

Pictorial Checklist to Complete Consular Report of Birth Abroad Application

December 2018

Requirement 1

1. Complete (but unsigned) Application for Consular Report of Birth Abroad form (DS-2029)
2. Provide complete information of your child in section 1 till 4.
3. Provide complete parental information in section 5 till 19
4. Provide marital information in section 20 till 23
5. List in detail the periods and places of the U.S. Citizen parent(s) physical presence and residence in the United States prior to the child's birth. Please be as precise as possible in section 24 of DS-2029. The physical presence in the United States must be at least 5 years or more out of which 2 years must be after the age 14.

U.S. Department of State
APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD
OF A CITIZEN OF THE UNITED STATES OF AMERICA
OMB NO. 1425-0011
EXPIRES: 03/31/2019
Estimated Burden: 20 minutes

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

(Last/Surname) (First) (Middle)

2. Sex ☐ M ☐ F
3. Date of Birth ____/____/____
(month) (day) (year)
4. Place of Birth

(City) (State/Province) (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	INFORMATION ON MOTHER/FATHER/PARENT
5. Full Name _____ (Last/Surname) (First) (Middle)	11. Full Name _____ (Last/Surname) (First) (Middle)
6. All Previous Legal Names Used _____ (Last/Surname) (First) (Middle)	12. All Previous Legal Names Used _____ (Last/Surname) (First) (Middle)
7. Sex <input type="checkbox"/> M <input type="checkbox"/> F 8. Date of Birth ____/____/____ (month) (day) (year)	13. Sex <input type="checkbox"/> M <input type="checkbox"/> F 14. Date of Birth ____/____/____ (month) (day) (year)
9. Place of Birth _____ (City) (State/Province) (Country)	15. Place of Birth _____ (City) (State/Province) (Country)
10. Current Physical Address (Do not list P.O. Box) (A.P.O. Address Permitted) _____ (Address Line 1) _____ (City, State/Province, Country, Postal Code) _____ (Phone Number(s)) _____ (Email Address)	16. Current Physical Address (Do not list P.O. Box) (A.P.O. Address Permitted) _____ (Address Line 1) _____ (City, State/Province, Country, Postal Code) _____ (Phone Number(s)) _____ (Email Address)
Use this address if Consular Report of Birth will be mailed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Use this address if Consular Report of Birth will be mailed? <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Mailing Address (if different from Current Physical Address) (Do not list a P.O. Box.) (You may list an A.P.O. address) _____ (Address Line 1)	18. Mailing Address (if different from Current Physical Address) (Do not list a P.O. Box.) (You may list an A.P.O. address) _____ (City, State/Province, Country and Postal Code)

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(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

18. Citizenship
Were you a U.S. citizen or U.S. Non-Citizen National when the child was born?
☐ Yes ☐ No

(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

19. Citizenship
Were you a U.S. citizen or U.S. Non-Citizen National when the child was born?
☐ Yes ☐ No

MARITAL STATUS OF THE PARENTS

20. Were you married to the child's other biological parent when the child was born? ☐ Yes ☐ No

21. Date and Place of Marriage to the child's other biological parent and current status
____/____/____
(month) (day) (year) (City) (State/Province) (Country)
☐ Still Married ☐ Divorced ____/____/____
(month) (day) (year) ☐ Death ____/____/____
(month) (day) (year)

(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

22. Please list any other marriages (Show Name(s) of Spouse(s), Dates and Current Status) if applicable (Death, Divorce, Still Married). If you have never been married, enter "None." (If additional space is needed, please use the Section D Continuation Sheet)

(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

23. Please list any other marriages (Show Name(s) of Spouse(s), Dates and Current Status) if applicable (Death, Divorce, Still Married). If you have never been married, enter "None." (If additional space is needed, please use the Section D Continuation Sheet)

24. Precise Periods of Time in United States
(if additional space is needed, please use the Section D Continuation Sheet)

Place (City, State)	Date (month-day-year)	Date (month-day-year)
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

25. Precise Periods of Time in United States
(if additional space is needed, please use the Section D Continuation Sheet)

Place (City, State)	Date (month-day-year)	Date (month-day-year)
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

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6. If the child is born out of wedlock and U.S. citizen parent(s) is unable to attend the interview, complete and sign section 28 in page 3 in front of Notary public in the U.S. or at U.S. Embassy overseas. A local overseas notary is not acceptable.

