

# How to register your Newborn



The Ansbach Passport Office Staff wishes all the best to you and your precious little one. We're looking forward to assisting you with processing the birth registration and your baby's first passport.

For more information send an e-mail to: [usarmy.ansbach.id-europe.list.ansbach-passports@army.mil](mailto:usarmy.ansbach.id-europe.list.ansbach-passports@army.mil) or visit our office at Katterbach Kaserne, Building 5818, Room 110. We are open Monday, Wednesday, and Thursday from 0800 to 1200 hours and from 1300 to 1600 hours.



# Introduction

If you are a US citizen and the parent of a child born outside of the United States, you will need to document your child's U.S. citizenship with a "Consular Report of Birth Abroad (CRBA) or Electronic Consular Report of Birth Abroad (eCRBA)." You may also apply for your child's first passport and social security card when you report your child's birth. A Social Security Number (SSN) will not be issued unless your baby has a CRBA and a U.S. passport.

Remember, if your baby is born in Germany, you have to get a U.S. Passport and Birth Certificate for him/her before they are eligible to travel outside of Germany. We highly recommend you don't make any travel plans prior to holding the passport in your hand.

There are two options to complete the Report of Birth Packet (choose one or the other, not both!!)

- 1) Complete the electronic DS 2029 from eforms: <https://mytravel.state.gov/>  
or
- 2) Complete the paper form DS 2029 at: <https://eforms.state.gov>

The Ansbach Passport Office only accepts appointments, which are available Monday, Wednesday, and Thursday, between 8am to 12pm and 1 to 4 pm. After the eCRBA is returned from the Frankfurt Consulate to the Ansbach Passport Office, an agent will then send email that was listed on the eCRBA so you can now schedule a birth registration appointment with the Ansbach Passport Office at [https://usag\\_ansbach\\_passports.timetap.com/](https://usag_ansbach_passports.timetap.com/) (Bldg 5818, Room 110). Your appointment is on:

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_.

If you chose to complete the DS 2029 via eforms, then you can make your own appointment anytime you have all the required paperwork filled out at: [https://usag\\_ansbach\\_passports.timetap.com](https://usag_ansbach_passports.timetap.com). Please be advised, if you do not have all the required documents, then the Passport Agent will inform you need to schedule another appointment with all your documents completed.

Please be on time to your appointment! Showing up late by more than 15 minutes may result in having to reschedule you for a later appointment since we book appointments in 30-minute increments and the next customer may be waiting already.

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## STEP 1: COLLECT ALL REQUIRED DOCUMENTS.

We suggest you gather original documents pertaining to you and your spouse prior to the birth of your newborn. If you find anything missing, this will give you the chance to request a replacement of the missing document through <http://www.vitalchek.com>.

To apply for your child's Consular Report of Birth Abroad (CRBA) or Electronic Consular Report of Birth Abroad (eCRBA), you will need to provide the following original documents:

### Birth Evidence

Child's Foreign Birth Certificate (**beglaubigte Abschrift/Ausdruck aus dem Geburtenregister**) - This is the German birth certificate issued by local authorities on request. This document must show the biological parents' names. There are other short-form birth certificates (Geburtsurkunde) which are not acceptable for documenting your child as a U.S. citizen. If you are unsure which certificate you have, please ask the Standesamt where it was issued if you have the "Beglaubigte Abschrift/Ausdruck aus dem Geburtenregister." Pick up at the Standesamt (located in the Rathaus) where the child was born. Please bring original and two copies.

### Evidence of Parents' Citizenship and Identity

Your current passport is the preferred form of proof and must be submitted. Your US birth certificate/naturalization certificate is also acceptable if you are not in possession of a passport. Foreign spouses must also submit their foreign passport along with the birth registration application for your child per the Department of State (DoS). The passports will be returned to you when the Report of Birth (ROB) packet arrives at this office. If you require your passport for traveling, please ask our passport agents for guidance. At least one US citizen parent has to provide proof of physical presence in the U.S. that shows that the said parent has physically been in the US for a total of 5 years after the age of 14. Acceptable documents to prove physical presence includes the following: U.S. high school or college transcripts, military orders to two separate assignments, enlistment contract, DD214 if applicable, and the Soldier's Record Brief if applicable.

Military/Civilian/Contractor Privilege and ID Card and/or Spouse's Dependent ID Card  
Military ID/CAC is required and authorized for a U.S. passport. A German Personalausweis is also acceptable as long as it is valid.

### Proof of the relationship between the U.S. citizen parent(s) and the child

Your child's foreign birth certificate containing both parents' names is the best form of proof. If you are married, we need to see your original marriage certificate. If you have prior marriages, we need to see your original divorce decree, annulment, or a death certificate. If any of your documents are in a language other than English or German, a certified translation must be provided. All marriage certificates, divorce decrees, annulment or death certificates must be submitted in original form. They will be returned to you in your ROB packet.

