

NAME OF PERSON WHOSE BIRTH IN THE UNITED STATES IS TO BE PROVED

U.S. Department of State

## **BIRTH AFFIDAVIT**

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

NUMBER OF YEARS YOU HAVE KNOWN THIS PERSON

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.

SEX

			Male						
			Female						
PERSON'S PLACE OF BIRTH (City and State)  PERSON'S DATE OF BIRTH (mm-dd-yyyy)									
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PERSON'S PRESENT RESIDENCE (Street address, City, S		RELATIONSHIPTO OR BASIS OF YOUR KNOWLEDGE REGARDING THIS PERSON							
GIVE COMPLETE FACTS ON WHICH THE PLACE AND	DATE OF BIRTH ARE BASE	D IF	AFFIANTIS	NOT CL	OSELV RELATED TO PERSON WHOSE RIRTH IN				
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 a	iffida	vits or other s	supporting	documents submitted therewith, including this S.C. 1542				
<b>WARNING:</b> 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 i	s requested pursuant to provisi	ions	in Titles 8, 1	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									
<b>PURPOSE:</b> 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 evi	1 /		,		1 1				
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<b>ROUTINE USES:</b> The information solicited on this form adjudicating passport applications, and for law enforcemen	•			-	•				
available to foreign government agencies to fulfill passport c									
available to private U.S. citizen 'wardens' designated by U.S. embassies and consulates.									
Failure to provide the information requested on this form ma	av also regult in the denial of a	Unit	d States ness	mort rola	and document, or carries to the individual coaking such				
passport, document, or service.	iy also result ili tile delilal of a	Ome	d States pass	sport, reia	ed document, or service to the individual seeking such				
pumpons, document, or per rice.									
*Public reporting burden for this collection of information	ē		-		• •				
sources, gathering the necessary data, providing the inforcollection displays a currently valid OMB number. Seno	=	_			<del>-</del>				
Department of State (A/RPS/DIR) Washington, DC 20520		or th	is estimate (	or the bu	and recommendations for reducing it to. 6.5.				
I, the undersigned, do solemnly swear (or affirm) that the abo	ve information given by me is to	rue ai	nd correct to t	the best of	my knowledge and belief				
i, the undersigned, do solemning swear (or unitally that the door	ve information given by the is a	ac ai	ia concerto t	ine dest of	my knowledge and benefit				
(Printed or typed name of affiant) (Signature of affiant)									
-	(Address	an of	affiant: numb	on and str	eet, city, state and ZIP code)				
<i>a</i>	(Addres	ss oj i	ууланг. пито	er ana sir	eet, city, state and zir code)				
(Impression seal)									
•	(Identifying document sub	bmitte	ed: type of do	cument, a	ate of issuance or expiration, serial number)				
Subscribed and sworn to (affirmed) before me this	day of								
(Presence t Acoust Postal Francisco Clork of Court on Notary Public)									
(Passport Agent, Postal Employee, Clerk of Court or Notary Public)									