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7. If the child is born in wedlock and U.S. citizen parent(s) is unable to attend the interview, complete and sign section 29 in page 4 in front of Notary public in the U.S. or at U.S. Embassy overseas. A local overseas notary is not acceptable.

(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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Type Name and Title of Official	Signature of Official	City
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Date <input type="text"/> / <input type="text"/> / <input type="text"/> (month) (day) (year)

Subscribed to: (SEAL) Get it sealed

30. Approval of Consular Report of Birth

<input type="text"/> (Printed Name of Consular Officer)	<input type="text"/> (Signature of Consular Officer)
<input type="text"/> (Approving Post)	<input type="text"/> / <input type="text"/> / <input type="text"/> (month) (day) (year) (Date of Approval)
	<input type="text"/> (Registration Number)

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Requirement 2

1. Complete (but unsigned) Application for a U.S. Passport DS-11 form ([DS-11](#))

APPLICATION FOR A U.S. PASSPORT
Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1426-0064
OMB EXPIRATION DATE: 09-31-2019
ESTIMATED BURDEN: 65 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 ☐ Both
The 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 ☐ D ☐ O ☐ Dep DOTS
First Middle End # Exp.
2. Date of Birth (mm/dd/yyyy) 3. Sex M F 4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.)
5. Social Security Number 6. Email (info alerts offered at [travel.state.gov](#)) 7. Primary Contact Phone Number
8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.
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)
City State Zip Code Country, if outside the United States
9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)
A. 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.
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 06-2016

2*2 inch photo with White background

Name of Applicant (Last, First, & Middle) Date of Birth (mm/dd/yyyy)

10. Parental Information
Mother/Father/Parent - First & Middle Name Last Name (at Parent's Birth)
Date of Birth (mm/dd/yyyy) Place of Birth Sex U.S. Citizen?
Male Female Yes No
Mother/Father/Parent - First & Middle Name Last Name (at Parent's Birth)
Date of Birth (mm/dd/yyyy) Place of Birth Sex U.S. Citizen?
Male Female Yes No
11. Have you ever been married? Yes No If yes, complete the remaining items in #11.
Full Name of Current Spouse or Most Recent Spouse Date of Birth (mm/dd/yyyy) Place of Birth
U.S. Citizen? Date of Marriage (mm/dd/yyyy) Have you ever been widowed or divorced? Yes No Widow/Divorce Date (mm/dd/yyyy)
12. Additional Contact Phone Number Home Work Cell 13. Occupation (if age 16 or older) 14. Employer or School (if applicable)
15. Height 16. Hair Color 17. Eye Color 18. Travel Plans
Departure Date (mm/dd/yyyy) Return Date (mm/dd/yyyy) Countries to be Visited
19. Permanent Address - If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.
Street/RFD # or URB (No P.O. Box) Apartment/Unit
City State Zip Code
20. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.
Name Address: Street/RFD # or P.O. Box Apartment/Unit
City State Zip Code Phone Number Relationship
21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? Yes No If yes, complete the remaining items in #21.
Name as printed on your most recent passport book Most recent passport book number Most recent passport book issue date (mm/dd/yyyy)
Status of your most recent passport book: ☐ Submitting with application ☐ Stolen ☐ Lost ☐ 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)
Status of your most recent passport card: ☐ Submitting with application ☐ Stolen ☐ Lost ☐ In my possession (if expired)

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


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

DS-11 06-2016

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2. If one or both parents are unavailable to attend the appointment in person, he /she must complete DS-3053 Statement of Consent.
3. Sign it in front of a notary public in the U.S. or at the U.S. Embassy. A local overseas notary is not acceptable.
4. Send the original DS-3053 and a photocopy of the government issued photo identification to be presented during the interview.

