U.S. Department of State

AFFIDAVIT OF PHYSICAL PRESENCE OR RESIDENCE, PARENTAGE, AND SUPPORT

OMB CONTROL NO. 1405-0187
EXPIRES: 06/30/2023
Estimated Burden: 30 minutes

ABOUT THIS FORM

The form DS-5507, Affidavit of Physical Presence or Residence, Parentage, and Support, is used in adjudicating claims to U.S. citizenship/non-citizen U.S. nationality by birth abroad to U.S. citizen and/or non-citizen U.S. national parents. The form DS-5507 is supporting evidence for a claim to U.S. citizenship/non-citizen U.S. nationality.

INSTRUCTIONS

Note: Part II and III of this document must be signed before a Consular Officer, Passport Specialist, or Designated Consular/Acceptance Agent at the time the oath is sworn. A U.S. Consular Officer or Passport Specialist may require additional evidence of one's biological relationship to one's child and/or evidence of one's physical presence or residence in the United States.

PART I. The affiant (the U.S. citizen/non-citizen U.S. national parent) must complete this section which includes providing the affiant's information as follows:

a. full name
b. marital status
c. U.S. citizen/non-citizen U.S. national status
d. full name, date of birth, and place of birth of your biological child(ren)
e. physical presence or residence in the United States
f. physical presence or residence abroad
g. name of the other biological parent, her/his citizenship status, and physical presence or residence in the United States

PART II. If the biological child(ren) were (was) born out of wedlock and claims acquisition of U.S. citizenship through the father, the child(ren)'s father must sign this section.

PART III. The affiant parent must sign this section and provide her/his street address and telephone number.

PRIVACY ACT STATEMENT

AUTHORITY: The Department of State is authorized to collect this information pursuant to 8 U.S.C. §§ 1104(a), 1401, 1408 and 1409, and 22 U.S.C. §§ 211a, 213 and 2705.

PURPOSE: The principal purpose of the information gathered is to assist in determining whether a U.S. national biological parent of a child born abroad or in a United States territory has met the statutory physical presence or residence requirements for his or her child to acquire U.S. nationality at birth; and whether a U.S. national father of a child born abroad out of wedlock has met additional requirements of8 U.S.C. § 1409(a) in relation to biological parentage and legal relationship with and financial support of his child born abroad out of wedlock, in order for such child to acquire U.S. citizenship at birth.

ROUTINE USES: The information solicited on this form may be made available to Federal government entities such as the Social Security Administration, the Department of Homeland Security, and Department of Justice, in connection with determinations of citizenship status, administration of federal benefits, and law enforcement purposes as
set forth in the System of Records Notices for Overseas Citizens Services Records and Other Overseas Records, State-05, 81 FR 62235-62239 (2016); Passport Records, State-26, 80 FR 15653 (2015); and the Department-wide Prefatory Statement of Routine Uses, 73 FR 40649-40651 (2008). Information also can be made available to appropriate federal, state, local or foreign government entities, such as state law enforcement agencies, state prosecutors, judicial staff, and Interpol, in connection with law enforcement, safety, welfare and related matters, as set forth in the aforementioned System of Records Notices. Furnishing the information on this form is voluntary; however, failure to furnish the requested information may delay or prevent you from documenting your child as a U.S.

WARNING

False statements made knowingly and willfully in applications for citizenship documentation or affidavits and other supporting documents are punishable by fine and/or imprisonment under the provisions of 18 USC 1001 and other applicable criminal statutes.

PAPERWORK REDUCTION ACT (PRA) STATEMENT

Public reporting burden for this collection of information is estimated to average 30 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: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 44132 Mercure Cir, P.O. Box 1199, Sterling, VA 20166-1199.

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RESET

It is not expected that a transmitting U.S. citizen parent who completes the Form DS-2029 would also be required to complete this form.

PART 1
(All affiants please complete Part I)

I, _____ do solemnly swear (or affirm):
Name

That I am a U.S. citizen/U.S. non-citizen national by: *(choose one)*

1) birth in _____ **on** _____
City/Town, State in the United States *Date (mm-dd-yyyy)*

2) naturalization on _____ before the _____
Date (mm-dd-yyyy) *Name of Court or USCIS Office and U.S. State*

3) birth abroad on _____ to U.S. citizen(s) or U.S. non-citizen national(s) in _____
Date (mm-dd-yyyy) *Country*

That I am (*choose all that apply*) ☐ Married ☐ Previously Married ☐ Single

Married on _____ to _____ in _____
Date (mm-dd-yyyy) *Name* *Country*

If terminated, list date and manner of termination (*e.g. death or divorce*) or enter N/A. (*Please use a separate sheet to list additional marriages and marriage termination.)*

