">JANE <small>(Middle)</small></div> </div>		
<p>2. Sex 3. Date of Birth 4. Place of Birth</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 33%;"> <input type="checkbox"/> M <input checked="" type="checkbox"/> F </div> <div style="width: 33%; text-align: center;"> 04 / 01 / 2016 <small>(month) (day) (year)</small> </div> <div style="width: 33%; text-align: center;"> LANDSTUHL GERMANY <small>(City) (Country)</small> </div> </div>		
<p>NOTE: (If the U.S. citizen parent transmitting citizenship to the child is not present, he or she may complete State Department Form DS 5507 Affidavit of Parentage Physical Presence and Support and submit it separately. The parent completing this application should provide as much information on the parent completing the Form DS 5507 as he or she has.)</p>		
INFORMATION ON MOTHER/FATHER/PARENT	INFORMATION ON MOTHER/FATHER/PARENT	
<p>5. Full Name</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 33%; text-align: center;">DOE <small>(Last/Surname)</small></div> <div style="width: 33%; text-align: center;">JOHN <small>(First)</small></div> <div style="width: 33%; text-align: center;">JAMES <small>(Middle)</small></div> </div> <p>6. All Previous Legal Names Used</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 33%; text-align: center;">_____ <small>(Last/Surname)</small></div> <div style="width: 33%; text-align: center;">_____ <small>(First)</small></div> <div style="width: 33%; text-align: center;">_____ <small>(Middle)</small></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 33%; text-align: center;">_____ <small>(Last/Surname)</small></div> <div style="width: 33%; text-align: center;">_____ <small>(First)</small></div> <div style="width: 33%; text-align: center;">_____ <small>(Middle)</small></div> </div>	<p>11. Full Name</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 33%; text-align: center;">DOE <small>(Last/Surname)</small></div> <div style="width: 33%; text-align: center;">JANE <small>(First)</small></div> <div style="width: 33%; text-align: center;">JOY <small>(Middle)</small></div> </div> <p>12. All Previous Legal Names Used</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 33%; text-align: center;">BROWN <small>(Last/Surname)</small></div> <div style="width: 33%; text-align: center;">JANE <small>(First)</small></div> <div style="width: 33%; text-align: center;">JOY <small>(Middle)</small></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 33%; text-align: center;">SMITH <small>(Last/Surname)</small></div> <div style="width: 33%; text-align: center;">JANE <small>(First)</small></div> <div style="width: 33%; text-align: center;">JOY <small>(Middle)</small></div> </div>	
<p>7. Sex 8. Date of Birth</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 33%;"> <input checked="" type="checkbox"/> M <input type="checkbox"/> F </div> <div style="width: 33%; text-align: center;"> 01 / 30 / 1985 <small>(month) (day) (year)</small> </div> </div> <p>9. Place of Birth</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 33%; text-align: center;">OLYMPIA <small>(City)</small></div> <div style="width: 33%; text-align: center;">WA <small>(State/Province)</small></div> <div style="width: 33%; text-align: center;">USA <small>(Country)</small></div> </div> <p>10. Current Physical Address (Do not list P.O. Box) (A.P.O. Address Permitted)</p> <div style="margin-top: 10px;"> PSC 4 BOX 1234 <small>(Address Line 1)</small> </div> <div style="margin-top: 5px;"> APO AE 01234 <small>(City, State/Province, Country, Postal Code)</small> </div> <div style="margin-top: 10px;"> 016123456789 <small>(Phone Number(s))</small> </div> <div style="margin-top: 10px;"> YOUR.NAME@US.AF.MIL <small>(Email Address)</small> </div> <div style="margin-top: 10px;"> Use this address if Consular Report of Birth will be mailed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	<p>13. Sex 14. Date of Birth</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 33%;"> <input type="checkbox"/> M <input checked="" type="checkbox"/> F </div> <div style="width: 33%; text-align: center;"> 09 / 02 / 1988 <small>(month) (day) (year)</small> </div> </div> <p>15. Place of Birth</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 33%; text-align: center;">SAN ANTONIO <small>(City)</small></div> <div style="width: 33%; text-align: center;">TX <small>(State/Province)</small></div> <div style="width: 33%; text-align: center;">USA <small>(Country)</small></div> </div> <p>16. Current Physical Address (Do not list P.O. Box) (A.P.O. Address Permitted)</p> <div style="margin-top: 10px;"> PSC 4 BOX 1234 <small>(Address Line 1)</small> </div> <div style="margin-top: 5px;"> APO AE 01234 <small>(City, State/Province, Country, Postal Code)</small> </div> <div style="margin-top: 10px;"> 016123456789 <small>(Phone Number(s))</small> </div> <div style="margin-top: 10px;"> YOUR.NAME@US.AF.MIL <small>(Email Address)</small> </div> <div style="margin-top: 10px;"> Use this address if Consular Report of Birth will be mailed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>	
<p>17. Mailing Address (if different from Current Physical Address) (Do not list a P.O. Box.) (You may list an A.P.O. address)</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 50%; text-align: center;"> 786 FSS/FSPS PASSPORTS <small>(Address Line 1)</small> </div> <div style="width: 50%; text-align: center;"> UNIT 3220, APO AE 09094 <small>(City, State/Province, Country and Postal Code)</small> </div> </div>		

