



Newborn Checklist

for RAF Croughton, Fairford & Welford

BEFORE BABY

- Attend Bundles for Babies
(Schedule with MFRC at 01280 70 8158)
- Review Delivery Options & OB Packet
- Sign up for Childcare on MilitaryChildCare.com
- Sign up for WIC Overseas
(Call for more information at 01280 70 8248)

AFTER BABY | COMPLETE AS SOON AS POSSIBLE

- UK Long Form Birth Certificate *(No later than 42 days after birth)*
- Enroll in DEERS
(Schedule with CSS at 01280 70 8354) *(Complete **ASAP** after birth)*
- Enroll in TRICARE
(For questions call 01280 70 8303) *(No later than 90 Days after birth)*
- Circumcision for males *(No later than 30 Days after birth)*

THIS SECTION MUST BE COMPLETED BEFORE BOOKING WITH CSS

- Application for Consular Report of Birth Abroad
 - Application for U.S. Official Passport
 - Application for U.S. Tourist Passport
 - Application for Social Security Number
- Book appointment with CSS to process paperwork
(Schedule with CSS at 01280 70 8354)
- Update Dependent OHA & COLA with Finance
(Schedule appointment by calling 01280 70 8337)



**DEPARTMENT OF THE AIR FORCE
501ST COMBAT SUPPORT WING (USAFE)**

June 2023

MEMORANDUM FOR EXPECTANT MOTHERS

FROM: 501 CSW/SGH

SUBJECT: Obstetrical (OB) Care

1. Congratulations on your pregnancy! The Family Health Clinic Team at the 422d MDS want to make sure that you and your baby are as healthy as possible during your pregnancy. The information on the following pages will help to familiarize you with routine pregnancy (OB) care options. Please read thoroughly and keep for future reference.
2. If you are pregnant during the “flu” season (December to March), vaccination is highly recommended to prevent complications from the flu. If you are an active duty service member, this vaccine is required. The flu vaccine does not contain the live virus and is considered to be safe throughout pregnancy.
3. COVID-19 continues to be a concern for pregnant women and their unborn babies. The disease is caused by a virus called SARS-CoV-2 and is transmitted by respiratory droplets. Best practices for protection including good handwashing, social distancing and obtaining COVID-19 vaccinations. Please visit the CDC website at www.cdc.gov/coronavirus for additional information or contact the clinic with any questions.
4. The nurses at RAF Croughton Military Treatment Facility (MTF) will place a consult for your OB care. Options for OB care and delivery include:
 - a. RAF Lakenheath (RAFL) is the nearest MTF offering OB care and delivery. If you decide to deliver there, please inform your primary care team nurse in order for a consult to be placed.

***Note that your first appointment (apt) at RAFL will be to fill out pre-natal paperwork and have additional lab work drawn. A first trimester ultrasound apt will also be booked, to include scheduling you for the New OB Orientation Class. This class is mandatory for all patients referred to the OB/GYN clinic for Obstetrical Care at RAFL. Upon completion of the class, you will be scheduled for your initial one-on-one appointment.
 - b. Several off-base maternity care services are located around RAF Croughton. For facilities near you, please check this website and select your preferred facility at: <http://www.tricare-overseas.com>. Please contact the referral management office at DSN 236-8721 or COMM 01280-70-8721 to inform us of your preferred facility if deciding to obtain care off-base for the referral to be placed.
5. At 26-28 weeks of pregnancy, all pregnant patients will need to have a 2-hour glucose tolerance test completed. This test is completed at RAF Croughton’s MTF laboratory by appointment only. Please contact the lab at, DSN 236-8367 or COMM 01280-70-8367 to schedule. This test will check for gestational diabetes. You will be given an instruction sheet during your pregnancy briefing, and will be reminded of instructions when scheduling your test.

LIGHTS THE WAY

6. After delivery, regardless of location, several administrative tasks are needed to get your infant empaneled to the 422d Medical Squadron at RAF Croughton and to ensure the baby is covered by your healthcare insurance.

- a) You will need to take the Certificate of Birth from the hospital to the Command Support Staff (CSS) Bldg 201 on Croughton to enroll your infant in DEERS.
- b) Following enrollment you will be given paperwork for automatic command sponsorship to complete.
- c) Next, your infant needs to be enrolled in TRICARE located at the 422d Medical Squadron, Bldg 56, on the second floor.
- d) Once empaneled please call the RAF Croughton's patient appointment line, DSN 236-8737 or COMM 01280-708737, to schedule a 2 week infant check with the PCM.

