



U.S. Department of State
BIRTH AFFIDAVIT

OMB Approval No. 1405-00132
 Expires : 11/30/2004
 Estimated burden 15 Minutes*

Completed affidavits will be retained by Passport Services. Copies desired should be made at the time of execution.

When an acceptable birth certificate cannot be obtained for a person born in the United States, a birth affidavit, accompanied by a notice from appropriate authorities indicating no birth record exists, may be submitted with an application for a passport. The birth affidavit form may also be submitted in conjunction with other birth records.

The birth affidavit should be made by a person who has knowledge of the date and place of birth of the person whose birth in the United States is to be proved. The affidavit shall state briefly how and through what source the knowledge was acquired. It is preferred that the affidavit be made by an older blood relative although it may be made by the attending physician or any other person who has personal knowledge of the birth.

NAME OF PERSON WHOSE BIRTH IN THE UNITED STATES IS TO BE PROVED	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	NUMBER OF YEARS YOU HAVE KNOWN THIS PERSON
PERSON'S PLACE OF BIRTH (<i>City and State</i>)		PERSON'S DATE OF BIRTH (<i>mm-dd-yyyy</i>)
PERSON'S PRESENT RESIDENCE (<i>Street address, City, State and ZIP code</i>) IF DECEASED, SO STATE		RELATIONSHIP TO OR BASIS OF YOUR KNOWLEDGE REGARDING THIS PERSON

GIVE COMPLETE FACTS ON WHICH THE PLACE AND DATE OF BIRTH ARE BASED. IF AFFIANT IS NOT CLOSELY RELATED TO PERSON WHOSE BIRTH IN THE UNITED STATES IS TO BE PROVED, STATE HOW AND THROUGH WHAT SOURCE THE PERSONAL KNOWLEDGE WAS ACQUIRED (Continue on reverse, if necessary)

WARNING: False statements made knowingly and willfully in passport applications or in affidavits or other supporting documents submitted therewith, including this form, may be punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1001 and/or 18 U.S.C. 1542.

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS

AUTHORITIES: The information solicited on this form is requested pursuant to provisions in Titles 8, 18, and 22 of the United States Code, whether or not codified, including specifically 22 U.S.C. 211a, 212, and 213, and all regulations issued pursuant to Executive Order 11295 (August 5, 1966), including Part 51, Title 22, Code of Federal Regulations (CFR). Also, as noted, 26 U.S.C. 6039E.

PURPOSE: The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a U.S. passport. The information may also be used in connection with issuing other travel documents or 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 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 or to investigate or prosecute violations of law. The information may also be made available to private U.S. citizen 'wardens' designated by U.S. embassies and consulates.

Failure to provide the information requested on this form may also result in the denial of a United States passport, related document, or service to the individual seeking such passport, document, or service.

***Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/RPS/DIR) Washington, DC 20520.**

I, the undersigned, do solemnly swear (or affirm) that the above information given by me is true and correct to the best of my knowledge and belief.

_____ (Printed or typed name of affiant) _____ (Signature of affiant)

_____ (Address of affiant: number and street, city, state and ZIP code)

(Impression seal)

_____ (Identifying document submitted: type of document, date of issuance or expiration, serial number)

Subscribed and sworn to (*affirmed*) before me this _____ day of _____

_____ at _____
 (Passport Agent, Postal Employee, Clerk of Court or Notary Public)