ATTENTION

DS-2029
and SSN

APPLICATION FOR SOCIAL SECURITY NUMBER CARD (page 3 of this form package) CAN BE COMPLETED ONLY AT THE SAME TIME THE CONSULAR REPORT OF BIRTH APPLICATION IS COMPLETED

REFER TO 7 FAM SUBCHAPTER 1440

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)

* 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.

APPLICATION FOR A CONSULAR REPORT OF BIRTH

A Consular Report of Birth may be issued for any U.S. citizen child under age 18 who was **born abroad and who acquired U.S. citizenship at birth.** Only the child's parent or legal guardian may make application on the child's behalf. The application generally must be signed before a U.S. consular officer, a consular agent or, in the case of children born in U.S. military hospitals, a designated military official. In certain circumstances, the application may be executed before a notary public overseas. (Contact the nearest American Embassy or Consulate for guidance in such cases.)

DOCUMENTARY EVIDENCE

A. **For children who have never been documented as U.S. citizens**: When an application is made for a Consular Report of Birth for a child who has never been documented as a U.S. citizen, the documentary evidence listed below should be presented. Provisions may be made for documents that are not available. In certain instances, additional evidence may be required to insure full compliance with citizenship law. All documentation submitted must be originals or certified copies of the originals.

1. Child's birth certificate.
2. Evidence of the parent(s) U.S. citizenship. This may consist of a U.S. passport, Consular Report of Birth, Naturalization Certificate, Certificate of Citizenship or U.S. birth certificate. For other forms of acceptable U.S. citizenship evidence, contact the U.S. consul.
3. Parents' marriage certificate.
4. Evidence of the termination of any previous marriages of the parents (divorce decree, annulment decree, or death certificate).

B. **For children who have previously been documented as U.S. citizens**: When an application is made for a child who has previously been documented as a U.S. citizen, the application need only be accompanied by the documentation issued to the child and the original or a certified copy of the child's birth certificate.

COMPLETION OF THE APPLICATION FOR A CONSULAR REPORT OF BIRTH

Complete Section A, items 1-15 on the first page of this form in accordance with the corresponding numbers below.

1. Enter the name of the child as it is recorded on the local birth certificate. Translations of foreign names are acceptable. If an erroneous name is shown on the birth certificate, an explanatory affidavit from the parent must be presented regarding the correct name. When a child's name has been changed by adoption or certain other legal action amending the child's name retroactive to birth, the new name may be recorded on the application when the legal action has been substantiated by an adoption decree or other documentary evidence, respectively.
Note, however, that information provided in items 6-14 must relate to natural, not adoptive parents.
2. Check (X) box to indicate whether male or female.
3. Write the month in full. Do not abbreviate. (Example: October 2, 1984).
4. Strike out either A.M. or P.M. (whichever is inapplicable), and enter the conventional local time as shown on the birth certificate. (Example: 3:00 P.M.) If the time of birth is not shown on the birth certificate, enter the time from memory if known. If time is not known, write "not known".
5. Enter only the name of the city, state, or province (if applicable), and country.
6. Enter the names of the natural parents including the maiden name of mother. The names of adoptive parents may not be used.
7. Write the month in full. Do not abbreviate.
8. Enter only the city, state, and country.
9. Use address at the time the application is executed.
10. Enter either address at which parents will be residing or receiving mail upon arrival or return to the United States, or the last address in the U.S. The address should be written out in every instance. Do not write "same" or "same as husband".
11. List the type of document, document number, date and place of issuance, and name of individual as recorded on the document if different than item 6 above. For a list of permissible documents, see instructions on documentary evidence. If parent is not a U.S. citizen, show nationality.
12. List periods of physical presence in the U.S. prior to the child's birth in exact detail. Do not include periods that will be mentioned in item 13. Vacation trips abroad, schooling in foreign countries, and any other brief absences cannot be counted as periods of a physical presence in the U.S.
13. List periods in detail. Official written evidence from the appropriate governmental department or international organization must be presented to support any periods shown. For names of qualifying organizations, see consul.
14. List all prior marriages in the following manner: Date of marriage, manner of termination, date of termination. If no previous marriages, write "none".
15. Show date and place of marriage of child's parents. If the parents are not married to each other, write "not married".

PRIVACY ACT STATEMENT

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). 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.

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

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.

NOTE TO APPLICANTS: IT IS NOT NECESSARY TO APPLY FOR A SOCIAL SECURITY CARD AT THIS TIME. THE ATTACHED APPLICATION IS PROVIDED AS A CONVENIENCE SHOULD YOU CHOOSE TO DO SO.