You can plan for the following clinic visits with the Family Health Clinic for your child;

- a. **Well Child Check ages: 2-4 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, and 18 months. Yearly from age 2-18 years.**

7. Routine circumcision of newborn males is not performed at UK facilities. Elective circumcisions are performed at RAF Croughton between the ages of 1-30 days.

- a) Once enrolled at the 422d MDS (see above instruction), please call the apt line, DSN 236-8737 or COMM 01280-70-8737, to be scheduled for a circumcision appointment. The PCM nurse will contact you for further instruction. In order to ensure an apt is scheduled during this small time frame (1-30 days after birth), we recommend you contact the Family Health Clinic as soon as possible after your son is born. We also ask you schedule the 2 week Well Child Check at the same time of this call.
- b) Infants over the age of 30 days will need to have the circumcision procedure performed by a urologist at RAF Lakenheath.

8. The Air Force Medical Service has developed a website to help keep you informed about pregnancy and what you can do to help have the best possible outcome. You can find it at www.dodparenting.org. The Period of Purple Crying is another website developed to help you understand your baby's crying. You can get more information and download the app at: www.PURPLEcrying.info.

9. RAF Lakenheath offers a New Parent Support program open to all RAF Croughton parents and parents-to-be, no matter where the baby is born. Classes include Baby Basics and Dad's Class. Office visits can also be coordinated for times that you may already be at RAF Lakenheath. They offer info on growth and development, advice on parenting skills, or just a supportive ear. Please call the office 1-2 weeks ahead of time to coordinate. To find out more information about the classes and services they offer, please contact them at DSN 226-8070 or COMM 01638-52-8070.

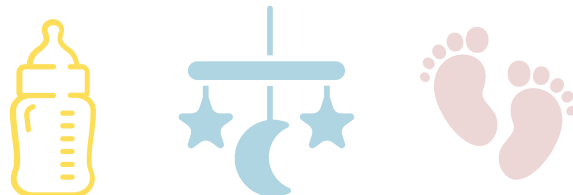
10. The Military and Family Readiness Center (M&FRC) on RAF Croughton has Bundles for Babies which is offered quarterly and has great information for new parents. Please call DSN 236-8518 or COMM 01280-70-8518 to schedule.

11. WIC-Overseas is a program that offers nutritional advice as well as vouchers that can be used at the Commissary for certain foods for families who meet the income guidelines. Please call their office at DSN 236-8248 or COMM 01280-708248 for more information.

11. This is just a brief summary of the care that you will receive and what's available to you. Please ask/call if you have any other questions. Thank you and our best wishes for a healthy happy pregnancy.

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EMILY M CULLINEY, Lt Col, USAF, MC
Medical Director/Physician



Storknesting at Lakenheath

RAF Lakenheath is the nearest Military Treatment Facility offering OB care and delivery. If you would prefer to be seen at the MTF instead of a local OB, please review the information on storknesting.

Please note that all of your OB care will be at RAF Lakenheath if you choose to storknest.

Storknesting will begin around the 38 week mark

ORDERS: You will need a letter from the OB clinic at RAFL stating that you are eligible for storknesting. Discuss this with your current provider and they can help you through the process.

Eligibility Letter: It will be your responsibility to arrange for lodging as soon as you know you will be storknesting. Speak with your provider to receive an eligibility letter.

Lodging on base is only required to provide room for the storknesting patient, so if you intend to bring your family, please be aware that family accommodations may not be available.

Your provider and RAFL OB Clinic will need to know that you plan on storknesting as soon as possible so they can initiate your orders and make necessary arrangements.

For any questions, please speak to your current provider.