## Proof of Command Sponsorship

If you already have a family member that is Command Sponsored your newborn is automatically Command Sponsored. If you need further information please go to the Military Personnel Division room 120. They are open for walk-in customers on Monday – Thursday from 8am - 12 noon and 1-4 pm, Friday from 1-4 pm.

## **STEP 2: COMPLETE FORM DS-2029, APPLICATION FOR THE ELECTRONIC CONSULAR REPORT OF BIRTH ABROAD (ECRBA).**

To be eligible to apply for the eCRBA online, you must answer all of the following criteria with a “YES”

- Was the child born in GERMANY?
- Is the child under the age of 18?
- Was at least one parent a U.S. Citizen or U.S. Non-Citizen National when the child was born?
- You did not use Assisted Reproductive Technology (ART) in having your child for whom you are seeking a Consular Report of Birth Abroad?
- Do you have a credit card or a direct payment from my U.S. bank account (also known as “ACH”), to pay online for my Consular Report of Birth Abroad (CRBA) application?
- Are you a biological parent or legal guardian applying for a child born abroad?

If any of the above statements do not apply to you, you **MUST** apply by completing a paper application (DS-2029).

**If you answered all the questions with a YES, then proceed with the eCRBA below.**

This new process will allow U.S. citizen parents to complete a CRBA application online, upload all required documents, and submit payment prior to the in-person interview. The easy-to-use online application process provides applicants step-by-step instructions on how to complete the CRBA application.

Please allow 5 – 6 working days between payment submission and CRBA interview appointment time. This provides time for your payment to be processed. Passport applications must be completed and submitted separately. You cannot submit a passport application payment online, you must bring a money order for the correct amount on the day of your appointment. As a CRBA is not a travel document, it is strongly recommended that you submit an application for the child’s U.S. passport at the same time. Both applications may be submitted together at your scheduled CRBA appointment. If one custodial parent is not able to attend, they must submit a notarized Form DS-3053 Statement of Consent.

## The Customers eCRBA 2 Part Journey.....



1. Register for an account at <https://travel.state.gov/content/travel/en/about-us/mytravelgov.html>
2. Verify your email address
3. Begin creating an eCRBA application for your child. This can be done before the child born.
4. The website will lead you through the process.

1. Upload required documents as a pdf.
2. Use the Ansbach Passport Office email for either the mother or fathers email address
3. Use your CMR as your permanent residence address
4. Submit physical presents in the U.S. **ONLY** if one parent is not a U.S. citizen which means you need to prove you lived in the U.S. 2 yrs after your 14<sup>th</sup> Bday.

1. Make payment with a credit card and submit.
2. Wait until you receive an email from the Ansbach Passport Office to make an appointment.

### IMPORTANT:

1. When adding the parent's contact information in the eCRBA application, please ensure you enter the Ansbach Passport Facility's e-mail address ([usarmy.ansbach.id-europe.list.ansbach-passports@army.mil](mailto:usarmy.ansbach.id-europe.list.ansbach-passports@army.mil)) as the primary e-mail address. This will inform the Consulate staff which military passport facility will be processing your CRBA documents. You should add your personal or military e-mail address as an alternate so we can contact you.

2. Use your CMR/PSC address as you permanent address, not your home of record.

3. Do not schedule an eCRBA appointment at the Frankfurt Consulate. The Consulate will contact the Ansbach Passport Office upon adjudication review of your eCRBA application and within 7 days of payment and we will contact you via the email listed on the eCRBA so you can schedule an appointment for you to visit our office at [https://usag\\_ansbach\\_passports.timetap.com](https://usag_ansbach_passports.timetap.com). We will then take the oath and collect your original documents as well as accept the passport application(s) if applicable.

4. eCRBA applications will take priority over the traditional DS 2029 paper form. Once documents are received at the Consulate the cases will be expedited over traditional paper cases. You can expect the CRBA and new passport to be returned within 4 to 8 weeks versus the standard 8 to 12 weeks.



### Traditional CRBA process:

In cases where the eCRBA service is not authorized or possible, please complete a DS-2029 application on the following web site:

[https://eforms.state.gov/editdocument.aspx?documentid=218&from=2&categoryid=1&form\\_format=3&Width=1356](https://eforms.state.gov/editdocument.aspx?documentid=218&from=2&categoryid=1&form_format=3&Width=1356)

Please read the first three instructional pages of DS-2029 for guidance on how to complete the form. See Attachment 1 for an example. Pages 1 through 3 of the DS-2029 must be completed by the parents. Page 4 will be completed by your servicing passport agent and pages 5 to 6 will be completed by the US Consulate in Frankfurt.

Please print all 7 pages on US Letter size format (no A4 format authorized) and single-sided. The DS-2029 must be typed. Handwritten applications will not be accepted.

