

BIRTH REGISTRATION CHECKLIST

***All Original documents must be submitted with the passport application. Documents must have raised seal or original signature from the state register clerk or deputy of court from the state. (Extracts, Abstracts, JAG or Notary seals are not accepted). EXPEDITE SERVICES ARE NOT AVAILABLE FOR OVERSEAS/OCONUS APPLICANTS**

	ITEMS/DOCUMENTS/FORMS NEEDED	NOTES/REMARKS
	<p>Child and both parents must be present on day of appointment. When only 1 parent is listed on the birth certificate, then only parent listed on the birth certificate is required to be present.</p> <p>Affidavit of Parentage and Physical Presence and the Vaterschaftsanerkennung is required when parents ARE NOT married or the child was conceived prior to the marriage</p>	<p>Special Power of Attorney or DS Form 3053 (Statement of Minor Consent) is required ONLY when one parent is not available. DS Form 3053 is only valid for 90 days and can only be used once.</p> <p>Provide notarized photocopy of non-available parent Photo ID such as (Military, Civilian, Passport, Driver License w/Photo, etc.)</p>
	MUST BRING: Original Geburtsurkunde or Geburtenregister (German Birth Certificate) or AE-FORM40-400ER (MILITARY HOSPITAL).	
	MUST BRING the U.S. passport of mother and father. (If you do not have a U.S. Passport then a U.S. Birth Certificate and if applicable, bring in original Naturalization certification. Foreign Born Spouse(s) bring (Foreign Passport or Foreign National ID).	If you need to order an original U.S. birth certificate; go to www.vitalchek.com or www.vitalrec.com
	MUST BRING original marriage certificate, and/or divorce decree, for any previous marriage(s) of either parent; if applicable	If you need to order an original U.S. marriage certificate/divorce decree; go to www.vitalchek.com or www.vitalrec.com
	Photo ID of parent(s): ID Cards/Passports and any supporting document(s) (If applicable)	Adoption papers, Command Sponsorship Orders; Legal Name Change(s)
	<p>Fill out forms DS-11 and DS-2029 Go to https://pptform.state.gov for DS-11 form and go to (http://www.state.gov/documents/organization/156216.pdf) for DS-2029 form.</p> <p>Mailing Address for the Passport Application: USAG SW – PASSPORT UNIT 25850, BOX 38 APO AE 09033</p>	<p>(Must be generated online, hand written application will not be accepted). Enter “000-00-0000” for the SSN of the child on the passport application</p>
	PHOTO: 1 (2X2inch), taken within 6 months with white/light background; no hat nor anything in baby’s mouth. If you choose to use a Photo shop on the economy be sure to ask for AMERICAN size passport photo; (2in X 2in or 5cm X 5cm).	Photo can be taken at CONN Photo Lab (BLDG 73); as a WALK-IN. Any question regarding photos should be directed to the CONN Photo Lab @ DSN: 353-8026.
OPTION 1	CRBA (Consular Report of Birth Abroad) cost is \$100.00 (U.S. Money Order only; NO cash, checks, or credit card)	The CBRA is the actual documentation used as an American Birth Certificate
OPTION 2	CRBA (Consular Report of Birth Abroad) plus (NO-FEE) Military Passport cost is \$100.00 (Applicable to Military Family Members ONLY). (U.S. Money Order only; NO cash, checks, or credit card)	Must have COMMAND SPONSORSHIP Order/Memo for child to obtain a NO-FEE Passport. Passport can be used only for travel to USA and back to Germany ONLY
OPTION 3	CRBA (Consular Report of Birth Abroad) plus (FEE) Tourist Passport cost is \$205.00 (Applies to ALL DAC/DoD/DoDDS Civilians, AF/NAF/Contractors and if Child is NOT Command Sponsored) (U.S. Money Order only; NO cash, checks, or credit card)	Tourist Passport can be used to travel to USA and all other countries. Military Personnel may use this option as well if so desired.

BIRTH REGISTRATION CHECKLIST

HOW TO FILL OUT THE DS-2029 FORM

- Access the form online @ <http://www.state.gov/documents/organization/156216.pdf>
- Form: **APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD**

KEY NOTES/INFO: When filling/answering the ONLINE procedure/process for the DS-2029 application.

1. Items/Blocks **1 thru 5** (Self Explanatory): Child's information.
2. Date of Birth should be enter in the following format: **MM-DD-YYYY**.
3. **Do not forget to enter the gender of the CHILD.**
4. Items/Blocks **6 thru 15** needs to be filled on both the mother and father.