That I am the biological parent of: *(continue on a separate sheet, if necessary)*

Name of Child	Date of Birth *(mm-dd-yyyy)*	Place of Birth

That I have been physically present or have had a residence in the United States as follows: *(continue on a separate sheet, if necessary)*

Place *(City, State)*	Date *(mm-dd-yyyy)*	Date *(mm-dd-yyyy)*	Purpose *(Indicate purpose(s) of stay: vacation, family visit, business trip, studies, employment, residence, etc.)*
	From	*To*	
	From	*To*	
	From	*To*	
	From	*To*	
	From	*To*	

Note: If claiming a **residence** in the United States during any of the above periods, please also provide in the Place block above the address (street and house or apartment number) in which this was your principal actual dwelling place (place of general abode). You may be asked to provide supporting evidence with respect to your residential address. Examples of documents that can help demonstrate residence include, but are not limited to: property rental leases and payment receipts; deeds; utility bills; property tax records; automobile registrations; professional licenses; employment records or information; income tax records; stamped school transcripts; military records; income records, including W-2 salary forms; vaccination and medical records.

That I have been physically present or have had a residence abroad as follows: *(continue on a separate sheet, if necessary)*

Place *(City, Country)*	Date *(mm-dd-yyyy)*	Date *(mm-dd-yyyy)*	Purpose *(Indicate purpose(s) of stay: vacation, family visit, business trip, studies, employment, residence, etc. If working abroad, provide the name of employer. Specify if in U.S. government employment or military service or on orders as a dependent.)*
	From	*To*	
	From	*To*	
	From	*To*	
	From	*To*	
	From	*To*	

That the other biological parent of the above-named child/children for whom this application for a Consular Report of Birth Abroad and/or U.S. passport is being filed is: _____
Name

☐ Is a citizen or national of the U.S. ☐ Is not a citizen of the U.S.

If the other parent is a U.S. citizen/U.S. non-citizen national it is by: *(choose one)*

1) birth in _____ on _____
City/Town, State in the United States *Date (mm-dd-yyyy)*

2) naturalization on _____ before the _____
Date (mm-dd-yyyy) *Name of Court or USCIS Office and U.S. State*

3) birth abroad on _____ to U.S. citizen(s) or U.S. non-citizen national(s) in _____
Date (mm-dd-yyyy) *Country*

The other biological parent has been physically present or has had a residence in the United States as follows:
(PROVIDE ONLY IF THE OTHER PARENT IS A U.S. CITIZEN OR U.S. NON-CITIZEN NATIONAL) (See Note on previous page about Address information to be provided if claiming a residence in the United States. Continue on a separate sheet, if necessary)

Place *(City, State)*	Date *(mm-dd-yyyy)*	Date *(mm-dd-yyyy)*	Purpose *(Indicate purpose(s) of stay: vacation, family visit, business trip, studies, employment, residence, etc.)*
	From	*To*	
	From	*To*	
	From	*To*	
	From	*To*	
	From	*To*	

PART II
(ALL U.S. National Fathers of a Child Born Abroad Out of Wedlock)

PLEASE STOP HERE! Part II of this document must be signed before a Consular Officer, Passport Specialist, or Designated Consular/Acceptance Agent at the time the oath is sworn.

I am the biological father through who such child is claiming U.S. citizenship. I agree to provide financial support for such child until he/she reaches the age of eighteen years.

_____
Signature of Affiant

SUBSCRIBED AND SWORN (AFFIRMED) before me this _____ day of _____ , _____ .

[SEAL]

_____
Signature and Title of Consular Officer, Passport Specialist or Designated Consular/Acceptance Agent Administering Oath

PART III
(Oath: To be completed by all affiants)

PLEASE STOP HERE! Part III of this document must be signed before a Consular Officer, Passport Specialist, or Designated Consular/Acceptance Agent at the time the oath is sworn.

A U.S. Consular Officer or Passport Specialist may require additional evidence of one's biological relationship to one's child and/or evidence of one's physical presence or residence in the United States.

I solemnly swear (or affirm) that all the statements contained in 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 his/her/their claim to U.S. citizenship.

_____ _____
Signature of Affiant *Telephone Number*

_____
Present Street Address

_____ _____ _____ _____
City *State* *Country* *Zip Code*

SUBSCRIBED AND SWORN (AFFIRMED) before me this _____ day of _____ , _____

at _____ .

[SEAL]

_____
Signature and Title of Administering Officer