

Sample 2 - Child born out of 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>Quedraogo</u> <small>(Last/Surname)</small>	<u>Tanga</u> <small>(First)</small>	<u>Paul</u> <small>(Middle)</small>
2. Sex	3. Date of Birth	4. Place of Birth
<input checked="" type="checkbox"/> M <input type="checkbox"/> F	<u>09/14/2017</u> <small>(month) (day) (year)</small>	<u>Ouagadougou</u> <small>(City)</small> <u>Burkina Faso</u> <small>(Country)</small>

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.)

INFORMATION ON MOTHER/FATHER/PARENT

INFORMATION ON MOTHER/FATHER/PARENT

5. Full Name		
<u>Quedraogo</u> <small>(Last/Surname)</small>	<u>Tiga</u> <small>(First)</small>	<u>Pierre</u> <small>(Middle)</small>
6. All Previous Legal Names Used		
7. Sex	8. Date of Birth	
<input checked="" type="checkbox"/> M <input type="checkbox"/> F	<u>08/22/1975</u> <small>(month) (day) (year)</small>	
9. Place of Birth		
<u>Kaya</u> <small>(City)</small>	<u>Sanmatenga</u> <small>(State/Province)</small>	<u>Burkina Faso</u> <small>(Country)</small>
10. Current Physical Address (Do not list P.O. Box) <small>(A.P.O. Address Permitted)</small>		
<u>12 North st</u> <small>(Address Line 1)</small>		
<u>New York, NY, U.S.A</u> <small>(City, State/Province, Country, Postal Code)</small>		
<u>347.111.1122</u> <small>(Phone Number(s))</small>		
<u>tiga.pierre0@gmail.com</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

11. Full Name		
<u>Yameogo</u> <small>(Last/Surname)</small>	<u>Chantal</u> <small>(First)</small>	<u>Lamoussa</u> <small>(Middle)</small>
12. All Previous Legal Names Used		
13. Sex	14. Date of Birth	
<input type="checkbox"/> M <input checked="" type="checkbox"/> F	<u>02/28/1985</u> <small>(month) (day) (year)</small>	
15. Place of Birth		
<u>Koudougou</u> <small>(City)</small>	<u>Boulkiemde</u> <small>(State/Province)</small>	<u>Burkina Faso</u> <small>(Country)</small>
16. Current Physical Address (Do not list P.O. Box) <small>(A.P.O. Address Permitted)</small>		
<u>secteur 9</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>chantouyameogo@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

17. Mailing Address (if different from Current Physical Address) (Do not list a P.O. Box.) <small>(You may list an A.P.O. address)</small>	
<u>N/A</u> <small>(Address Line 1)</small>	<u>N/A</u> <small>(City, State/Province, Country and Postal Code)</small>

(Continued) INFORMATION ON MOTHER/FATHER/PARENT	(Continued) INFORMATION ON MOTHER/FATHER/PARENT
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18. Citizenship
Were you a U.S. citizen or U.S. Non-Citizen National when the child was born?
 Yes No

19. Citizenship
Were you a U.S. citizen or U.S. Non-Citizen National when the child was born?
 Yes No

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
 ___ / ___ / ___ (month) (day) (year) _____ (City) _____ (State/Province) _____ (Country)

Still Married Divorced ___ / ___ / ___ (month) (day) (year) Death ___ / ___ / ___ (month) (day) (year)

(Continued)
INFORMATION ON MOTHER/FATHER/PARENT

(Continued)
INFORMATION ON MOTHER/FATHER/PARENT

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)

 Mary Johnson - 04/21/2004 - Divorced

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)

Place (City, State)	Date (month-day-year)	Date (month-day-year)	
Houston, TX	From 03-10-2002	To 07-11-2012	First entry in the U.S.
Houston, TX	From 08-15-2012	To 04-11-2016	Return to the U.S.
Houston, TX	From 05-20-2016	To 09-10-2016	
	From	To	

Place (City, State)	Date (month-day-year)	Date (month-day-year)	
	From	To	First departure from the U.S.
	From	To	Next departure from the U.S.
	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)

Table with 3 columns: Branch/Agency/Org., Date (month-day-year) From, Date (month-day-year) To. Multiple empty rows for data entry.

(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)

Table with 3 columns: Branch/Agency/Org., Date (month-day-year) From, Date (month-day-year) To. Multiple empty rows for data entry.

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 Tiga Pierre Ouedraogo do solemnly swear (or affirm)(check all that apply)

I am a U.S. citizen or non-citizen national. I am the father of Tanga Paul Ouedraogo

who was born on 09-14-2017 in Ouagadougou My child was born out of wedlock, and I am 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)

To be signed in front of a notary public (if signed in the U.S.)

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

(Signature and Title of Administering Officer)

or in front of a Consular officer (if being signed in Ouagadougou) (SEAL)

(Continued)

In Ouagadougou

In the U.S.

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 <i>(Parent, Legal Guardian, Other (Specify))</i>	Signature of Person(s) Providing Information
_____	_____	_____

Type Name and Title of Official	Signature of Official	City	Date
_____	_____	_____	___/___/___ <i>(month) (day) (year)</i>

Subscribed to: (SEAL)

30. Approval of Consular Report of Birth

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

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)(File Date) (month)(day)(year)(Date of Issuance) (City) (State) (Province) (Country)

Divorce Decree(s) (a) ____/____/____ ____/____/____
(month)(day)(year)(File Date) (month)(day)(year)(Date of Issuance) (City) (State) (Province) (Country)

(b) ____/____/____ ____/____/____
(month)(day)(year)(File Date) (month)(day)(year)(Date of Issuance) (City) (State) (Province) (Country)

(c) ____/____/____ ____/____/____
(month)(day)(year)(File Date) (month)(day)(year)(Date of Issuance) (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) ____/____/____ (Date of Issuance) (Nationality)

Mother/Father/Parent's Passport (Passport Number) ____/____/____ (Date of Issuance) (Nationality)

Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate) (Name of the Citizenship Document) (Document Number) ____/____/____ (Date of Issuance)

Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate) (Name of the Citizenship Document) (Document Number) ____/____/____ (Date of Issuance)

Other Identity Document of Mother/Father/Parent (e.g. Driver's License) (Name of the Identity Document) (Document Number) ____/____/____ (Date of Issuance)

Other Identity Document of Mother/Father/Parent (e.g. Driver's License) (Name of the Identity Document) (Document Number) ____/____/____ (Date of Issuance)

Other (Legal Guardianship; Power of Attorney, etc.) (Name of the Document) (Document Number) ____/____/____ (Date of Issuance)

LEAVE BLANK