### **STEP 3: COMPLETE FORM DS-11, APPLICATION FOR A US and or NO-FEE PASSPORT. (Make a copy of the original completed DS-11 if you are applying for both passports)**

Please complete a DS-11 using the wizard on the following web site:

<https://pptform.state.gov>

The application process is a Wizard type Program, answer the questions appropriately but ensure that the first mailing address is the Ansbach Passport office address: **USAG Ansbach Passport Office, Unit 28721 Box 6511, APO AE 09177**. Is this your permanent address? Check “**NO**” add your CMR, PSC, Rotational or German address.

Upon completion, select “Create Form” and print the form. Please only print Pages 5 and 6 on US Letter size format (no A4 format authorized) and single-sided. There will be a bar code on the top left corner of Page 5. If your form doesn't show this bar code, you will need to start over. See Attachment 2 for an example. Please do NOT sign the form. Both parents have to sign the form in the presence of a passport agent.

### **STEP 4: COMPLETE FORM SS-5, APPLICATION FOR A SOCIAL SECURITY CARD.**

Please complete the application SS-5, Application for Social Security Card, on the following web site:

<http://www.ssa.gov/online/ss-5.pdf>

See Attachment 3 for an example. The completed form must accompany your birth registration packet and will remain in your Report of Birth Packet when it is returned from the Frankfurt Consulate. The Social Security Number may not be issued before the U.S. birth certificate and the passport are issued.

### Passport Photos

Two recent passport photos (biometric), measuring 2" x 2" or 5 cm x 5 cm. The child must be facing front on a white background. The face must be clearly visible and the child's eyes should be open but eyes closed are also acceptable. German-size passport photos are NOT acceptable for your child's US passport because they are too small and too dark in the background. Photos will be taken for your convenience during your appointment at the Passport Office. **Please do not wear a white shirt for the photo.**

### Fees and Forms of Payment

We only accept payment made through Pay.gov. Cash, credit card or personal checks will not be accepted. You can visit the following website to pay the required passport fee: <https://www.pay.gov/public/form/start/1274042472/>

Cicero's for different payment types at your face to face appointment:

- 
- eCRBA and a tourist passport you will need a money order for \$135.00
  - eCRBA and a No-Fee passport, no payment is necessary
  - CRBA from eforms and a tourist passport you will need a money order for \$235.00
  - CRBA and a No-Fee passport, you will need a money order in for \$100.00

### **STEP 6: PERSONAL APPEARANCE FOR THE BIRTH REGISTRATION OF YOUR CHILD.**

Please bring your newborn to your scheduled appointment. We are required to see the child. Both parents have to be present to sign the passport application and take an oath in the presence of a Passport Agent. Please refer to guidance referenced in Special Circumstances (Page 10) if one of the parents will not be available during the appointment.

**NOTE:** Your applications and documents to include original passports or birth certificates will be safeguarded and sent by the MPS system to the Frankfurt Consulate.

### **STEP 7: PICK UP YOUR CHILD'S CONSULAR ROB packet (US BIRTH CERTIFICATE AND PASSPORT(S) AT THE PASSPORT OFFICE UPON EMAIL NOTIFICATION OF RECEIPT.**

The waiting time is usually between 4 to 8 weeks, if you use the eCRBA online process for the DS 2029, but can exceed 8 weeks if you complete the DS 2029 through eforms. Only one parent needs to present to pick up the ROB.



## **STEP 8: APPLY FOR YOUR CHILD'S SOCIAL SECURITY CARD.**

The SS-5, Application for Social Security Card will be returned in your ROB packet at the Ansbach Passport Office. A parent needs to verify accuracy of the information on the documents and sign the passport before we make copies and certify these documents. The applications are mailed off once or twice per week. If you want to speed up the process, then let the passport agent know and we will certify the documents, supply an envelope, and address label as seen below to be mailed at the German Post Office either in Kaufland or by the Ansbach Hauptbahnhof downtown. We suggest Einschreiben when you send your information thru the German Post, therefore it must be signed for at the Frankfurt Consulate. By mailing it yourself, it could shorten the time frame to 2 weeks instead of 4.

American Consulate General  
Federal Benefits Unit  
Giessener Strasse 30  
60435 Frankfurt

When this office mails off your application it will generally take 4 weeks for the actual card to be mailed directly to you from the United States. Our office is not able to track the progress of your application. Any questions must be directed to the Federal Benefits Unit at the Frankfurt Consulate. They can be reached at 069-905551100 Monday, Tuesday, and Thursday from 9-11 am or per e-mail: [fbu.frankfurt@ssa.gov](mailto:fbu.frankfurt@ssa.gov).

Once you receive the social security card at the address you listed in the SS-5 application, please immediately stop by the ID Cards Office in bldg. 5818, Room 103 to update DEERS. This is very critical to ensure proper Tricare entitlements.

