## AFFIDAVIT OF PARENTAGE AND PHYSICAL PRESENCE

| do solen                  | nnly swear (or affirm   | n):   |  |  |  |
|---------------------------|---|---|--|--|--|
| (choose one)              |   |   |  |  |  |
|                           | on  |   |  |  |  |
| (city/state)              |   |   | late)  |  |  |
|                           |   | 011   | (date)   |  |  |
| naturalization)           |   |   |  |  |  |
|                           |   |   |  |  |  |
| t in the United States as | follow:   |   |  |  |  |
|                           |   | iy/year)  |  |  |  |
|                           | from  |   | to   |  |  |
|                           | from  |   | to   |  |  |
|                           | from  |   | to   |  |  |
|                           | from  |   | to   |  |  |
|                           | from  |   | to   |  |  |
|                           | from  |   | to   |  |  |
| <u>Date (</u> mo          | nth/day/year)   | <u>S</u>  | tatus  |  |  |
| from                      | to  |   |  |  |  |
| from                      | to  |   |  |  |  |
| from                      | to  |   |  |  |  |
| from                      | to  |   |  |  |  |
| from                      | to  |   |  |  |  |
| from                      | to  |   |  |  |  |
|                           |   |   | S. military dependent, etc.  |  |  |
|                           |   | ;   |  |  |  |
| (if applicable)           |   | ·   |  |  |  |
| tates Armed Forces from   | n   | to  | ·  |  |  |
| at                        | (date)  | to  | (date)   |  |  |
| (place)                   |   | (nam  | e of spouse)   |  |  |
|                           | (choose one)  (name (name naturalization)  t in the United States as  nt abroad as follows: <u>Date (mo</u> | (choose one) or<br>or<br>(name of the court)<br>naturalization)<br>t in the United States as follow:<br>from from<br>from from to from from to | e)on |  |  |

That, to the best of my knowledge, I am the natural father/mother of the following children:

| Name                                  | Date of birth          | Place of birth |
|---------------------------------------|------------------------|----------------|
|                                       |                        |                |
|                                       |                        |                |
|                                       |                        |                |
|                                       |                        |                |
|                                       |                        |                |
| That the other parent of the above na | amed child/children is | · · · · ·      |
| -                                     | (name)                 |                |
| whom I first met on                   | at                     | ·              |
| (date)                                | (city/state)           |                |

That, if any child named above was born out of wedlock and I am the father through whom such child is claiming United States citizenship, I agree to provide financial support for such child until such child reaches the age of eighteen years.\*

\*<u>NOTE</u>: The preceding phrase may be deleted; however, if it is deleted by a United States citizen who fathered a child born out of wedlock to a foreign woman, the child will <u>not</u> be eligible for United States citizenship under Section 309(a) of the Immigration and Nationality Act, as amended on November 14, 1986.

<u>WARNING</u>: False statements made knowingly and willfully in passport applications or affidavits or other supporting documents are punishable by fine and/or imprisonment under provisions of 18USC 1001 and/or 18 USC 1542.

I solemnly swear (or affirm) that the statements made on all the pages of this affidavit are true and complete to the best of my knowledge and belief and that this affidavit is for the purpose of establishing my relationship to the aforementioned child/children; and for the purpose of establishing his/her/their claim to United States citizenship.

(signature of affiant)

(present address)

| SUBSCRI | BED AND SWORN TO (AFFIRMED) BEFORE ME TI | HIS | DAY OF |
|---------|--|-----|--------|
| 20      | AT                                       |     |        |

(Signature of Administering officer)

SEAL