Important phone numbers:

OB Clinic at RAFL: 226-8427 | 01638 52 8427

L&D at RAFL: 226-8386 | 01638 52 8386

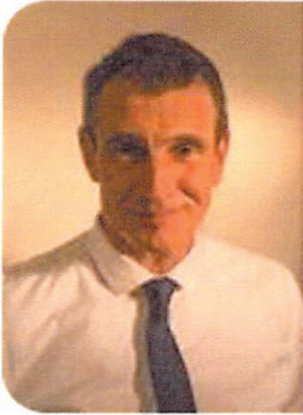
Postpartum at RAFL: 226-8425 | 01638 52 8425

Lodging at RAFL: 226-6700 | 01638 52 2303

TRICARE at RAFL: 226-8688 | 01638 52 8688

PRIVATE PREGNANCY CARE IN OXFORD:

Mr Lawrence Impey



He has been a Consultant in Obstetrics and Fetal Medicine in Oxford since 2001. He is Director of Subspecialty Training in Maternal and Fetal Medicine, Clinical Lead for High Risk Services in Oxford and Clinical Lead for the Oxford AHSN Maternity and Fetal Medicine Networks.

Mr. Impey largely works within the NHS, he also undertakes private pregnancy work in the form of ultrasound scanning, fetal medicine, and also private pregnancy care.

OB Provider's at John Radcliffe:

Mr. Lawrence Impey

Dr. Christos Ioannou

To make an enquiry or schedule an appointment, please call: 01865 751697

Or email: bronwen.meredith@ouh.nhs.uk



Rx BREAST PUMP PRESCRIPTION

Fax completed prescription to 866-430-7882

Date:

Name of Mother*: _____ DOB: _____

Name of Baby*: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Primary Insurer: _____ Insurance #: _____

Secondary Insurer: _____ Insurance #: _____

E-Mail: _____

*Benefits vary by insurer and plan, including by whom and for whom prescriptions must be written. For help completing this form, please contact us at 866-255-6779.

ELECTRIC BREAST PUMP

Individual Electric Breast Pump (purchase pump) (E0603)

Breast Pump Accessory Kit

Tubing for breast pump (A4281), Cap for breast pump (A4283), Breast shield and splash protector (A4284), Polycarbonate bottle for use with breast pump (A4285), Locking ring for breast pump (A4286).

Reason (check all that apply)

Encounter for care and examination of lactating mother (Z39.1)

Other: _____

Date Needed _____ Time Needed (if needed for discharge) _____

Length of Need

_____ (number of) months **OR** Indefinite / as long as breastfeeding

AUTHORIZATION

CULLINEY.EMILY
M.1143696843
Digitally signed by
CULLINEY.EMILY.M.1143696843
Date: 2023.06.26 11:00:24
+01'00'

SIGNATURE: _____ **(MD)** DO / NP / CNM / PA

Printed name: Emily M . Culliney , MD

Address: RAF Croughton

Phone #: 01280 708737

Fax #: 01280708738

NPI #: 1285816710

OR include
PROVIDER
STAMP or
LABEL for
contact info





The Breastfeeding Shop

How to order your breast pump & supplies:

1. Go to www.thebreastfeedingshop.com

ORDER A BREAST PUMP NOW!

2. Click
3. Fill out order form
4. Upload your prescription under prescription information
5. Provider information:
 - a. Emily Culliney, MD
 - b. Wesley Parker, PA-C
 - c. Phone # 0128-070-8737
6. Contact clinic with any questions (0128-070-8737)

What to Pack for the British Hospital

The following are suggested items from women who have given birth at British hospitals. Please check with your OB provider for specific items you may need.

For Mom:

- Night gown
- Loose fitting gown for delivery
- Bathrobe
- Slippers
- Underwear
- Support/Nursing bras
- Toiletries (soap, shampoo, toothpaste, deodorant, etc.)
- Hair brush/comb
- Sanitary napkins (10 for each day stay- maxi size)
- Tissue (Kleenex)
- Lip balm (Vaseline)
- Pen/pencil
- Notebook
- Plastic bag or carrier for dirty clothes
- Comfortable/loose clothing for going home

If you take medication daily, give it to the midwife when checking in for delivery

For Baby

- Baby clothes
- Baby soap/bath soap
- Diapers
- Cotton balls
- Zinc cream/barrier cream (to prevent diaper rash)
- Formula and sterilized bottles (hospital does not provide formula)

Infant car seat – it's the law

This Department of Defense (DoD) program makes it easier to find the child and youth care your family needs.

Now military and DoD civilian families can search for child and youth care options through a single website.

Using **MilitaryChildCare.com**, you can find comprehensive information on child care programs worldwide, conduct a customized search for the care you need, and submit a request for care at any time and from any location.

**MILITARY
CHILDCARE dot COM**

By improving and simplifying the child care search process, **MilitaryChildCare.com** helps you to make better informed decisions about your child care needs.

