



**REQUEST FOR OVERSEAS U.S. CITIZEN  
VITAL RECORDS SERVICES**

*Please Print Legibly Using Black Ink Only*

**ABOUT THIS FORM**

This form is used to request certified or authenticated copies of overseas U.S. citizen vital records such as Consular Reports of Birth/Death Abroad, Certificates of Witness to Marriage, and Panama Canal Zone documents. You may also use this form to request correction or amendment to a Consular Report of Birth Abroad. **NOTE:** If the subject of the record(s) you are requesting is a minor and you are not the minor's parent, you must submit written authorization such as a court order with your request. For more information regarding requests for vital records, please visit our website at [travel.state.gov](http://travel.state.gov).

**INSTRUCTIONS**

**1. Birth Records** - Select if requesting a Consular Report of Birth Abroad of a U.S. Citizen or Panama Canal Zone Birth Certificate, indicate how many copies you need, and complete the requested information regarding the subject/document holder (i.e., full name, other names used, date of birth – month/day/year, place of birth, parent(s)/guardian(s) full name and citizenship status at the time of the subject's birth, U.S. passport book/card information, and the Consular Report of Birth Abroad document number, if known). **NOTE: If the subject was not born a U.S. citizen but later naturalized, PLEASE STOP, and contact U.S. Citizenship and Immigration Services (USCIS).**

**2. Death Records** - Select if requesting a Consular Report of Death Abroad of a U.S. Citizen or Panama Canal Zone Death Certificate, indicate how many copies you need, and complete the requested information regarding the deceased (i.e., full name, date of birth and death – month/day/year, and place of death). Third party requests for death records must be supported by evidence of a valid need for the record per 22 CFR 71.5 and 72.6(c). **NOTE:** Consular Reports of Death Abroad issued prior to 1975 are maintained by the National Archives and Records Administration (NARA) and may not be requested on this form.

**3. Marriage Records** - Select if requesting a Certificate of Witness to Marriage Abroad, indicate how many copies you need, and complete the requested information regarding the couple (i.e., full name of bride/groom/spouse, date of marriage – month/day/year, and place of marriage).

**4. Other Services** - Select if requesting an apostille or amendment to a Consular Report of Birth Abroad. For apostilles indicate the country for intended use and how many documents need an apostille. Note: The country for intended use must be a member of the 1961 Hague Convention on Apostilles. For amendments, indicate the change(s) you are requesting. Note: You must present original or certified copies of evidence to support the amendment(s) you are requesting. (All supporting documents will be returned to you). Visit [travel.state.gov](http://travel.state.gov) for more information.

**5. Requestor's Information** – The person requesting the record or other service must complete this section (i.e., provide your full name, mailing address, contact information and relationship to the document holder/subject).

**6. Shipping Options** – Select how you want to receive your documents. The fee for overnight service must be included with this form. Visit [travel.state.gov](http://travel.state.gov) for current shipping fee information.

**7. Oath** – Do not sign this section until you appear before a person authorized to administer the oath/affirmation.

- **Vital Records Fee:** The vital records fee is \$50.00 per copy. We accept U.S. Postal Service money orders, checks (personal, corporate, certified, cashier's, travelers) made payable to the U.S. Department of State.
- **Check Status:** You may check the status of your request by emailing [VitalRecordsPublicInquiries@state.gov](mailto:VitalRecordsPublicInquiries@state.gov) or by calling 202-485-8300.

**WARNING**

False statements made knowingly and willfully in this form or otherwise in connection with your request, are punishable by fine and/or imprisonment under U.S. law including the provisions of 18 U.S.C. 1001. Pursuant to 22 CFR§ 131.2, the Department of State will not certify to a document when it has good reason to believe that the certification is desired for an unlawful or improper purpose.

