

HOW TO COMPLETE THIS APPLICATION

Please see the instructions below for items on the form that are not self-explanatory. The numbers match the numbered items of the form.

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

1.	INFORMATION ABOUT THE CHILD: Complete fields 1a through 1d about the child.
1a.	Name of Child in Full: Enter the name of the child as it is recorded on the local birth certificate. If a different name is shown on the birth certificate, an affidavit from the parent or legal guardian must be presented. The affidavit must explain why the name on Form DS-2029 is different from the name on the child's birth certificate. To be valid, an affidavit must be signed, witnessed, and notarized. U.S. embassies and consulates provide notarial services. When a child's name has been legally changed by adoption or certain other legal action amending the child's name from birth, the new name may be recorded on the application if supported by documentary evidence.
1b.	Sex: Check the box to indicate whether the child is male or female.
1c.	Date of Birth: Write the month before the day and year. (Example: 10/19/2014).
1d.	Place of Birth: Enter the name of the city and country where the child was born.
2 and 3.	INFORMATION ABOUT MOTHER/FATHER/PARENT: Complete fields a through k for items 2 and 3 about each 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 Parentage Physical Presence and Support, and submit it separately. If the transmitting U.S. citizen parent who is not present completes and submits the Form DS-5507, the parent completing the Form DS-2029 need not provide information on the Form DS-2029 about the other parent completing the Form DS-5507. Instead, the parent completing the Form DS-2029 should check the box by the statement "Please see the accompanying Form DS-5507".
2a and 3a.	Full Name: Enter Mother/Father/Parent's name as it appears on the passport and/or government-issued identity document.
2b and 3b.	All Previous Legal Names: Enter all legal names ever used by mother/father/parent, including name at birth.
2c and 3c.	Sex: Check the box to indicate whether mother/father/parent is male or female.
2d and 3d.	Date of Birth: Write the month before the day and year. (Example: October 19, 2014 would be 10/19/2014)
2e and 3e.	Citizenship: Check the "yes" or "no" box to indicate whether you were a U.S citizen or non-citizen national when the child was born.
2f and 3f.	Place of Birth: Enter the name of the city, state/province (if applicable) and country.
2g and 3g.	Current Physical Address and Contact Information (Do not list a P.O. Box) (You may list an A.P.O. address): Enter the address in the foreign country where the application is completed. Check the "Same as mailing address" to indicate if the physical and mailing address are the same.
2h and 3h.	Marital Status of the Parents: Check the "yes" or "no" box to indicate whether the biological parents were married to each other when the child was born. Note: This item requires a single response regarding both parents. List Date and Place of Marriage and check the box to indicate current status of that marriage, adding date of termination by death or divorce, if applicable.
2i and 3i.	Marriage(s): Please list any other marriages as follows: Date of marriage; end date, if any; and manner ended, if applicable. If you have never been married, enter "none."
2j and 3j.	Time spent in the United States: List all dates you have been present in the United States. (<i>Month and Year</i> [or MM-YY format] <i>is acceptable if exact dates are unknown.</i> You may be asked to provide exact dates if necessary, to determine statutory requirements have been met. (<i>If additional space is needed, please use the Section E Continuation Sheet.</i>)
2k and 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: You must present official documentation of relevant periods of service from the appropriate governmental department or international organization. For names of qualifying organizations, consult the U.S. embassy or consulate. (<i>Month and Year</i> [or MM-YY format] <i>is acceptable if exact dates are unknown.</i> You may be asked to provide exact dates if necessary, to determine statutory requirements have been met. (<i>If additional space is needed, please use the Section E Continuation Sheet.</i>)
4.	How would you like to receive the Consular Report of Birth Aboard?: Check the "Pick-up" or "Mail" box to indicate whether you want to pick-up the document from the U.S. embassy/consulate/consular agency or mailed to the mailing address indicated on the application. If you choose to have the CRBA delivered to you by mail, you will be responsible for all mailing costs – you will be asked to provide a postage paid self-addressed return express (or regular if permitted) mail envelope if the CRBA application is approved.
5.	Mailing Address: Enter Mailing Address if it is different from the address listed in Current Physical Address.

