

# INSTRUCTIONS FOR COMPLETING DS-2029



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: 02/29/2016  
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		
<input type="text" value="DOE"/> (Last/Surname)	<input type="text" value="JOHN"/> (First)	<input type="text" value="JAMES"/> (Middle)
2. Sex		
<input checked="" type="checkbox"/> M <input type="checkbox"/> F		
3. Date of Birth		
<input type="text" value="10"/> (month)	<input type="text" value="25"/> (day)	<input type="text" value="2000"/> (year)
4. Place of Birth		
<input type="text" value="Seoul"/> (City)	<input type="text" value="Korea"/> (Country)	
<b>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.)</b>		

Item 1: Enter the newborn's full name (Last, First, Middle). If no middle name, leave blank.

Item 2: Check the appropriate gender box.

Item 3: Enter the newborn's date of birth in the mm-dd-yyyy format.

Item 4: Enter the newborn's city and country of birth. Do not enter military installation.

INFORMATION ON MOTHER/FATHER/PARENT	INFORMATION ON MOTHER/FATHER/PARENT	
5. Full Name		
<input type="text" value="Doe"/> (Last/Surname)	<input type="text" value="John"/> (First)	<input type="text" value="Thomas"/> (Middle)
6. All Previous Legal Names Used		
<input type="text"/> (Last/Surname)	<input type="text"/> (First)	<input type="text" value="Tom"/> (Middle)
<input type="text"/> (Last/Surname)	<input type="text"/> (First)	<input type="text"/> (Middle)
7. Sex		
<input checked="" type="checkbox"/> M <input type="checkbox"/> F		
8. Date of Birth		
<input type="text" value="12"/> (month)	<input type="text" value="19"/> (day)	<input type="text" value="1982"/> (year)
11. Full Name		
<input type="text" value="Doe"/> (Last/Surname)	<input type="text" value="Hyang Sook"/> (First)	<input type="text"/> (Middle)
12. All Previous Legal Names Used		
<input type="text" value="Kim"/> (Last/Surname)	<input type="text"/> (First)	<input type="text"/> (Middle)
<input type="text"/> (Last/Surname)	<input type="text"/> (First)	<input type="text"/> (Middle)
13. Sex		
<input type="checkbox"/> M <input checked="" type="checkbox"/> F		
14. Date of Birth		
<input type="text" value="01"/> (month)	<input type="text" value="21"/> (day)	<input type="text" value="1987"/> (year)

Items 5 & 11: Enter the full names of each biological parent.

Items 6 & 12: Enter all previous legal names used by each biological parent.

Items 7 & 13: Check the appropriate gender box for each biological parent.

Items 8 & 14: Enter the dates of birth in the mm-dd-yyyy format for each biological parent.

