



*** SAMPLE ***
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 02/29/2015
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

1. Name of Child in Full
SMITH MARCO PETER
(Last/Surname) (First) (Middle)

2. Sex M F
 3. Date of Birth 07/04/2016
(month) (day) (year)
 4. Place of Birth BERN SWITZERLAND
(City) (Country)

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.)

INFORMATION ON MOTHER/FATHER/PARENT

INFORMATION ON MOTHER/FATHER/PARENT

5. Full Name
SMITH JANET -
(Last/Surname) (First) (Middle)

6. All Previous Legal Names Used
CAPITANO JANET -
(Last/Surname) (First) (Middle)
- - -
(Last/Surname) (First) (Middle)

11. Full Name
SMITH Peter -
(Last/Surname) (First) (Middle)

12. All Previous Legal Names Used
- - -
(Last/Surname) (First) (Middle)
- - -
(Last/Surname) (First) (Middle)

7. Sex M F
 8. Date of Birth 03/18/1972
(month) (day) (year)

13. Sex M F
 14. Date of Birth 05/29/1970
(month) (day) (year)

9. Place of Birth
NEW YORK NY USA
(City) (State/Province) (Country)

15. Place of Birth
ZURICH Switzerland
(City) (State/Province) (Country)

10. Current Physical Address (Do not list P.O. Box) (A.P.O. Address Permitted)
LANGGASSE 29
(Address Line 1)
Zurich, Switzerland, 8008
(City, State/Province, Country, Postal Code)
079 - 123 45 67
(Phone Number(s))
email@email.com
(Email Address)

16. Current Physical Address (Do not list P.O. Box) (A.P.O. Address Permitted)
LANGGASSE 29
(Address Line 1)
Zurich, Switzerland, 8008
(City, State/Province, Country, Postal Code)
078 - 123 45 67
(Phone Number(s))
email@email.com
(Email Address)

Use this address if Consular Report of Birth will be mailed? Yes No

Use this address if Consular Report of Birth will be mailed? Yes No

17. Mailing Address (if different from Current Physical Address) (Do not list a P.O. Box.) (You may list an A.P.O. address)

(Address Line 1)

(City, State/Province, Country and Postal Code)

* SAMPLE *

(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

Type Name and Title of Official

Signature of Official

City

Date

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

Subscribed to: (SEAL)

DO NOT

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)

COMPLETE

C.

FOR OFFICIAL USE

31. Documents Presented - Please mark accordingly and provide date of document. (If more space is required, list on separate page)

Child's Birth Certificate (month)(day)(year) (City) (Province) (Country)

Marriage Certificate (month)(day)(year) (month)(day)(year) (City) (State) (Province) (Country)

Divorce Decree(s) (a) (month)(day)(year) (month)(day)(year) (City) (State) (Province) (Country)

(b) (month)(day)(year) (month)(day)(year) (City) (State) (Province) (Country)

(c) (month)(day)(year) (month)(day)(year) (City) (State) (Province) (Country)

Death Certificate(s) (a) (month)(day)(year) (City) (State)

(b) (month)(day)(year) (City) (State)

Mother/Father/Parent's Passport (Passport Number) (month)(day)(year) (Nationality) (Date of Issuance)

Mother/Father/Parent's Passport (Passport Number) (month)(day)(year) (Nationality) (Date of Issuance)

Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate) (Name of the Citizenship Document) (Document Number) (month)(day)(year) (Date of Issuance)

Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate) (Name of the Citizenship Document) (Document Number) (month)(day)(year) (Date of Issuance)

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)

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)

Other (Legal Guardianship, Power of Attorney, etc.) (Name of the Document) (Document Number) (month)(day)(year) (Date of Issuance)

NOT COMPLETE

* SAMPLE *

D.

CONTINUATION SHEET (USE THIS SPACE FOR ADDITIONAL INFORMATION)