5. Items/Block **6 thru 8** is self explanatory. (**Don't forget to enter the mother's maiden name**). **Use the following format: First Name Middle Name Last Name (Maiden Name)**.
6. Item/Block **9** is your CMR address (both parent can use the same address).
7. Item/Block **10** is your USA address (both parent can use the same address; this address may be the address you used as a permanent address or the emergency contact address from the DS-11 application).
8. Item/Block **11: Evidence of Citizenship:** When using U.S. Passports, put the actual passport number and the issue authority (ie., U.S. Dept of State or Miami Passport Agency, etc.) in the block. When using U.S. Birth certificates, put the U.S. Birth Certificate file number in the block, too include the date the certificate was filed, and the state that issued the birth certificate.
9. Item/Block **12 thru 13:** Tracks the time you first left the U.S.A. from your time of birth for **12 months or longer**; too include when you returned to the U.S.A. for **12 months or longer**. You will list the info each time you departed/returned for **12 months or longer**. See example:

FROM	TO
(Birth date)	05-30-1990
04-30-1993	11-25-1997
09-22-2000	10-29-2007

FROM	TO	BRANCH OF SERVICE
05-31-1990	04-30-1993	U.S. ARMY
11-26-1997	09-22-2000	U.S. FAM
10-30-2007	leave blank	DoD CIV

- a. Item/Block **14:** If no previous marriages enter "**NONE**"; if there were previous marriages from either parent, enter each previous marriage and the dates they were terminated. (ie. 12-15-2005: Divorced).
- b. Item/Block **15:** SELF EXPLANATORY.
- c. Item/Block **16:** Name of the person who is filling/signing the form and relationship to child.

Look the application over before printing to verify all information is filled out accurately ****If you find any errors on the application, you must correct the errors before printing.**** Once you have verified all information is accurate **print the application**. You will bring the printed form/application to the appointment.

DO NOT SIGN THE APPLICATION THIS WILL BE DONE AT APPOINTMENT.

BIRTH REGISTRATION CHECKLIST



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: 1/31/2013
Estimated Burden: 20 Minutes*

A. THIS SECTION TO BE COMPLETED BY APPLICANT.		Please Type or Print Neatly in Blue or Black Ink. See Instructions on Reverse Side.	18.
1. Name of Child in Full (Last, First, Middle)		2. Sex	Serial No. _____
DOE ANNA MARIE		<input type="checkbox"/> M <input type="checkbox"/> F	Date Issued (mm-dd-yyyy) _____
3. Date of Birth (mm-dd-yyyy)	4. Hour	5. Place of Birth in Full (City, State, Country)	Approved by _____
E 03-12-2012	06:50 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	SCHWEINFURT, GERMANY	FS Post _____
THE FOLLOWING ITEMS PERTAIN TO THE BIOLOGICAL PARENTS. COMPLETE FOR BOTH PARENTS.			
Mother/Father/Parent	Item	Mother/Father/Parent	
JOHN ANTHONY DOE	6. Full Name (Include Mother's Maiden Name)	JANE MARIE (GREEN) DOE	
X 02-02-1986	7. Date of Birth (mm-dd-yyyy)	06-06-1988	X
SOMEWHERE, ANYSTATE, USA	8. Place of Birth (City, State, Country)	SOMEWHERE, EUROPE	
A CMR 464, BOX 0000 APO AE 09226	9. Present Address (Street No., City, State, Country)	CMR 464, BOX 0000 APO AE 09226	A
A 1234 EAST RIDGE SOMECITY, SOMESTATE, 01235	10. Address in United States (Street No., City, State)	1234 EAST RIDGE SOMECITY, SOMESTATE, 01235	A
M U.S. Passport #410456987 Issued on 17 JAN 2000 by U.S. Dept of State	11. Evidence of U.S. Citizenship If Alien, Show Nationality	M GERMAN CITIZEN	M
From (mm-dd-yyyy) To (mm-dd-yyyy)	12. Precise Periods of Physical Presence in United States (Do not list individual States. Use additional paper, if necessary)	From (mm-dd-yyyy) To (mm-dd-yyyy)	
02-02-1986 09-10-2006 09-08-2008 05-11-2010		09-08-2008 05-11-2010	
From (mm-dd-yyyy) To (mm-dd-yyyy) Branch/Agency/Org.	13. Precise Periods Abroad in U.S. Armed Forces, in other U.S. Government Employment, with Qualifying International Organization, or as Dependent of such Person (Specify)	From (mm-dd-yyyy) To (mm-dd-yyyy) Branch/Agency/Org.	
P 09-11-2006 09-08-2008 U.S. ARMY 05-12-2010 U.S. ARMY		06-06-1988 09-08-2008 Family MBR 05-12-2010 Family MBR	P
NONE	14. Previous Marriages (Show Dates and Manner of Termination of All)	NONE	
15. Date and Place of Present Marriage (mm-dd-yyyy) (City, State, Country)			
L 10-06-2009, WEISBADEN, GERMANY L			
B. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICER, NOTARY PUBLIC OR OTHER PERSON QUALIFIED TO ADMINISTER OATH			
16. 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 Providing Information		Signature	Relationship to the Child
JOHN ANTHONY DOE		E	FATHER
Subscribed to (SEAL)	Type Name and Title of Official	Signature of Official	City
E		E	E
C. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICER			
17. Documents Presented - Please mark accordingly and provide date of document.			
<input type="checkbox"/> Birth Certificate _____ Date (mm-dd-yyyy)	<input type="checkbox"/> Mother/Father/Parent Passport _____ Date (mm-dd-yyyy)	<input type="checkbox"/> Other _____ Date (mm-dd-yyyy)	
<input type="checkbox"/> Marriage Certificate _____ Date (mm-dd-yyyy)	<input type="checkbox"/> Other Citizenship Document of Parent (e.g. Naturalization Certificate) _____ Date (mm-dd-yyyy)		
<input type="checkbox"/> Mother/Father/Parent Passport _____ Date (mm-dd-yyyy)	<input type="checkbox"/> Other Identity Document (e.g. Driver's License) _____ Date (mm-dd-yyyy)		
			18. (See Upper Right Corner)

