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: 09/30/2006
Estimated Burden: 20 Minutes*

A. THIS SECTION TO BE COMPLETED BY APPLICANT.

Please Type or Print Neatly in Blue or Black Ink.
See Instructions on Reverse Side.

18.
Serial No. _____
Date Issued *(mm-dd-yyyy)* _____
Approved by _____
FS Post _____

1. NAME OF CHILD IN FULL *(First)*	*(Middle)*	*(Last)*	2. SEX ☐ M ☐ F

3. DATE OF BIRTH *(mm-dd-yyyy)*	4. HOUR AM PM	5. PLACE OF BIRTH IN FULL *(City, State, Country)*

THE FOLLOWING ITEMS PERTAIN TO THE NATURAL PARENTS. COMPLETE FOR BOTH FATHER AND MOTHER.

FATHER	ITEM	MOTHER
	6. FULL NAME (Include mother's maiden name)	
	7. DATE OF BIRTH (Month, day, year)	
	8. PLACE OF BIRTH (City, State, Country)	
	9. PRESENT ADDRESS (Street No., City, State)	
	10. ADDRESS IN UNITED STATES (Street No., City, State)	
	11. EVIDENCE OF U.S. CITIZENSHIP IF ALIEN, SHOW NATIONALITY	
FROM *(mm-dd-yyyy)* TO *(mm-dd-yyyy)*	12. PRECISE PERIODS OF PHYSICAL PRESENCE IN UNITED STATES (Do not list individual States. Use additional paper, if necessary)	FROM *(mm-dd-yyyy)* TO *(-mm-dd-yyyy)*
FROM *(mm-dd-yyyy)* TO *(mm-dd-yyyy)* BRANCH OF SERVICE	13. PRECISE PERIODS ABROAD IN U.S. ARMED FORCES, IN OTHER U.S. GOVERNMENT EMPLOYMENT, WITH QUALIFYING INTERNATIONAL ORGANIZATION, OR AS DEPENDENT OF SUCH PERSON (Specify)	FROM *(mm-dd-yyyy)* TO *(mm-dd-yyyy)* BRANCH OF SERVICE
	14. PREVIOUS MARRIAGES (Show dates and manner of termination of all)	

15. DATE AND PLACE OF PRESENT MARRIAGE *(mm-dd-yyyy)* (City, State, Country)

B. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICER, NOTARY PUBLIC OR OTHER PERSON QUALIFIED TO ADMINISTER OATH

16. 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 PROVIDING INFORMATION	SIGNATURE	RELATIONSHIP TO CHILD

SUBSCRIBED TO: *(SEAL)*	TYPED NAME AND TITLE OF OFFICIAL	SIGNATURE OF OFFICIAL	CITY	DATE *(mm-dd-yyyy)*

C. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICE

17. DOCUMENTS PRESENTED:

18. (See upper right corner)

DS-2029
(SSN)
09-2003

* The response time is an estimated average including the time needed to look for, get, and provide the information required. You do not have to provide the information requested if the OMB approval has expired. We would appreciate any comments on the estimated response burdens, and recommendations for reducing them. Please send your comments to A/RPS/DIR, U.S. Department of State, Washington, DC 20520.