

DATE: _____ PURPOSE OF REQUEST: _____

NAME AT (CIRCLE ONE) BIRTH/DEATH/MARRIAGE: _____

NAME AFTER ADOPTION (IF APPLICABLE): _____

DATE OF (CIRCLE ONE) BIRTH/DEATH/MARRIAGE: _____ COUNTRY OF (CIRCLE ONE) BIRTH/DEATH/MARRIAGE: _____

FATHER'S NAME: _____
DATE & PLACE (STATE/COUNTRY) OF BIRTH: _____

MOTHER'S NAME: _____
DATE & PLACE (STATE/COUNTRY) OF BIRTH: _____

IF YOU POSSESS A REPORT OF BIRTH/DEATH OR CERTIFICATE OF WITNESS TO MARRIAGE, PLEASE ENCLOSE A COPY TO AID IN THE FILE SEARCH.

PASSPORT - FIRST ENTRY INTO THE UNITED STATES

NAME OF BEARER: _____
DATE OF ISSUANCE: _____ PASSPORT NUMBER: _____
DATE OF INCLUSION (IF PASSPORT WAS NOT ISSUED TO THE SUBJECT): _____

CURRENT PASSPORT INFORMATION

NAME OF BEARER: _____
DATE OF ISSUANCE: _____ PASSPORT NUMBER: _____

SIGNATURE (MUST BE NOTARIZED): _____
(SUBJECT, PARENT OR GUARDIAN)

ADDRESS: _____ TELEPHONE: _____
(DAYTIME)

NOTICE: If you are requesting an amendment or correction to a Consular Report of Birth Abroad, please include certified copies of all documents appropriate for effecting the change (i.e., foreign birth certificate, marriage certificate, court ordered adoption or name change, birth certificates of adopting or legitimating parents, etc.).

PLEASE INDICATE THE NUMBER OF DOCUMENTS DESIRED (\$50.00 EACH COPY):

REPORT OF BIRTH (FS-240) _____

CERTIFICATION OF BIRTH _____

REPORT OF DEATH _____

PANAMA CANAL ZONE BIRTH OR DEATH CERTIFICATE _____

CERTIFICATE OF WITNESS TO MARRIAGE _____

CERTIFICATION OF NO RECORD _____

Please include a copy of your driver's license or other photo identification.

NOTICE: YOUR REQUEST MUST BE PROPERLY NOTARIZED