**PRIVACY ACT STATEMENT**

**AUTHORITIES:** Collection of the information solicited on this form is authorized by the Titles 8 and 22 of the United States Code (U.S.C.), and other applicable laws and regulations including, [8 U.S.C. 1104](#), Powers and Duties of the Secretary of State; [8 U.S.C. 1401](#), Nationals and Citizens of United States at Birth; [8 U.S.C. 1403](#), Persons Born in the Canal Zone or Republic of Panama on or after February 26, 1904; [8 U.S.C. 1408](#), Nationals but not Citizens of the United States at Birth; [8 U.S.C. 1409](#), Children Born Out of Wedlock; [8 U.S.C. 1504\(b\)](#), Consular Report of Birth Abroad; [22 U.S.C. 2705](#), Documentation of citizenship; [22 U.S.C. 2715b](#), Notification of next of kin; reports of death; [22 C.F.R. 50.2](#), Determination of U.S. nationality of persons abroad; [22 C.F.R. 50.5](#), Application for registration of birth abroad; [22 C.F.R. 50.7](#), Consular Report of Birth Abroad of a Citizen of the United States of America; [22 C.F.R. 72.4 -72.6](#), Reporting Deaths of United States Nationals; 12 Stat. 72, Ch. 179, Sec. 31, June 22, 1860 Marriage Abroad in Presence of Consular Officer; restated in R.S. 4082, repealed in R.S. 5596; and 104 Stat. 27, Pub. Law 101-246, Sec. 123, February 16, 1990 Consular Officer Duties; repealed Sec. 31 of 12 Stat. 72; 22 U.S.C. 4192.

**PURPOSE:** The information requested on this form is collected to validate and process authorized requests for records services.

**ROUTINE USES:** The information solicited on this form may be made available as a routine use to other government agencies and private contractors to assist the U.S. Department of State in issuing certificates under the Seal of the U.S. Department of State and requests for related services, and for law enforcement, fraud prevention, border security, counterterrorism, litigation activities, and administrative purposes. 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 potential violations of law or to further the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad. The information may be made available to the Department of Homeland Security and private employers for employment verification purposes. For a more detailed listing of the routine uses to which this information may be put, see the Department of State's Prefatory Statement of Routine Uses relative to the Privacy Act (Public Notice 6290 of July 15, 2008) and the listing of routine users set forth in the System of Records Notices for Overseas Citizens Services Records and Other Overseas Records (State-05) and Passport Records (State-26) published in the Federal Register.

**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing the information requested on this form is voluntary, but if you do not provide the information requested on this form or in connection with this form, we may deny your request for records services.

**PAPERWORK REDUCTION ACT (PRA) STATEMENT**

Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time required for searching existing data sources, gathering the necessary data, 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: Attn: Passport Forms Officer, U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 44132 Mercure Circle, PO Box 1199, Sterling, Virginia 20166-1199.



U.S. Department of State  
**REQUEST FOR OVERSEAS U.S. CITIZEN  
 VITAL RECORDS SERVICES**  
*Please Print Legibly Using Black Ink Only*

OMB Control No. 1405-0253  
 Expiration Date: 12/31/2024  
 Estimated Burden: 40 minutes

<b>For Official Use Only</b>				<b>LABEL</b>
Payment Amount	\$ _____	Payment Type	_____	
Clerk's Initials	_____	Cashier's Initials	_____	

To complete the sections below, please follow the instructions provided on Page 1.

<b>1. Birth Records</b>		<b>Copy Total:</b> _____	<input type="checkbox"/> <b>Consular Report of Birth Abroad (FS-240)</b>		<input type="checkbox"/> <b>Panama Canal Zone Birth Certificate</b>	
a. Full Name of Subject at Birth		First _____	Middle _____	Last _____	Suffix _____	
b. Other Names Used by Subject _____						
c. Date of Birth (mm-dd-yyyy) _____			d. Place of Birth (City, State/Country) _____			
e. Full Name Parent/Legal Guardian 1		First _____	Middle _____	Last _____	Suffix _____	
f. Citizenship Parent/Legal Guardian 1 _____						
g. Full Name Parent/Legal Guardian 2		First _____	Middle _____	Last _____	Suffix _____	
h. Citizenship Parent/Legal Guardian 2 _____						
i. U.S. Passport Book Information		Book Number _____	Issued Date (mm-dd-yyyy) _____	Expired Date (mm-dd-yyyy) _____	_____	
j. U.S. Passport Card Information		Card Number _____	Issued Date (mm-dd-yyyy) _____	Expired Date (mm-dd-yyyy) _____	_____	
k. Document Control Number (If Known)		159-				