<p><b>9. Place of Birth</b></p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; text-align: center; padding: 2px;">New York</td> <td style="border: 1px solid black; text-align: center; padding: 2px;">New York</td> <td style="border: 1px solid black; text-align: center; padding: 2px;">USA</td> </tr> <tr> <td style="text-align: center; font-size: small;">(City)</td> <td style="text-align: center; font-size: small;">(State/Province)</td> <td style="text-align: center; font-size: small;">(Country)</td> </tr> </table> <p><b>10. Current Physical Address</b> <i>(Do not list P.O. Box)</i> <i>(A.P.O. Address Permitted)</i></p> <div style="border: 1px solid black; text-align: center; padding: 2px; margin-bottom: 5px;">123 Main Street</div> <p style="text-align: center; font-size: small;">(Address Line 1)</p> <div style="border: 1px solid black; text-align: center; padding: 2px; margin-bottom: 5px;">New York, New York 09000</div> <p style="text-align: center; font-size: small;">(City, State/Province, Country, Postal Code)</p> <div style="border: 1px solid black; text-align: center; padding: 2px; margin-bottom: 5px;">010-1234-5678</div> <p style="text-align: center; font-size: small;">(Phone Number(s))</p> <div style="border: 1px solid black; text-align: center; padding: 2px; margin-bottom: 5px;">john.doe@yahoo.com</div> <p style="text-align: center; font-size: small;">(Email Address)</p> <p>Use this address if Consular Report of Birth will be mailed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	New York	New York	USA	(City)	(State/Province)	(Country)	<p><b>15. Place of Birth</b></p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; text-align: center; padding: 2px;">Seoul</td> <td style="border: 1px solid black; text-align: center; padding: 2px;"></td> <td style="border: 1px solid black; text-align: center; padding: 2px;">Korea</td> </tr> <tr> <td style="text-align: center; font-size: small;">(City)</td> <td style="text-align: center; font-size: small;">(State/Province)</td> <td style="text-align: center; font-size: small;">(Country)</td> </tr> </table> <p><b>16. Current Physical Address</b> <i>(Do not list P.O. Box)</i> <i>(A.P.O. Address Permitted)</i></p> <div style="border: 1px solid black; text-align: center; padding: 2px; margin-bottom: 5px;">#63, Do-dong, Kangnam-gu</div> <p style="text-align: center; font-size: small;">(Address Line 1)</p> <div style="border: 1px solid black; text-align: center; padding: 2px; margin-bottom: 5px;">Seoul, Korea 114-500</div> <p style="text-align: center; font-size: small;">(City, State/Province, Country, Postal Code)</p> <div style="border: 1px solid black; text-align: center; padding: 2px; margin-bottom: 5px;">010-9876-5432</div> <p style="text-align: center; font-size: small;">(Phone Number(s))</p> <div style="border: 1px solid black; text-align: center; padding: 2px; margin-bottom: 5px;">Hyangsook.doe@hotmail.com</div> <p style="text-align: center; font-size: small;">(Email Address)</p> <p>Use this address if Consular Report of Birth will be mailed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	Seoul		Korea	(City)	(State/Province)	(Country)
New York	New York	USA											
(City)	(State/Province)	(Country)											
Seoul		Korea											
(City)	(State/Province)	(Country)											
<p><b>17. Mailing Address</b> <i>(if different from Current Physical Address)</i> <i>(Do not list a P.O. Box.)</i> <i>(You may list an A.P.O. address)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; text-align: center; padding: 2px; width: 50%;">HHC, EUSA</td> <td style="border: 1px solid black; text-align: center; padding: 2px; width: 50%;">APO AP 96205</td> </tr> <tr> <td style="text-align: center; font-size: small;">(Address Line 1)</td> <td style="text-align: center; font-size: small;">(City, State/Province, Country and Postal Code)</td> </tr> </table>		HHC, EUSA	APO AP 96205	(Address Line 1)	(City, State/Province, Country and Postal Code)								
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**Items 9 & 15:** Enter the places of birth for each biological parent. If born in the US, enter city, State, and USA. If born in a foreign country, enter the city and country.

**Item 10 & 16:** If biological parent is a US resident, enter the permanent resident address in the US. If the biological parent is not a US resident, enter the biological parent's current address. You may enter the sponsor's unit address or local residence address for both entries.

**Item 17:** Enter your APO mailing address.

<p><i>(Continued)</i></p> <p><b>INFORMATION ON MOTHER/FATHER/PARENT</b></p>	<p><i>(Continued)</i></p> <p><b>INFORMATION ON MOTHER/FATHER/PARENT</b></p>
<p><b>18. Citizenship</b></p> <p>Are you a U.S. Citizen or U.S. Non-Citizen National?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>19. Citizenship</b></p> <p>Are you a U.S. Citizen or U.S. Non-Citizen National?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>

**Items 18 & 19:** Check the appropriate box for each biological parent.

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				
02 / 21 / 1999	Seoul		Korea	
<small>(month) (day) (year)</small>	<small>(City)</small>	<small>(State/Province)</small>	<small>(Country)</small>	
<input checked="" type="checkbox"/> Still Married	<input type="checkbox"/> Divorced		<input type="checkbox"/> Death	
	/ /	/	/ / /	/ / /
	<small>(month) (day) (year)</small>		<small>(month) (day) (year)</small>	<small>(month) (day) (year)</small>