 U.S. Department of State
STATEMENT OF CONSENT:
ISSUANCE OF A U.S. PASSPORT TO A MINOR UNDER AGE 16
Attention: Read **WARNING** and **FORM INSTRUCTIONS** on Page 1

OMB CONTROL NO. 1405-0129
OMB EXPIRATION DATE: 08-31-2019
ESTIMATED BURDEN: 20 Minutes

1. MINOR'S NAME			
Last	First	Middle	
2. MINOR'S DATE OF BIRTH (mm/dd/yyyy)		3. THIS AUTHORIZATION IS VALID FOR:	
		<input type="checkbox"/> Passport Book and Card <input type="checkbox"/> Book Only <input type="checkbox"/> Card Only	
4. STATEMENT OF CONSENT To be completed by the non-applying parent or guardian using his/her information when not present at the time the applying parent or guardian submits the minor's application. Statements expire after 90 days.			
I, _____ authorize _____ <small>Print Name (non-applying parent/guardian) Print Name (person applying for minor's passport)</small>			
to apply for a United States passport for my minor child named on this application. My consent is unconditional in regards to passport validity and travel.			
Street Address (non-applying parent)		Apartment	City State Zip Code
() Area Code	Telephone Number		E-mail Address
STOP! YOU MUST SIGN THIS FORM IN FRONT OF A NOTARY.			
OATH: I declare under penalty of perjury that all statements made in this supporting document are true and correct.			
_____ Signature of Non-Applying Parent or Guardian		_____ Date (mm/dd/yyyy)	
NOTE: A clear photocopy of the front and back of the identification you presented to the notary is <u>required</u> with this form.			
5. STATEMENT OF CONSENT NOTARIZATION			
Name of Notary _____ <small>Print Name (Notary Public)</small>			
Location _____ <small>City, State</small>			
Commission Expires _____ <small>Date (mm/dd/yyyy)</small>			
NOTARY SEAL			
Identification Presented by Non-Applying Parent or Guardian: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Other (specify) _____			
ID Number: _____		Place of Issue: _____	
Issue Date (mm/dd/yyyy): _____		Expiration Date (mm/dd/yyyy): _____	
OATH: By signing this document, I certify that I am a licensed notary under laws and regulations of the state or country for which I am performing my notarial duties, that I am not related to the above affiant, that I have personally witnessed him/her sign this document, and that I have properly verified the identity of the affiant by personally viewing the above notated identification document and the matching photocopy.			
Signature of Notary _____		Date of Notarization _____ <small>Date (mm/dd/yyyy)</small>	

Dates must match

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Requirement 3

1. Child's **original hospital birth certificate** and **original Schedule 12 Birth Registration Certificate** issued by the local registrar in each ward office in the Municipality or in the Village Development Committee. Note: Hospital-issued birth certificate differs from hospital to hospital. In the event of difficulty obtaining Schedule 12 certificate from VDC or Ward office, parents are suggested to apply at Kathmandu Metropolitan City office.

Schedule 12 Local Birth Registration Certificate

http://online.docr.gov.np/BirthRegistrationMain/getBirthCertificat...