**This completes your Birth Registration process! Please ensure you always keep vital documents in a safe and secure place to prevent damage or theft. Do not laminate them!**

## **SPECIAL CIRCUMSTANCES AND OTHER DOCUMENTS THAT MAY BE REQUIRED:**

If the parents are not married, we need a notarized affidavit from the father. Please fill out the Affidavit of Physical Presence or Residence, Parentage and Support on the following web site:

<http://www.state.gov/documents/organization/126018.pdf>

If the child is conceived or born prior to marriage, you may need to submit affidavits or evidence depending on the circumstances surrounding the child's birth/conception. The Passport Office will advise you prior to your appointment. Please let us know of your situation in advance so we can provide guidance.

If one parent/guardian is unable to appear in person, then a signed and notarized Form DS-3053, Statement of Consent from the non-applying parent/guardian, must be submitted. The non-applying parent or guardian must complete items 1 through 3 on the form providing written consent for the issuance of a passport for the minor child. The form is only valid for 90 days. Please complete a DS-3053 application on the following web site:

<http://www.state.gov/documents/organization/212243.pdf>

Additionally, the non-applying parent or guardian consenting to the issuance of a passport for a minor child must:

- ✓ Sign and date Form DS-3053 in the presence of a Certified Notary Public, and
- ✓ Submit a photocopy of the front and back side of the ID that was presented to the Notary Public with Form DS-3053.

Other documents from the absent US citizen parent may be required if the applying parent is a non-US citizen.

If the minor child only has one parent/guardian, evidence of sole authority to apply for the child must be submitted in the form of a:

- ✓ Court order granting sole legal and physical custody to the applying parent (unless child's travel is restricted by that order) or
- ✓ Court order specifically permitting applying parent's travel with the child or
- ✓ Judicial declaration of incompetence of the non-applying parent or
- ✓ Death certificate of the non-applying parent

**Privacy Act or Sensitive Personal Information:** If you'd like to discuss matters in a more private environment away from other customers, please let us know in advance and we will make proper arrangements. Our passport agents are certified officials by the State Department and information provided to them will be handled with confidentiality and the utmost respect for your privacy.



U.S. Department of State

 OMB NO 1405-0011  
 EXPIRES 03/31/2019  
 Estimated Burden 20 minutes

**APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD  
 OF A CITIZEN OF THE UNITED STATES OF AMERICA**

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

DOE  
(Last/Surname)JANE  
(First)JULIE  
(Middle)

2. Sex

3. Date of Birth

4. Place of Birth

☐ M☒ F7 / 4 / 2019  
(month) (day) (year)ANSBACH  
(City)GERMANY  
(Country)

**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**

5. Full Name

DOE  
(Last/Surname)JOHN  
(First)WAYNE  
(Middle)

6. All Previous Legal Names Used

(Last/Surname)

(First)

(Middle)

(Last/Surname)

(First)

(Middle)

7. Sex

8. Date of Birth

☐ M☐ F02 / 05 / 1990  
(month) (day) (year)

9. Place of Birth

OLYMPIA  
(City)WA  
(State/Province)USA  
(Country)10. Current Physical Address (Do not list P.O. Box)  
(A.P.O. Address Permitted)CMR 454 BOX 1234  
(Address Line 1)APO AE 09250  
(City, State/Province, Country, Postal Code)016123456789  
(Phone Number(s))armysoldier@gmail.com or yourname.mil@mail.mil  
(Email Address)Use this address if Consular Report of Birth  
will be mailed?☐ Yes☒ No**INFORMATION ON MOTHER/FATHER/PARENT**

11. Full Name

DOE  
(Last/Surname)SALLY  
(First)

(Middle)

12. All Previous Legal Names Used

SMITH  
(Last/Surname)

(First)

(Middle)

(Last/Surname)

(First)

(Middle)

13. Sex

14. Date of Birth

☐ M☐ F03 / 01 / 1990  
(month) (day) (year)

15. Place of Birth

SAN ANTONIO  
(City)TX  
(State/Province)USA  
(Country)16. Current Physical Address (Do not list P.O. Box)  
(A.P.O. Address Permitted)CMR 454 BOX 1234  
(Address Line 1)APO AE 09250  
(City, State/Province, Country, Postal Code)016123456790  
(Phone Number(s))armywife@gmail.com  
(Email Address)Use this address if Consular Report of Birth  
will be mailed?☐ Yes☒ No17. Mailing Address (if different from Current Physical Address) (Do not list a P.O. Box.)  
(You may list an A.P.O. address)USAG ANSBACH PASSPORT OFFICE UNIT 28721 BOX 6511  
(Address Line 1)APO AE 09177  
(City, State/Province, Country and Postal Code)

## SAMPLE, PLEASE ENTER YOUR INFORMATION

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*(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)	Date (month-day-year)
AD/US ARMY/KATTERBACH	From 04-06-2018	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