**Item 21: Enter the appropriate marital information regarding the child's biological parents.**

<p align="center"><i>(Continued)</i></p> <p align="center"><b>INFORMATION ON MOTHER/FATHER/PARENT</b></p> <p>22. Please list any other marriages <i>(Show Name(s) of Spouse(s), Dates and Current Status) if applicable (Death, Divorce, Still Married)</i>. If you have never been married, enter "None." <i>(If additional space is needed, please use the Section D Continuation Sheet)</i></p> <p>Jane Smith, 06/10/1998 - 09/18/1998, Divorced</p>	<p align="center"><i>(Continued)</i></p> <p align="center"><b>INFORMATION ON MOTHER/FATHER/PARENT</b></p> <p>23. Please list any other marriages <i>(Show Name(s) of Spouse(s), Dates and Current Status) if applicable (Death, Divorce, Still Married)</i>. If you have never been married, enter "None." <i>(If additional space is needed, please use the Section D Continuation Sheet)</i></p> <p>None</p>
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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>			25. Precise Periods of Time in United States <i>(if additional space is needed, please use the Section D Continuation Sheet)</i>		
Place (City, State)	Date (month-day-year)	Date (month-day-year)	Place (City, State)	Date (month-day-year)	Date (month-day-year)
New York, New York	From 12/19/1982	To 01/05/1995		From	To
Seattle, Washington	From 02/26/1997	To 11/13/2008		From	To
	From	To		From	To

<i>(Continued)</i> <b>INFORMATION ON MOTHER/FATHER/PARENT</b>	<i>(Continued)</i> <b>INFORMATION ON MOTHER/FATHER/PARENT</b>																								
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> <i>(if additional space is needed please use the Section D Continuation Sheet)</i>	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> <i>(if additional space is needed please use the Section D Continuation Sheet)</i>																								
<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%; text-align: left; border-bottom: 1px solid black;">Branch/Agency/Org.</th> <th style="width: 20%; text-align: center; border-bottom: 1px solid black;">Date <i>(month-day-year)</i></th> <th style="width: 20%; text-align: center; border-bottom: 1px solid black;">Date <i>(month-day-year)</i></th> </tr> <tr> <td style="border: 1px solid black; height: 40px; vertical-align: top;">US Army</td> <td style="border: 1px solid black; text-align: center;">From</td> <td style="border: 1px solid black; text-align: center;">To 02-25-1997</td> </tr> <tr> <td style="border: 1px solid black; height: 40px; vertical-align: top;">US Army</td> <td style="border: 1px solid black; text-align: center;">From</td> <td style="border: 1px solid black; text-align: center;">To Present</td> </tr> <tr> <td style="border: 1px solid black; height: 40px; vertical-align: top;"></td> <td style="border: 1px solid black; text-align: center;">From</td> <td style="border: 1px solid black; text-align: center;">To</td> </tr> </table>	Branch/Agency/Org.	Date <i>(month-day-year)</i>	Date <i>(month-day-year)</i>	US Army	From	To 02-25-1997	US Army	From	To Present		From	To	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%; text-align: left; border-bottom: 1px solid black;">Branch/Agency/Org.</th> <th style="width: 20%; text-align: center; border-bottom: 1px solid black;">Date <i>(month-day-year)</i></th> <th style="width: 20%; text-align: center; border-bottom: 1px solid black;">Date <i>(month-day-year)</i></th> </tr> <tr> <td style="border: 1px solid black; height: 40px; vertical-align: top;">US Army Dependent</td> <td style="border: 1px solid black; text-align: center;">From</td> <td style="border: 1px solid black; text-align: center;">To Present</td> </tr> <tr> <td style="border: 1px solid black; height: 40px; vertical-align: top;"></td> <td style="border: 1px solid black; text-align: center;">From</td> <td style="border: 1px solid black; text-align: center;">To</td> </tr> <tr> <td style="border: 1px solid black; height: 40px; vertical-align: top;"></td> <td style="border: 1px solid black; text-align: center;">From</td> <td style="border: 1px solid black; text-align: center;">To</td> </tr> </table>	Branch/Agency/Org.	Date <i>(month-day-year)</i>	Date <i>(month-day-year)</i>	US Army Dependent	From	To Present		From	To		From	To
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	From	To																							
	From	To																							

**Items 26 & 27: Enter any periods of physical residence outside the U.S in the mm-dd-yyyy format for each biological parent. Note: You must handwrite in the start date.**