U.S. SOCIAL SECURITY ADMINISTRATION

APPLICATION FOR SOCIAL SECURITY NUMBER CARD

COMPLETE ONLY IF APPLICANT HAS NEVER BEFORE APPLIED FOR OR RECEIVED A SOCIAL SECURITY NUMBER CARD AND IS UNDER AGE 5. UNLESS THE REQUESTED INFORMATION IS PROVIDED, WE MAY NOT BE ABLE TO ISSUE A SOCIAL SECURITY NUMBER. PLEASE READ PRIVACY ACT STATEMENT ON REVERSE.

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

1. NAME OF CHILD IN FULL TO BE SHOWN ON CARD *(First)* *(Middle)* *(Last)* NAA

2. SEX SEX ☐ M ☐ F

3. DATE OF BIRTH *(mm-dd-yyyy)* DOB

4. HOUR AM PM

5. PLACE OF BIRTH IN FULL *(City, State, Country)* PLB

6. FCI ☐

FATHER'S NAME FNA

7. FATHER'S FULL NAME MOTHER'S FULL NAME AT BIRTH

MOTHER'S NAME MNA

Father's Social Security Number ☐☐☐-☐☐-☐☐☐☐

8. SOCIAL SECURITY NUMBER

Mother's Social Security Number ☐☐☐-☐☐-☐☐☐☐

9. PNA

HAS THE PERSON IN ITEM 1 EVER APPLIED FOR OR RECEIVED A SOCIAL SECURITY NUMBER BEFORE? ☐ NO

10. NAME OF CHILD NAB

FULL NAME AT BIRTH IF OTHER THAN ABOVE

FIRST | FULL MIDDLE NAME | LAST

11. MAILING ADDRESS STT

DO NOT ABBREVIATE

STREET ADDRESS, APT. NO., P.O. BOX, RURAL ROUTE NO.

CITY/PROVINCE CTY | STATE OR FOREIGN COUNTRY STE | POSTAL/ZIP CODE ZIP

12. RACE/ETHNIC DESCRIPTION ETB
(Check one only-Voluntary)

☐ Asian, Asian American or Pacific Islander ☐ Hispanic ☐ Black (Not Hispanic) ☐ North American Indian or Alaskan Native ☐ White (Not Hispanic)

13. NAME OF PERSON PROVIDING INFORMATION

14. 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.

SIGNATURE

15. RELATIONSHIP TO CHILD

16. TODAY'S DATE *(mm-dd-yyyy)* DON

17. DAYTIME TELEPHONE NUMBER (Including Area Code)

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

DATE *(mm-dd-yyyy)*

DCL DATE *(mm-dd-yyyy)*

THE PRIVACY ACT/PAPERWORK ACT AND YOUR APPLICATION

The Privacy Act of 1974 requires us to give each person the following notice when applying for a Social Security number.

Sections 205(c) and 702 of the Social Security Act allow us to collect the facts we ask for on this form.

We use the facts you provide on this form to assign you a Social Security number or to issue you a Social Security card. You do not have to give us these facts, however, without them we cannot issue you a Social Security number or a card. Without a number, you may not be able to get a job and could lose Social Security benefits in the future.

The Social Security number is also used by the Internal Revenue Service for tax administration purposes as an identifier in processing tax returns of persons who have income which is reported to the Internal Revenue Service and by persons who are claimed as dependents on someone's Federal income tax return.

We may disclose information as necessary to administer Social Security programs, including to appropriate law enforcement agencies to investigate alleged violations of Social Security law; to other government agencies for administering entitlement, health, and welfare programs such as Medicaid, Medicare, veterans benefits, military pension, and civil service annuities, black lung, housing, student loans, railroad retirement benefits, and food stamps; to the Internal Revenue Service for Federal tax administration; and to employers and former employers to properly prepare wage reports. We may also disclose information as required by Federal law, for example, to the Department of Justice, Immigration and Naturalization Service, to identify and locate aliens in the U.S.; to the Selective Service System for draft registration; and to the Department of Health and Human Services for child support enforcement purposes. We may verify Social Security numbers for State motor vehicle agencies that use the number in issuing drivers licenses, as authorized by the Social Security Act. Finally, we may disclose information to your Congressional representative if they request information to answer questions you ask him or her.

We may use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies to determine whether a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are available in the U.S. Social Security offices, U.S. Embassies or consulates, or the VARO in Manila. If you want to learn more about this, contact any U.S. Social Security office, U.S. Embassy or consulate, or VARO in Manila.

This information collection meets the requirements of 44 U.S.C. section 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 8.5 to 9 minutes to read the instructions, gather the necessary facts and answer the questions. You may send comments on our time estimate to: SSA, 1338 Annex Building, Baltimore, MD 21235-0001. **Send only comments relating to our time estimate to this address, not the completed form.**