**ENTER TIMES ABROAD WITH THE ARMED FORCES TO INCLUDE DEPLOYMENTS TO OTHER COUNTRIES.**

*(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)	Date (month-day-year)
DEP/US ARMY/KATTERBACH	From 04-06-2018	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	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 5507 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)

**Please only fill out this section if the child is conceived or born out of wedlock.**

(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

JOHN WAYNE DOE

FATHER

SALLY DOE

MOTHER

Type Name and Title of Official

Signature of Official

City

Date

ANSBACH, GERMANY

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (day) (year)

Subscribed to: (SEAL)

**Please do not sign prior to your birth registration appointment.  
You must sign this form in front of a military passport agent.**

30. Approval of Consular Report of Birth

\_\_\_\_\_  
(Printed Name of Consular Officer)

\_\_\_\_\_  
(Signature of Consular Officer)

\_\_\_\_\_  
(Approving Post)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(month) (day) (year)  
(Date of Approval)

\_\_\_\_\_  
(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)

<input type="checkbox"/>	Child's Birth Certificate	____/____/____ (month)(day)(year)	_____ (City)	_____ (Province)	_____ (Country)
<input type="checkbox"/>	Marriage Certificate	____/____/____ (month)(day)(year) (File Date)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (City)	_____ (State)
		_____ (Province)		_____ (Country)	
<input type="checkbox"/>	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)	
<input type="checkbox"/>	Death Certificate(s)	(a) ____/____/____ (month)(day)(year)	_____ (City)	_____ (State)	
		(b) ____/____/____ (month)(day)(year)	_____ (City)	_____ (State)	
<input type="checkbox"/>	Mother/Father/Parent's Passport	_____ (Passport Number)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (Nationality)	
<input type="checkbox"/>	Mother/Father/Parent's Passport	_____ (Passport Number)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (Nationality)	
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate)	_____ (Name of the Citizenship Document)		_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate)	_____ (Name of the Citizenship Document)		_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)
<input type="checkbox"/>	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)
<input type="checkbox"/>	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)
<input type="checkbox"/>	Other (Legal Guardianship; Power of Attorney, etc.)	_____ (Name of the Document)		_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)

**IF YOU NEED ADDITIONAL SPACE FROM BLOCKS 24-27 ADD THE INFORMATION HERE.**

## **PRIVACY ACT STATEMENT**

**AUTHORITY:** The information solicited on this form is requested pursuant to provisions in Titles 8 and 22 of the United States Code (U.S.C.), whether or not codified, including specifically 22 U.S.C. 2705 and predecessor statutes, and by regulations issued pursuant to E.O. 11295 (August 5, 1966), including Part 50, Title 22 Code of Federal Regulations (CFR).

**PURPOSE:** The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a Consular Report of Birth and to properly administer and enforce the laws pertaining thereto. The information may also be used in connection with issuing other 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 requests for related services, 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. The information may also be provided to foreign government agencies, international organizations and, in limited cases, private persons and organizations to investigate, prosecute, or otherwise address possible violations of law or to further the Secretary's responsibility for the protection of U.S. nationals abroad. The information may be made available to private U.S. citizen 'wardens' designated by the U.S. embassies and consulates. More information on the Routine Uses for the form can be found in the System of Records Notice, Public Notice 6209 for May 2, 2008. The title of this notice is Overseas Citizens Services Records.

**DISCLOSURE:** Providing the information requested on this form is voluntary. Failure to provide the information requested on this form may result in the denial of a Consular Report of Birth, related document or service to the individual seeking such report, document or service.

## **PAPERWORK REDUCTION ACT (PRA) STATEMENT**

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: CA/OCS/L, SA-29, 4th Floor, U.S. Department of State, Washington, DC 20037-3202.

## APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0004  
OMB EXPIRATION DATE: 08-31-2019  
ESTIMATED BURDEN: 85 MIN

Attention: Read WARNING on page 1 of instructions

Please select the document(s) for which you are applying:

☒ U.S. Passport Book ☐ U.S. Passport Card ☐ BothThe U.S. passport card is not valid for international air travel. For more information see page 1 of instructions.☐ Regular Book (Standard) ☒ Large Book (Non-Standard)**Note:** The large book option is for those who frequently travel abroad during the passport validity period, and is recommended for applicants who have previously required the addition of visa pages.

## 1. Name Last

DOE

First

JANE

Middle

JULIE

## 2. Date of Birth (mm/dd/yyyy)

02 01 1984

## 3. Sex

M F  
☐ ☒

## 4. Place of Birth (City &amp; State if in the U.S., or City &amp; Country as it is presently known.)

ANYWHERE, MA

## 5. Social Security Number

000 00 0000

6. Email (Info alerts offered at [travel.state.gov](http://travel.state.gov))

JANE.DOE@GMAIL.COM

## 7. Primary Contact Phone Number

004-917-1689543

## 8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.

USAG ANSBACH PASSPORT OFFICE

**MUST ENTER ALL ZEROS FOR SOCIAL SECURITY NUMBER**Address Line 2: **Clearly label** Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g., In Care Of - Jane Doe, Apt # 100)

UNIT 28721 BOX 6511

City

State

Zip Code

Country, if outside the United States

APO

AE

09177

## 9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)

A. JANIE

B.

