

# Sample 1 - Child born in Wedlock



## 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: 03/31/2019  
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 <u>Parker</u> <small>(Last/Surname)</small>	<u>John</u> <small>(First)</small>	<u>Michael</u> <small>(Middle)</small>
2. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	3. Date of Birth <u>01/01/2017</u> <small>(month) (day) (year)</small>	4. Place of Birth <u>Ouagadougou</u> <small>(City)</small> <u>Burkina Faso</u> <small>(Country)</small>
<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>		
INFORMATION ON MOTHER/FATHER/PARENT	INFORMATION ON MOTHER/FATHER/PARENT	
5. Full Name <u>Parker Anthony</u> <small>(Last/Surname) (First) (Middle)</small>	11. Full Name <u>Kabore Ramata Talato</u> <small>(Last/Surname) (First) (Middle)</small>	
6. All Previous Legal Names Used  <small>(Last/Surname) (First) (Middle)</small>	12. All Previous Legal Names Used  <small>(Last/Surname) (First) (Middle)</small>	
7. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	8. Date of Birth <u>01/01/1987</u> <small>(month) (day) (year)</small>	13. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
9. Place of Birth <u>Boston MA U.S.A</u> <small>(City) (State/Province) (Country)</small>	14. Date of Birth <u>04/30/1990</u> <small>(month) (day) (year)</small>	15. Place of Birth <u>Koudougou Boulkiemde Burkina Faso</u> <small>(City) (State/Province) (Country)</small>
10. Current Physical Address (Do not list P.O. Box) (A.P.O. Address Permitted) <u>12 North St</u> <small>(Address Line 1)</small> <u>New York, NY, USA</u> <small>(City, State/Province, Country, Postal Code)</small> <u>347-111-1122</u> <small>(Phone Number(s))</small> <u>Parkeremail@hotmail.com</u> <small>(Email Address)</small>	16. Current Physical Address (Do not list P.O. Box) (A.P.O. Address Permitted) <u>Secteur 25</u> <small>(Address Line 1)</small> <u>Ouagadougou, Kadiogo, Burkina Faso</u> <small>(City, State/Province, Country, Postal Code)</small> <u>70-25-25-25</u> <small>(Phone Number(s))</small> <u>Kabore ramata@yahoo.fr</u> <small>(Email Address)</small>	
Use this address if Consular Report of Birth will be mailed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Use this address if Consular Report of Birth will be mailed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <u>N/A</u> <small>(Address Line 1)</small>		
<u>N/A</u> <small>(City, State/Province, Country and Postal Code)</small>		

(Continued) <b>INFORMATION ON MOTHER/FATHER/PARENT</b>	(Continued) <b>INFORMATION ON MOTHER/FATHER/PARENT</b>
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18. Citizenship Were you a U.S. citizen or U.S. Non-Citizen National when the child was born? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	19. Citizenship Were you a U.S. citizen or U.S. Non-Citizen National when the child was born? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**MARITAL STATUS OF THE PARENTS**

20. Were you married to the child's other biological parent when the child was born?    Yes    No

21. Date and Place of Marriage to the child's other biological parent and current status

05 / 27 / 2015   Ouagadougou   Kadiogo   Burkina Faso  
 (month) (day) (year)   (City)   (State/Province)   (Country)

Still Married    Divorced    Death

(Continued) <b>INFORMATION ON MOTHER/FATHER/PARENT</b>	(Continued) <b>INFORMATION ON MOTHER/FATHER/PARENT</b>
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22. Please list any other marriages (Show Name(s) of Spouse(s), Dates and Current Status) if applicable (Death, Divorce, Still Married). If you have never been married, enter "None." (If additional space is needed, please use the Section D Continuation Sheet)	23. Please list any other marriages (Show Name(s) of Spouse(s), Dates and Current Status) if applicable (Death, Divorce, Still Married). If you have never been married, enter "None." (If additional space is needed, please use the Section D Continuation Sheet)
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24. Precise Periods of Time in United States (if additional space is needed, please use the Section D Continuation Sheet)	25. Precise Periods of Time in United States (if additional space is needed, please use the Section D Continuation Sheet)
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Place (City, State)	Date (month-day-year)	Date (month-day-year)	Place (City, State)	Date (month-day-year)	Date (month-day-year)
Boston, MA	From 01-01-87	To 05-13-2000		From	To
Boston, MA	From 01-20-2001	To 03-12-2008		From	To
New York, NY	From 06-10-2008	To 04-15-2010		From	To
Boston	From 04-09-2012	To 11-20-2014		From	To
	From	To		From	To
	From	To		From	To
	From	To		From	To
	From	To		From	To
	From	To		From	To
	From	To		From	To

(Continued)

**INFORMATION ON MOTHER/FATHER/PARENT**

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 (Specify) (if additional space is needed please use the Section D Continuation Sheet)

Branch/Agency/Org.	Date	
	(month-day-year)	(month-day-year)
IRAQ	From 03-14-2008	To 06-08-2008
	From	To

(Continued)

**INFORMATION ON MOTHER/FATHER/PARENT**

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 (Specify) (if additional space is needed please use the Section D Continuation Sheet)

Branch/Agency/Org.	Date	
	(month-day-year)	(month-day-year)
	From	To

**B. THIS SECTION TO BE COMPLETED BEFORE/BY CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER PERSON QUALIFIED TO ADMINISTER OATH**

NOTE: If a U.S. citizen parent transmitting citizenship to the child born out of wedlock is not present, he or she may complete State Department Form DS 550 Affidavit of Parentage Physical Presence and Support and submit separately. Only the U.S. citizen father of a child born abroad out of wedlock must complete the acknowledgement of paternity and agreement to provide financial support.

28. I \_\_\_\_\_ do solemnly swear (or affirm)(check all that apply)

(Name)

I am a U.S. citizen or non-citizen national.  I am the father of \_\_\_\_\_

(Name of Child)

who was born on \_\_\_\_\_ in \_\_\_\_\_  My child was born out of wedlock, and I am the

(Date of Birth)

(Place of Birth)

the father through whom he/she is claiming U.S. citizenship.  I agree to provide financial support for this child until he/she reaches the age of eighteen

\_\_\_\_\_  
(Signature of Affiant)

SUBSCRIBED AND SWORN TO (AFFIRMED) before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Signature and Title of Administering Officer)

(SEAL)

In Ouagadougou

In the U.S.

(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)

30. Approval of Consular Report of Birth

_____	_____
(Printed Name of Consular Officer)	(Signature of Consular Officer)
_____	_____
(Approving Post)	(Date of Approval)
	___/___/___ (month) (day) (year)
	_____
	(Registration Number)

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)

FILED  
BLANK