To get started, visit:
MilitaryChildCare.com
For questions/support, call:
855.696.2934

Just follow the four simple steps outlined inside.
It's literally that easy.



**MILITARY
CHILDCARE dot COM**

INTRODUCING
MilitaryChildCare.com



We care for
your children
while you protect America

How does
it work?

STEP
1 **CREATE ACCOUNT**

Go to MilitaryChildCare.com to create an account containing information about your family, or to login using an existing username and password.

This simple step establishes your user ID for the child care system, allowing you to take advantage of its many benefits for your family.

STEP
2 **SEARCH *and* REQUEST CARE**

Search the system for the child care options that best fit your needs and submit your requests for care.

MilitaryChildCare.com gives you access to a powerful search engine to locate facility-based or in-home child care options. Enter the search criteria that pertain to your family's needs, and refine your search at any time. Select one or more options and then submit your requests for care. The program will contact you when space becomes available.

STEP
3 **MANAGE MY REQUESTS**

You can manage your requests for care from anywhere in the world.

You can always log onto MilitaryChildCare.com to review the status of your requests, change information related to your requests, and cancel requests that are no longer needed.

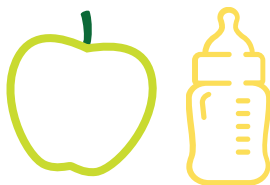
STEP
4 **UPDATE MY PROFILE**

Keep your *My Profile* page up-to-date with important information.

My Profile stores information entered during the create account process, including sponsor name, contact information, and child name and date of birth. Log onto MilitaryChildCare.com to update your profile at any time. It is important to keep your email and phone number current, so when an offer is made programs can reach you.

It's that easy!





WIC Overseas

Women - Infants - Children

The Women, Infants and Children (WIC) Overseas Program provides several important benefits that help you and your family lead healthier lives.



Program services are provided to eligible participants overseas:

Active Duty Military
and their Dependents

DoD Civilian Employees
and their family members

DoD Contractors
and their family members

RAF Croughton Office
Open Wednesdays 0900-1600

DSN: 236-8248 | CIV: 01280 70 8248

RAF Lakenheath Office
Make an appointment for service

DSN: 226-1728 | CIV: 01638 521 728



UK Long Form Birth Certificate

Complete this step first after baby



- Get British Birth Certificate either in the hospital or at Registrar's office. The birth needs to be registered within 42 days. You will need the long form/full birth certificate that includes the parent's names for the following steps.
Cost is 11 GBP.

This step must be completed to enroll into DEERS, TRICARE, and to receive your CRBA.

Baby born in Cambridgeshire (Hitchinbrook/Addenbrooks):

Schedule an appointment online at <https://secure1.zipporah.co.uk/Registrars.Cambridge.Live/BirthBookingProcess> or call 0345 045 1363
Lines open Monday to Friday 8am to 6pm and Saturday 9am to 1pm - excluding Bank Holidays).

Baby born at RAF Lakenheath:

Schedule an appointment online at www.suffolk.gov.uk/births-deaths-and-ceremonies/how-to-register-a-birth or call 0345 6072060 for Bury St Edmunds (other pick up locations include Ipswich, Stowmarket, Woodbridge, Saxmundham, Sudbury, Haverhill, Lowestoft, Newmarket and Felixstowe).

UK Long Form Birth Certificate Continued

Baby Born in Oxfordshire:

Please schedule an appointment at www.oxfordshire.gov.uk/residents/community-and-living/births-deaths-and-ceremonies/births/registering-birth or call 0345 241 2489. You can register the birth at any of the Oxfordshire Registration Offices <www.oxfordshire.gov.uk/residents/community-and-living/births-deaths-and-ceremonies/registration-offices> located in Abingdon, Banbury, Bicester, Didcot, Henley, Oxford or Witney.

Baby born in Gloucestershire:

Please schedule an appointment at <https://www.gloucestershire.gov.uk/births-marriages-deaths-and-civil-partnerships/register-a-birth/> or call 01452 425060 (option 2). You can register birth in Cheltenham, Charlton Kings, Gloucester, Stroud, Cinderford, Cirencester, Moreton-in-Marsh, Tewkesbury and Quedgeley.

Baby born in Wiltshire:

To book an appointment please contact the appointment telephone line at 0300 003 4569. Appointments can be made at our Chippenham, Devizes, Salisbury and Trowbridge offices. More info under <https://www.wiltshire.gov.uk/article/1491/Register-a-birth>.