Attachment 1

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MARITAL STATUS OF THE PARENTS																																																																									
20. Were you married to the child's other biological parent when the child was born? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																									
21. Date and Place of Marriage to the child's other biological parent and current status <div style="display: flex; justify-content: space-between;"> <u>09 / 05 / 2009</u> (month) (day) (year) <u>SEATTLE</u> (City) <u>WA</u> (State/Province) <u>USA</u> (Country) </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div> <input checked="" type="checkbox"/> Still Married <input type="checkbox"/> Divorced <u> </u> / <u> </u> / <u> </u> (month) (day) (year) </div> <div> <input type="checkbox"/> Death <u> </u> / <u> </u> / <u> </u> (month) (day) (year) </div> </div>																																																																									
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24. Precise Periods of Time in United States <i>(if additional space is needed, please use the Section D Continuation Sheet)</i> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">Place (City, State)</th> <th style="text-align: left;">Date (month-day-year) From</th> <th style="text-align: left;">Date (month-day-year) To</th> </tr> </thead> <tbody> <tr><td>OLYMPIA, WA</td><td>01-30-1985</td><td>07-15-2000</td></tr> <tr><td>DETROIT, MI</td><td>07-16-2000</td><td>10-01-2007</td></tr> <tr><td>SEATTLE, WA</td><td>10-02-2007</td><td>03-15-2012</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> </tbody> </table>	Place (City, State)	Date (month-day-year) From	Date (month-day-year) To	OLYMPIA, WA	01-30-1985	07-15-2000	DETROIT, MI	07-16-2000	10-01-2007	SEATTLE, WA	10-02-2007	03-15-2012		From	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To	25. Precise Periods of Time in United States <i>(if additional space is needed, please use the Section D Continuation Sheet)</i> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">Place (City, State)</th> <th style="text-align: left;">Date (month-day-year) From</th> <th style="text-align: left;">Date (month-day-year) To</th> </tr> </thead> <tbody> <tr><td>SAN ANTONIO, TX</td><td>09-02-1988</td><td>02-09-2008</td></tr> <tr><td>SEATTLE, WA</td><td>02-10-2008</td><td>03-25-2012</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> </tbody> </table>	Place (City, State)	Date (month-day-year) From	Date (month-day-year) To	SAN ANTONIO, TX	09-02-1988	02-09-2008	SEATTLE, WA	02-10-2008	03-25-2012		From	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To
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Attachment 1