**STOP! CONTINUE TO PAGE 2****DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT**

## Identifying Documents - Applicant or Mother/Father/Parent on Second Signature Line (if identifying minor)

☐ Driver's License ☐ State Issued ID Card ☐ Passport ☐ Military ☐ Other \_\_\_\_\_

Name \_\_\_\_\_

Issue Date (mm/dd/yyyy) \_\_\_\_\_ Exp. Date (mm/dd/yyyy) \_\_\_\_\_ State of Issuance \_\_\_\_\_

ID No. \_\_\_\_\_ Country of Issuance \_\_\_\_\_

## Identifying Documents - Applicant or Mother/Father/Parent on Third Signature Line (if identifying minor)

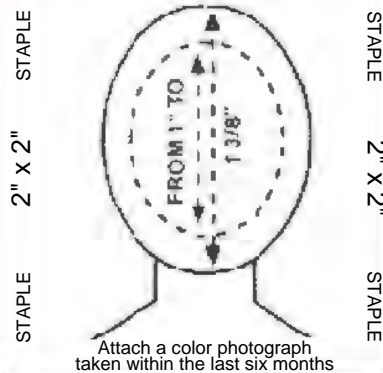
☐ Driver's License ☐ State Issued ID Card ☐ Passport ☐ Military ☐ Other \_\_\_\_\_

Name \_\_\_\_\_

Issue Date (mm/dd/yyyy) \_\_\_\_\_ Exp. Date (mm/dd/yyyy) \_\_\_\_\_ State of Issuance \_\_\_\_\_

ID No. \_\_\_\_\_ Country of Issuance \_\_\_\_\_

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on page four of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph attached to this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.

☐ Acceptance Agent ☐ (Vice) Consul USA☐ Passport Staff Agent

(Seal)

Name of courier company (if applicable)

Facility ID Number

Facility Name/Location

Agent ID Number

Signature of person authorized to accept applications

Date


For Issuing Office Only → Bk \_\_\_\_\_ Card \_\_\_\_\_ EF \_\_\_\_\_ Postage \_\_\_\_\_ Execution \_\_\_\_\_ Other \_\_\_\_\_



\* DS 11 B 09 2013 1 \*

<b>Name of Applicant (Last, First, &amp; Middle)</b>				<b>Date of Birth (mm/dd/yyyy)</b>	
DOE, JANE JULIE				02/01/1984	
<b>10. Parental Information</b>				<b>Last Name (at Parent's Birth)</b>	
Mother/Father/Parent - First & Middle Name				ENTER MOTHERS MAIDEN NAME HERE	
SALLY				SMITH	
<b>Date of Birth (mm/dd/yyyy)</b>		<b>Place of Birth</b>		<b>Sex</b> <b>U.S. Citizen?</b>	
03 10 1965		MASSACHUSETTS		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Female <input type="checkbox"/> No	
Mother/Father/Parent - First & Middle Name				<b>Last Name (at Parent's Birth)</b>	
JOHN				DOE	
<b>Date of Birth (mm/dd/yyyy)</b>		<b>Place of Birth</b>		<b>Sex</b> <b>U.S. Citizen?</b>	
05 22 1964		MASSACHUSETTS		<input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Female <input type="checkbox"/> No	
<b>11. Have you ever been married?</b> Yes <input checked="" type="checkbox"/> No <i>If yes, complete the remaining items in #11.</i>					
Full Name of Current Spouse or Most Recent Spouse			Date of Birth (mm/dd/yyyy)		Place of Birth
Please leave item 11 blank; this will always be marked "No" for newborns					
<b>U.S. Citizen?</b>		<b>Date of Marriage</b>		<b>Have you ever been widowed or divorced?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		(mm/dd/yyyy)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				(mm/dd/yyyy)	
<b>12. Additional Contact Phone Number</b>			<b>13. Occupation (if age 16 or older)</b>		<b>14. Employer or School (if applicable)</b>
			ELECTRICIAN		U.S. ARMY
<b>15. Height</b>		<b>16. Hair Color</b>	<b>17. Eye Color</b>	<b>18. Travel Plans</b>	
5ft. 5in.		BROWN	BROWN	Departure Date (mm/dd/yyyy)    Return Date (mm/dd/yyyy)    Countries to be Visited	
<b>19. Permanent Address -</b> <i>If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.</i>					
Street/RFD # or URB ( <b>No P.O. Box</b> )					Apartment/Unit
CMR 454 BOX 1234					
City			State	Zip Code	
APO			AE	09250	
<b>20. Emergency Contact -</b> <i>Provide the information of a person not traveling with you to be contacted in the event of an emergency.</i>					
Name			Address: Street/RFD # or P.O. Box		Apartment/Unit
MARRY DOE			123 MAIN STREET		
City		State	Zip Code	Phone Number	Relationship
RULDOLPH STREET		MA	02374	202-345-6789	GRANDMOTHER
<b>21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card?</b> Yes <input checked="" type="checkbox"/> No <i>If yes, complete the remaining items in #21.</i>					
Name as printed on your most recent passport book			Most recent passport book number		Most recent passport book issue date (mm/dd/yyyy)
Please leave item 21 blank; this will always be marked "No" for newborns					
<b>Status of your most recent passport book:</b> <input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input checked="" type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired)					
Name as printed on your most recent passport card			Most recent passport card number		Most recent passport card issue date (mm/dd/yyyy)
<b>Status of your most recent passport card:</b> <input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input checked="" type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired)					

## PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY

Name as it appears on citizenship evidence			
<input type="checkbox"/> Birth Certificate	SR    CR    City    Filed:	Issued:	
<input type="checkbox"/> Nat. / Citiz. Cert.	USCIS    USDC    Date/Place Acquired:	A#	
<input type="checkbox"/> Report of Birth	Filed/Place:		
<input type="checkbox"/> Passport	C/R    S/R    Per PIERS    #/DOI:		
<input type="checkbox"/> Other:			
<input type="checkbox"/> Attached:			
<input type="checkbox"/> P/C of Citiz <input type="checkbox"/> P/C of ID <input type="checkbox"/> DS-71 <input type="checkbox"/> DS-3053 <input type="checkbox"/> DS-64 <input type="checkbox"/> DS-5520 <input type="checkbox"/> DS-5525 <input type="checkbox"/> PAW <input type="checkbox"/> NPIC <input type="checkbox"/> IRL <input type="checkbox"/> Citiz W/S			
		* DS 11 B 09 2013 2 *	



# SOCIAL SECURITY ADMINISTRATION

## Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

<b>1</b>	<b>NAME</b> TO BE SHOWN ON CARD		First JANE	Full Middle Name JULIE	Last DOE
	<b>FULL NAME AT BIRTH</b> IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
<b>2</b>	Social Security number previously assigned to the person listed in item 1			<div>0</div> <div>0</div> <div>0</div> - <div>0</div> <div>0</div> - <div>0</div> <div>0</div> <div>0</div> <div>0</div>	
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate) City State or Foreign Country		ANSBACH GERMANY Office Use Only FCI		<b>4 DATE OF BIRTH</b> 07/04/2019 MM/DD/YYYY
<b>5</b>	<b>CITIZENSHIP</b> (Check One)		<input checked="" type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3) <input type="checkbox"/> Other (See Instructions On Page 3)		
<b>6</b>	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7</b>	<b>RACE</b> Select One or More (Your Response is Voluntary) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input checked="" type="checkbox"/> Black/African American <input checked="" type="checkbox"/> White <input type="checkbox"/> Asian	
<b>8</b>	<b>SEX</b>		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
<b>9</b>	<b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>		First SALLY	Full Middle Name	Last DOE
	<b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9 B on Page 3)		<div>1</div> <div>2</div> <div>3</div> - <div>4</div> <div>5</div> - <div>6</div> <div>7</div> <div>8</div> <div>9</div> <input type="checkbox"/> Unknown		
<b>10</b>	<b>A. PARENT/ FATHER'S NAME</b>		First JOHN	Full Middle Name WAYNE	Last DOE
	<b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 10B on Page 3)		<div>9</div> <div>8</div> <div>7</div> - <div>6</div> <div>5</div> - <div>4</div> <div>3</div> <div>2</div> <div>1</div> <input type="checkbox"/> Unknown		
<b>11</b>	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
<b>12</b>	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last
<b>13</b>	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY		
<b>14</b>	<b>TODAY'S DATE</b> 07/11/2019 MM/DD/YYYY		<b>15 DAYTIME PHONE NUMBER</b> -49 15122-3333 Area Code Number		
<b>16</b>	<b>MAILING ADDRESS</b> (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No. CMR 454 BOX 1234 City State/Foreign Country ZIP Code APO AE 09250		
<b>17</b>	YOUR SIGNATURE EITHER PARENT CAN SIGN		<b>18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input type="checkbox"/> Self <input checked="" 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 DNR UNIT
EVIDENCE SUBMITTED				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
				DATE	
				DCL DATE	



## Geburtenregister

Standesamt, Nummer Ansbach, [REDACTED]

Registernummer G [REDACTED] / [REDACTED] 0

---

Anlass der Beurkundung Geburt

Tag, Uhrzeit der Geburt [REDACTED], 09:46 Uhr

Ort der Geburt Ansbach, Escherichstraße 1

---

### Kind

Geburtsname [REDACTED]