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

1.	If you are a U.S. citizen father completing this form and your child/the applicant was born abroad out of wedlock (i.e., the biological parents were not married to each other at the time of the birth or if married at some time before the birth, if the birth occurred more than 300 days after the termination of the marriage of the biological parents to each other), you must complete this item. Please draw a line through and initial any statement that is not true. Do not sign until you are appearing before the person administering the oath/affirmation. Note: If a U.S. citizen parent transmitting citizenship to the child is not present, he or she may complete 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 who is claiming acquisition of U.S. citizenship through the father must complete the acknowledgement of paternity and agreement to provide financial support sections on the Form DS-5507.
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SECTION C. THIS SECTION MUST BE COMPLETED BEFORE A CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER PERSON QUALIFIED TO ADMINISTER OATHS

1.	All persons completing this form must complete this item. Do not sign until you are appearing before the person administering the oath/affirmation. Note: If a U.S. citizen parent transmitting citizenship to the child is not present, he or she may complete Form DS-5507 Affidavit of Parentage Physical Presence and Support and submit separately. Only the U.S. citizen father transmitting U.S. citizenship to his child born abroad out of wedlock must complete the acknowledgement of paternity and agreement to provide financial support sections on the Form DS-5507.
2.	Approval of Consular Report of Birth Abroad: The U.S. embassy or consulate official approving the issuance of the CRBA will enter the serial number of the CRBA and the date and place of issuance before signing this section.

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 8 U.S.C. §§ 1104(a), 1401, 1408 and 1409 and 22 U.S.C. 2705 and predecessor statutes, and pursuant to provisions in Title 22 Code of Federal Regulations (CFR).

PURPOSE: The primary purpose for soliciting the information is to establish entitlement to issuance of a Consular Report of Birth Abroad 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 liaison volunteers who are designated by a U.S. embassy or consulate for use in emergency situations. Additional routine uses that may apply can be found in the System of Records Notice for Overseas Citizens Services Records and Other Overseas Records, State-05, 81 FR 62235-62239 (2016), and any successor notices.

DISCLOSURE: Providing information on this form is voluntary. However, failure to provide the information requested on this form may cause delays in processing your application and/or could result in the refusal or denial of your application.

PAPERWORK REDUCTION ACT (PRA) STATEMENT

Public reporting burden for this collection of information is estimated to average 60 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: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 44132 Mercure Cir, P.O. Box 1199, Sterling, VA 20166-1199.



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>	<i>First</i>	<i>Middle</i>
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1b. Sex

Male
 Female

1c. Date of Birth

month *day* *year*

1d. Place of Birth

City *Country*

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>	<i>First</i>	<i>Middle</i>
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3a. Full Name

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

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

3b. All Previous Legal Names Used

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

2c. Sex

Male Female

2d. Date of Birth

month *day* *year*

3c. Sex

Male Female

3d. Date of Birth

month *day* *year*

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

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

2f. Place of Birth

City *State/Province* *Country*

3f. Place of Birth

City *State/Province* *Country*

2g. Current Physical Address and Contact Information (Do not list P.O. Box. APO/FPO/DPO permitted) Same as mailing address

Address

City, State/Province, Country, Postal Code

Phone Number(s)

Email Address

3g. Current Physical Address and Contact Information (Do not list P.O. Box. APO/FPO/DPO permitted) Same as mailing address

Address

City, State/Province, Country, Postal Code

Phone Number(s)

Email Address

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: *month* *day* *year* *City, State/Province, Country*

Marital Status: Still Married Divorced Date: *month* *day* *year* Deceased Date: *month* *day* *year*

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 (Parent, Legal Guardian, Other (Specify))	Signature of Person(s) Providing Information
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Type or Print Name and Title of Official	Signature of Official	City	Date (mm/dd/yyyy)
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Subscribed to: (SEAL)

2. APPROVAL OF CONSULAR REPORT OF BIRTH ABROAD

Printed Name of Consular Officer

Signature of Consular Officer

Approving Post

Date of Approval (mm/dd/yyyy)

Registration Number

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>Issue Date mm/dd/yyyy:</i>	<i>City</i>	<i>State/Province</i>	<i>Country</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				

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