(Continued) INFORMATION ON MOTHER/FATHER/PARENT	(Continued) INFORMATION ON MOTHER/FATHER/PARENT																																																																		
<p>26. Precise 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>Specify</i>) (if additional space is needed please use the Section D Continuation Sheet)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Branch/Agency/Org.</th> <th style="width: 33%;">Date (month-day-year)</th> <th style="width: 33%;">Date (month-day-year)</th> </tr> </thead> <tbody> <tr> <td>AD/USAF/RAMSTEIN AB</td> <td>From 03-16-2012</td> <td>To</td> </tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> </tbody> </table>	Branch/Agency/Org.	Date (month-day-year)	Date (month-day-year)	AD/USAF/RAMSTEIN AB	From 03-16-2012	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To	<p>27. Precise 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>Specify</i>) (if additional space is needed please use the Section D Continuation Sheet)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Branch/Agency/Org.</th> <th style="width: 33%;">Date (month-day-year)</th> <th style="width: 33%;">Date (month-day-year)</th> </tr> </thead> <tbody> <tr> <td>DEP/USAF/RAMSTEIN AB</td> <td>From 03-16-2012</td> <td>To</td> </tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> <tr><td> </td><td>From</td><td>To</td></tr> </tbody> </table>	Branch/Agency/Org.	Date (month-day-year)	Date (month-day-year)	DEP/USAF/RAMSTEIN AB	From 03-16-2012	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To
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B. THIS SECTION TO BE COMPLETED BEFORE/BY CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER PERSON QUALIFIED TO ADMINISTER OATH																																																																			
<p>NOTE: If a U.S. citizen parent transmitting citizenship to the child born out of wedlock is not present, he or she may complete State Department Form DS 5507 Affidavit of Parentage Physical Presence and Support and submit separately. Only the U.S. citizen father of a child born abroad out of wedlock must complete the acknowledgement of paternity and agreement to provide financial support.</p>																																																																			
<p>28. I _____ do solemnly swear (or affirm) (check all that apply)</p> <p style="text-align: center;">(Name)</p> <p> <input type="checkbox"/> I am a U.S. citizen or non-citizen national. <input type="checkbox"/> I am the father of _____, (Name of Child) </p> <p> who was born on _____ in _____. <input type="checkbox"/> My child was born out of wedlock, and I am the (Date of Birth) (Place of Birth) </p> <p> the father through whom he/she is claiming U.S. citizenship. <input type="checkbox"/> I agree to provide financial support for this child until he/she reaches the age of eighteen </p> <p>_____</p> <p style="text-align: center;">(Signature of Affiant)</p> <p>SUBSCRIBED AND SWORN TO (AFFIRMED) before me this _____ day of _____,</p> <p>_____</p> <p style="text-align: center;">(Signature and Title of Administering Officer)</p> <p style="text-align: right;">(SEAL)</p> <p style="color: red; text-align: center; font-weight: bold;"> Please only fill out this section if the child is conceived or born out of wedlock or if married less than 10 months prior to date of birth of child. </p>																																																																			

Attachment 1

(Continued)

THIS SECTION TO BE COMPLETED BEFORE/BY CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER PERSON QUALIFIED TO ADMINISTER OATHS

29. 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
(Parent, Legal Guardian, Other (Specify))

Signature of Person(s) Providing Information

JOHN JAMES DOE

FATHER

JANE JOY DOE

MOTHER

Type Name and Title of Official

Signature of Official

City

Date

____/____/____
(month) (day) (year)

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.**

30. Approval of Consular Report of Birth

(Printed Name of Consular Officer)

(Signature of Consular Officer)

(Approving Post)

____/____/____
(month) (day) (year)
(Date of Approval)

(Registration Number)

Attachment 1

C.	FOR OFFICIAL USE			
31. 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	____/____/____ (month)(day)(year)	_____ (City)	_____ (Province) _____ (Country)
<input type="checkbox"/>	Marriage Certificate	____/____/____ (month)(day)(year) (File Date)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (City) _____ (State) _____ (Province) _____ (Country)
<input type="checkbox"/>	Divorce Decree(s)	(a) ____/____/____ (month)(day)(year) (File Date)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (City) _____ (State) _____ (Province) _____ (Country)
		(b) ____/____/____ (month)(day)(year) (File Date)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (City) _____ (State) _____ (Province) _____ (Country)
		(c) ____/____/____ (month)(day)(year) (File Date)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (City) _____ (State) _____ (Province) _____ (Country)
<input type="checkbox"/>	Death Certificate(s)	(a) ____/____/____ (month)(day)(year)	_____ (City)	_____ (State)
		(b) ____/____/____ (month)(day)(year)	_____ (City)	_____ (State)
<input type="checkbox"/>	Mother/Father/Parent's Passport	_____ (Passport Number)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (Nationality)
<input type="checkbox"/>	Mother/Father/Parent's Passport	_____ (Passport Number)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (Nationality)
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate)	_____ (Name of the Citizenship Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate)	_____ (Name of the Citizenship Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Driver's License)	_____ (Name of the Identity Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Driver's License)	_____ (Name of the Identity Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)
<input type="checkbox"/>	Other (Legal Guardianship; Power of Attorney, etc.)	_____ (Name of the Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)