Vorname(n) [REDACTED] [REDACTED]

Geschlecht weiblich

---

### 1. Mutter

Familienname [REDACTED]

Geburtsname

Vorname(n) [REDACTED] [REDACTED]

Geschlecht weiblich

---

### 2. Vater

Familienname [REDACTED]

Geburtsname

Vorname(n) [REDACTED]

Geschlecht männlich

---

Ort, Tag der Beurkundung Ansbach, [REDACTED]

Urkundsperson [REDACTED] Standesbeamtin

## Hinweise

Registernummer G [REDACTED]

---

### Zu 1. und 2.

Ort, Tag der Eheschließung [REDACTED]  
Eheeintrag [REDACTED]

---

### Zu 1.

Ort, Tag der Geburt [REDACTED]  
Geburtseintrag  
Staatsangehörigkeit amerikanisch

---

### Zu 2.

Ort, Tag der Geburt [REDACTED]  
Geburtseintrag  
Staatsangehörigkeit

---

### Kind

Staatsangehörigkeit  
Recht der Namensführung amerikanisch

---

## Beglaubigter Registerausdruck

Standesamt Ansbach, [REDACTED]  
Registernummer G [REDACTED]

Der Ausdruck aus dem oben genannten Geburtenregister stimmt mit dem  
Registerinhalt überein. Der Eintrag enthält 0 Folgebeurkundung(en).

Die Urkunde besteht aus 3 Seiten.

Ort, Tag Ansbach, [REDACTED]

Urkundsperson [REDACTED] (Standesbeamtin)





## BIRTH REGISTRATION CHECKLIST

ITEMS REQUIRED	NOTES OR CORRECTIONS REQUIRED	CHECK WHEN COMPLETE
DS-2029 Application for CRBA		
DS-11 Application for Passport		
SS-5 Application for Social Security Card		
GEBURTENREGISTER: "Beglaubigter Auszug aus dem Geburtenregister" (3 pg paper with the top left corner dog-eared with a blue stamp on the back.)		
US Citizen Parent: Original US Passport of Parent		
Foreign Parent: Original Foreign Passport of Parent		
Proof of Physical Presence in the US from the U.S. citizen parent. Need proof of 5 years living in the US after the age of 14.		
Printout of Soldier STP		
Original Proof of Citizenship if Parent(s) are not in the possession of a valid Passport		
Original Marriage Certificate (if applicable)		
Original Divorce Decree (if applicable)		
Two Infant Passport Photos (2"x2"); taken during your appointment at the Passport Office		
\$135 Online Payment via Pay.gov: <a href="https://www.pay.gov/public/form/start/1274042472/?">https://www.pay.gov/public/form/start/1274042472/?</a>		
SSN statement (for no-fee passports only)		
Both Parents and Child must be present during Birth Registration appointment		
One Parent and Child present with notarized consent of absent Parent (DS-3053)		

## Attachment 5

### publicly commissioned and generally sworn persons in the district Ansbach

Name	Address	telephone number	e-mail address	Interpreter/ Translator
Beier Alisa	91628 Steinsfeld Schulstraße 1	09861/6649 0171/2693218		I
Deuerlein Susanne	91564 Neuendettelsau Am Zapfengarten 4	09874/5336		T
Frey- Espinoza Heidemarie	91623 Sachsen b. A. Bienenweg 30	09827/7837		T
Goodchild Irene	91598 Colmberg Brunnenstr. 16 d	09803/9329655		I/T
Heinz Heike	91583 Schillingsfürst Am Hang 16	09868/2063849		T
Junek Theresia	91722 Arberg Georgenhaag 6	09831/80911		T
Kilian Claudia	91522 Ansbach, Urlasstr. 17	0981/84827		I/T
Klausen Yvonne	91735 Muhr am See Jägerluck 26	09831/4751		T
Konzmann Birgit	91580 Großhaslach Sportplatzstr. 18	09872/5923		I/T
Liakou Alexandra	91560 Heilsbronn Blumenstr. 5 c	0170/3270363		I/T
Purucker Antie	91586 Lichtenau Hans-Sachs-Weg 1	09827/358		T
Schauß Wolfgang	90599 Dietenhofen Kopernikusstr. 7	09824/921660		T
Schmied Cornelia	91522 Ansbach Dollmannstr. 57	0981/2008 0160/94148959		T
Schorr Elisabeth	91586 Lichtenau Mörkeweg 4	09827/7328		T
Stümpfig Ute	91555 Feuchtwangen Steinbach 9	09852/2751		T
Vasel Eva	91580 Petersaurach Langenloh, Am Hang 18	09827/927846 09131/621576		T
Welsh Ulrich	Brunnenstraße 14 91598 Colmberg	0172/4625748		T
Zahn Claudia	91522 Ansbach Oberer Weinberg 2	0981/82433		I/T