<b>2. Death Records</b>		<b>Copy Total:</b> _____	<input type="checkbox"/> <b>Consular Report of Death Abroad</b>		<input type="checkbox"/> <b>Panama Canal Zone Death Certificate</b>	
a. Full Name of Deceased		First _____	Middle _____	Last _____	Suffix _____	
b. Date of Birth (mm-dd-yyyy) _____			c. Date of Death (mm-dd-yyyy) _____			
d. Place of Death (City, State/Country) _____						

<b>3. Marriage Records</b>		<b>Copy Total:</b> _____	<input type="checkbox"/> <b>Certificate of Witness to Marriage Abroad (Pre 1989)</b>			
a. Full Name of Groom/Spouse		First _____	Middle _____	Last _____	Suffix _____	
b. Full Maiden Name of Bride/Spouse		First _____	Middle _____	Last _____	Suffix _____	
c. Date of Marriage (mm-dd-yyyy) _____			d. Place of Marriage (City/State/Country) _____			

<b>4. Other Services</b>	
<input type="checkbox"/> <b>Apostille</b>	<input type="checkbox"/> <b>Amendment to Consular Report of Birth Abroad</b> <i>Must submit proof to support some change(s) requested. Visit travel.state.gov for more details.</i>
Which country do you need the apostille?	Select all that apply: <input type="checkbox"/> Name Change <input type="checkbox"/> Adoption <input type="checkbox"/> Gender Change <input type="checkbox"/> Paternity <input type="checkbox"/> Error Correction
	<input type="checkbox"/> Other (Explain): _____

<b>5. Requestor's Information</b>		<b>Note:</b> If the subject of the record(s) you are requesting is a minor and you are not the minor's parent, you must include a copy of supporting evidence of custody, such as a court order with this form.			
a. Requestor's Full Name		First, Middle, Last, Suffix _____			
b. Mailing Address		Number/Street/PO Box _____		City _____	State/Country _____
c. Contact Information		Telephone _____	Email _____		
d. Relationship to Document Subject		<input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Legal Representative <input type="checkbox"/> Other (Specify) _____			

<b>6. Shipping Options (check one)</b>	<input type="checkbox"/> USPS First Class 1-2 weeks. No additional cost. <input type="checkbox"/> UPS Overnight Delivery - Visit travel.state.gov for current shipping fees.
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**7. Oath/Affirmation. STOP HERE.** This section must be signed before a notary public or other person authorized to administer oaths.

OATH: I solemnly swear (or affirm) that the above information given by me is true and correct to the best of my knowledge and belief.

\_\_\_\_\_ Subject/Document Holder's Signature (Must be 18 years or older)

\_\_\_\_\_ Requestor's Signature (If other than the document holder/self)

Subscribed and Sworn to (Affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (SEAL)

\_\_\_\_\_ Name and Title of Administering Official

<b>ATTACH TO THIS REQUEST:</b> 1. Requestor's Photocopied Government Issued Photo ID (front and back) 2. Payment (\$50 per copy) 3. Other evidence as requested on this form. (e.g., court order of guardianship) (Visit travel.state.gov for more information)	<b>WHERE DO I MAIL THIS REQUEST?</b> U.S. Department of State Passport Vital Records 44132 Mercure Circle PO Box 1213 Sterling, VA 20166-1213
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