BIRTH REGISTRATION CHECKLIST

SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved
OMB No. 0960-0065

1	NAME <small>TO BE SHOWN ON CARD</small>			First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE			First	Full Middle Name	Last
	OTHER NAMES USED					
2	MAILING ADDRESS <small>Do Not Abbreviate</small>					
	Street Address, Apt. No., PO Box, Rural Route No.					
3	CITIZENSHIP <small>(Check One)</small>					
	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Allowed Instructee <input type="checkbox"/> See Other (See Instructions On Page 2)					
4	SEX					
	<input type="checkbox"/> Male <input type="checkbox"/> Female					
5	RACE/ETHNIC DESCRIPTION <small>(Check One Only - Voluntary)</small>					
	<input type="checkbox"/> Asian, Asian-American or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Black (African American) <input type="checkbox"/> North American Indian or Alaskan Native <input type="checkbox"/> White (Not Hispanic)					
6	DATE OF BIRTH <small>Month, Day, Year</small>		7 PLACE OF BIRTH <small>(Do Not Abbreviate)</small>		Office Use Only	
8	A. MOTHER'S NAME AT HER BIRTH					
	B. MOTHER'S SOCIAL SECURITY NUMBER <small>(See instructions for 8B on Page 2)</small>					
9	A. FATHER'S NAME					
	B. FATHER'S SOCIAL SECURITY NUMBER <small>(See instructions for 9B on Page 2)</small>					
10	Has the applicant or anyone else on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes", answer questions 11-13.) <input type="checkbox"/> No (If "no," go on to question 14.) <input type="checkbox"/> Don't Know (If "don't know," go on to question 14.)					
11	Enter the Social Security number previously assigned to the person in item 1.					
12	Enter the name of the most recent Social Security card issued for the person listed in item 1.					
13	Enter an alternate date of birth if used on an application for a card.					
14	Date of Birth		15 DAYTIME PHONE NUMBER <small>() - -</small>			
I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and that it is true and correct to the best of my knowledge.						
16	YOUR SIGNATURE		17 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other (Specify)			
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)						
NPN		DOC	NTI	CAN	ITV	
PBC	EVI	EVA	EVC	PRA	NWR	CNR UNIT
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW		
				DATE		
				DATE		

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*****BIRTH REGISTRATION IS BY APPOINTMENT ONLY*****

PLEASE CALL THE BEOW NUMBER:
DSN 353-8829; Civilian 09721-96-8829

HOURS OF OPERATION

Monday; Wed; Thursday; Friday: 08:00 -11:45 & 13:00-15:45
 CLOSED ALL FEDERAL HOLIDAYS and EVERY TUESDAY
 CLOSED in the morning on the 1ST Thursday of the month