Attachment 1

D.

CONTINUATION SHEET (USE THIS SPACE FOR ADDITIONAL INFORMATION)

PRIVACY ACT STATEMENT

AUTHORITY: The information solicited on this form is requested pursuant to provisions in Titles 8 and 22 of the United States Code (U.S.C.), whether or not codified, including specifically 22 U.S.C. 2705 and predecessor statutes, and by regulations issued pursuant to E.O. 11295 (August 5, 1966), including Part 50, Title 22 Code of Federal Regulations (CFR).

PURPOSE: The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a Consular Report of Birth and to properly administer and enforce the laws pertaining thereto. The information may also be used in connection with issuing other evidence of citizenship, and in furtherance of the Secretary's responsibility for the protection of U.S. nationals abroad.

ROUTINE USES: The information solicited on this form may be made available as a routine use to other government agencies, to assist the U.S. Department of State in adjudicating passport applications and requests for related services, and for law enforcement and administrative purposes. It may also be disclosed pursuant to court order. The information may be made available to foreign government agencies to fulfill passport control and immigration duties. The information may also be provided to foreign government agencies, international organizations and, in limited cases, private persons and organizations to investigate, prosecute, or otherwise address possible violations of law or to further the Secretary's responsibility for the protection of U.S. nationals abroad. The information may be made available to private U.S. citizen 'wardens' designated by the U.S. embassies and consulates. More information on the Routine Uses for the form can be found in the System of Records Notice, Public Notice 6209 for May 2, 2008. The title of this notice is Overseas Citizens Services Records.

DISCLOSURE: Providing the information requested on this form is voluntary. Failure to provide the information requested on this form may result in the denial of a Consular Report of Birth, related document or service to the individual seeking such report, document or service.

PAPERWORK REDUCTION ACT (PRA) STATEMENT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: CA/OCS/L, SA-29, 4th Floor, U.S. Department of State, Washington, DC 20037-3202.

Attachment 2



APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0004
OMB EXPIRATION DATE: 01-31-2017
ESTIMATED BURDEN: 95 MIN

Attention: Read WARNING on page 1 of instructions

Please select the document(s) for which you are applying:

☒ U.S. Passport Book ☐ U.S. Passport Card ☐ Both
The U.S. passport card is not valid for international air travel. For more information see page 1 of instructions.
☒ 28 Page Book (Standard) ☐ 52 Page Book (Non-Standard)

Note: The 52 page option is for those who frequently travel abroad during the passport validity period, and is recommended for applicants who have previously required the addition of visa pages.

1. Name Last

DOE

First

Middle

JANE

MARIE

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

04 01 2016

3. Sex

☐ M ☒ F

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

000 00 0000

6. Email Address (e.g., my_email@domain.com)

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: Clearly label Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g., In Care Of - Jane Doe, Apt # 100)

RAMSTEIN

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 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 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)

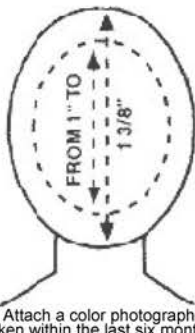
State of Issuance

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, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on page four 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 one of the instructions to the application form.