स्वास्थ्य अस्पतालमा
जन्मको आदर्शमा

अनुसूची-१२ (संलग्न ७-समावेष्टित)
संघीय मामिला तथा सामान्य प्रशासन विभाग
संघीय मामिला तथा सामान्य प्रशासन विभाग

स्थानीय पञ्जीकाधिकारीको कार्यालय
वडा नं. ८, टोखा नगरपालिका
काठमाण्डौ-१, प्रदेश
जन्म दर्ताको प्रमाणपत्र

व्यक्तिगत परिचय नं. [REDACTED] दर्ता मिति: [REDACTED]
पारिवारिक लगत फारम नं.: XXXXX
यस कार्यालयमा खडा गरिएको जन्म दर्ता किताब अनुसार प्रमाणित गरिन्छ कि सूचक [REDACTED] ले भरिएको अनुसूची-२ को सुचना फारम
बमोजिम श्री [REDACTED] को नाती, संयुक्त राज्य अमेरिका, [REDACTED] युएस मा बसे श्री [REDACTED] तथा श्रीमती [REDACTED]
[REDACTED] को छोरा श्री [REDACTED] को मिति वि.सं. [REDACTED] मा [REDACTED] इस्पिटल मा जन्म भएको हो।

नागरिकता लिएको भए
नागरिकता प्रमाणपत्र नं., जारी मिति र जिल्ला:
क बाबुको: [REDACTED] --, संयुक्त राज्य अमेरिका
ख आमाको: [REDACTED] --, संयुक्त राज्य अमेरिका

स्थानीय पञ्जीकाधिकारीको
सही: [REDACTED]
नाम थर: सरिता भण्डारी
मिति: २०७५-०९-१९

फेफेयत - जन्मदर्ता

Schedule-12 (Related with Rule-7)
Government of Nepal
Ministry of Federal Affairs and General Administration
Department of Civil Registration
Office of Local Registrar
Ward No.8, Tokha Municipality
Kathmandu District, 3 Province
Birth Registration Certificate

Personal Id No.: [REDACTED] Date of Registration: [REDACTED]
Family Record Form No.: XXXXX

This is to certify, as per the birth register maintained at this office and the information provided by [REDACTED] in the
information form of schedule-2, that Mr. [REDACTED] son of Mr. [REDACTED] and Mrs. [REDACTED] in the
grandson of Mr. [REDACTED] a resident of UNITED STATES, [REDACTED] U.S. A. was born on, [REDACTED]
B.S. [REDACTED] (C.D.) in [REDACTED] Hospital.

If Citizenship Certificate is issued to:
Citizenship Certificate No., Issued Date and District:
A. Father [REDACTED] --, UNITED STATES
B. Mother [REDACTED] --, UNITED STATES

Local Registrar's
Signature: [REDACTED]
Name: Susha Bhundari
Date: 29-04-2018

Remarks : for birth

Hospital issued Birth Certificate

BIRTH NO: [REDACTED]

BIRTH CERTIFICATE

This is to certify that a male child was born to
Ms. [REDACTED] wife of Mr. [REDACTED]
on [REDACTED] at [REDACTED]
[REDACTED] - Kathmandu, Nepal.
Birth Time: [REDACTED]
Birth Weight: [REDACTED]

Issued date: [REDACTED]

Kathmandu - Nepal, Tel: +977-1-[REDACTED] P.O Box: [REDACTED]
www.[REDACTED].com

Department of Obstetrics & Gynecology

Pictorial Checklist to Complete Consular Report of Birth Abroad Application

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Requirement 4

1. Both Parent's original Photo id as proof of identity and citizenship (any one from below):
 - a. Passport (mostly preferred)
 - b. Naturalization Certificate
 - c. Original Citizenship card and its English translated copy
2. Other Documents:
 - a. One recent color photograph (2 inches by 2 inches) with white background
 - b. Parent's original marriage certificate (if applicable)
 - c. Divorce decree/death certificates for any previous marriages (if applicable)
 - d. Court Orders (if applicable)

If additional documentation is required while adjudicating application, it will be requested during the interview. Additional documentation must be received **within ninety (90) days from the day application was submitted.** If the information is not received or is insufficient to establish entitlement to a U.S. citizenship document, the application may be denied and the original documents will be returned. By law, the passport execution and application fees are non-refundable and payable by U.S. credit card, U.S. cash, or Nepalese rupees.

\$100 Consular Report of Birth Abroad application fee.

\$115 passport application fee.