STAPLE 2" X 2" STAPLE



Attach a color photograph taken within the last six months

☐ Acceptance Agent ☐ (Vice) Consul USA

☐ Passport Staff Agent

(Seal)

Name of courier company (if applicable)

Facility ID Number

Facility Name/Location

Agent ID Number


Signature of person authorized to accept applications

Date

For Issuing Office Only → Bk Card EF Postage Execution Other

* DS 11 B 09 2013 1 *

Attachment 2

Name of Applicant (Last, First, & Middle)				Date of Birth (mm/dd/yyyy)	
DOE, JANE MARIE				04/01/2016	
10. Parental Information					
Mother/Father/Parent - First & Middle Name				Last Name (at Parent's Birth)	
JOHN JAMES				DOE	
Date of Birth (mm/dd/yyyy)		Place of Birth		Sex U.S. Citizen?	
01 30 1985		OLYMPIA WA		<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Female <input type="checkbox"/> No	
Mother/Father/Parent - First & Middle Name				Last Name (at Parent's Birth)	
JANE JOY				SMITH	
Date of Birth (mm/dd/yyyy)		Place of Birth		Sex U.S. Citizen?	
09 02 1988		SAN ANTONIO TX		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Female <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				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?		Date of Marriage (mm/dd/yyyy)		Have you ever been widowed or divorced? Widow/Divorce Date (mm/dd/yyyy)	
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Additional Contact Phone Number			13. Occupation (if age 16 or older)		14. Employer or School (if applicable)
			DEPENDENT		USAF
15. Height		16. Hair Color	17. Eye Color	18. Travel Plans	
2ft. 5in.		BROWN	BROWN	Departure Date (mm/dd/yyyy) Return Date (mm/dd/yyyy) Countries to be Visited	
				12/01/2016 12/31/2016 GERMANY, USA	
19. Permanent Address - If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.					
Street/RFD # or URB (No P.O. Box)				Apartment/Unit	
HAUPTSTRASSE				000	
City				State Zip Code	
RAMSTEIN-MIESENBACH, DEU				66877	
20. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.					
Name		Address: Street/RFD # or P.O. Box			Apartment/Unit
MARTHA DOE		550 MAIN ST			
City		State	Zip Code	Phone Number	Relationship
WICHITA		KS	98584	012-345-678900	GRANDMOTHER
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"/> 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 Per PIERS #/DOI:					
<input type="checkbox"/> Other:					
<input type="checkbox"/> Attached:					
<input type="checkbox"/> P/C of ID <input type="checkbox"/> DS-3053 <input type="checkbox"/> DS-64 <input type="checkbox"/> DS-5520 <input type="checkbox"/> DS-5513 <input type="checkbox"/> Citiz W/S <input type="checkbox"/> P/C of Citiz <input type="checkbox"/> DS-10 <input type="checkbox"/> DS-86 <input type="checkbox"/> DS-71 <input type="checkbox"/> IRL <input type="checkbox"/> CIS Ver					
				 * DS 11 B 09 2013 2 *	

Attachment 3

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD		First JANE	Full Middle Name MARIE	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			0 0 0 - 0 0 - 0 0 0 0	
3	PLACE OF BIRTH LANDSTUHL GERMANY (Do Not Abbreviate) City State or Foreign Country		Office Use Only FCI	4	DATE OF BIRTH 04/01/2016 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 type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH		First JANE	Full Middle Name JOY	Last SMITH
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)		1 2 3 - 4 5 - 6 7 8 9	<input type="checkbox"/> Unknown	
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)		9 8 7 - 6 5 - 4 3 2 1	<input type="checkbox"/> Unknown	
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 05/05/2016 MM/DD/YYYY	15	DAYTIME PHONE NUMBER 49 1234567890123 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	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 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 Geburten- register" (Child Born in German Hospital)		
US Citizen Parent: Original US Passport of Parent		
Foreign Parent: Original Foreign Passport of Parent		
Original Proof of Citizenship if Parent(s) are not in the possession of a valid US Passport		
Original Marriage Certificate (if applicable)		
Original Divorce Decree (if applicable)		
Two Infant Passport Photos (2"x2"); only re- quired for tourist passport applications		
Money order or cashier's check for \$205 (CRBA+tourist passport) or for \$100 (CRBA+no-fee passport)		
Command Sponsorship Letter (for no-fee passports only)		
Both Parents and Child must be present dur- ing Birth Registration		
One Parent and Child present with notarized consent of absent Parent		