It's A Boy!

Process for circumcisions in the UK

UK hospitals DO NOT do circumcisions after a child is born!

They are done at RAF Croughton between the ages of 1-30 days or by a urologist at RAF Lakenheath Pediatric Clinic after 30 days. *(with a referral from child PCM).*

PLEASE FOLLOW THESE STEPS START THE CIRCUMCISION PROCESS

- Obtain a birth certificate from UK hospital prior to being discharged from the hospital.
- Take it to register child in DEERS at the Command Support Staff Office.
- Once in DEERS, Child needs to be enrolled in TRICARE and registered in the medical system. (Located in building 56, ground floor, RAF Croughton.)
- Once these steps are completed and you are enrolled with 422d MDS, call the appointment line to be scheduled.
- Contact the Family Health Clinic as soon as possible after birth to ensure that an appointment is scheduled within the 1-30 day timeframe.**

If you have any questions about circumcisions or the process, please call 236-8737 | 01280 70 8737

NEWBORN PACKAGE

Consular Report of Birth Abroad, Tourist Passport, Social Security Number

RAF Croughton, Bldg 201. Hours of Operation: T/TH 0830-1500. APPOINTMENTS ONLY

Please email: 422abs.css@us.af.mil or call 236-8324 to make an appt.

Items required for a Consular Report of Birth Abroad (CRBA):

	Completed DS-2029 APPLICATION FORM- (Physical address listed) https://eforms.state.gov/Forms/ds-2029.PDF
	ONE (1) Copy of both parents' military ID (front & back) FOUO
	ORIGINAL DOCUMENTS are required to be submitted with the application to the Embassy: will be returned <ul style="list-style-type: none">- Original British Birth Certificate (child) Long including THREE (3) photocopy- Original Parents Marriage Certificate including ONE (1) photocopy- Original Divorce Decree or Death Certificate (If previously marriage for all marriages) (If applicable)- Original Any official Name change documentation (if applicable)- Original Parents U.S. Passport/ U.S. Birth Certificates/ U.S. Naturalization Certificates (If parent is NOT a U.S. Citizen then COPY of Foreign Passport can be used)
	TWO (2) Royal Mail Special Delivery Prepaid envelopes from Royal Mail Paid up to 500g stamps (size LARGE)
	Proof of physical presence in U.S. prior to child's birth- ALL PCS orders &/or Proof of Service Letter etc. PCS orders can be found via vMPF→ Orders and Proof of Service →vMPF→Self Service→ Personal Data

Items required for the Tourist Passport:

	DS-11 Application form- (pptform.state.gov ONLY) Page must be single-sided and on letter-size format paper.
	TWO (2) Passport photos -Must be within the last 6 months. Arts & Crafts on base does have the ability to take walk-ins for photos
	ONE (1) copy of both parents military ID (front and back)

Items required for the Social Security Card

	SS-5 Applicaton – https://www.ssa.gov/forms.ss-5.pdf USE YOUR PSC BOX, THE SSN WILL BE MAILED TO YOU
	ONE (1) copy of Signing Parent's passport
	ONE (1) copy of Signing Parent's military ID (front and back) FOUO

Payment

	International Money order payable to " <i>The United States Disbursing Officer</i> " - \$235.00 **can be obtained at <u>Base Post office</u> or <u>Community Bank</u> **
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Both biological parents and the child must be present to apply! If only one parent can attend the appointment, a notarized DS-3053 and notarized copy of photo ID are required from the absent parent. (Link: <https://eforms.state.gov/Forms.ds3053.pdf>)

PLEASE DO NOT SIGN ANY FORMS (You must sign in the presence of a Military Passport Agent)

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Providing Proof of Physical Presence for a CRBA

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DS-11 Example

How to Complete a Newborn Social Security Card Application (SS-5)

SS-5 Example

Newborn Package Visual Help

Emergency Passports/Passport Photos/Royal Mail Envelope

Processing Times and Status Updates

How to Fill Out a CRBA Application

A Consular Report of Birth Abroad may be issued for any U.S. citizen child under the age of 18 who was born abroad and who acquired U.S. citizenship at birth. Only the child's parent(s), legal guardian, the child or person acting in loco parentis may apply on the child's behalf. The application generally must be signed before a U.S. consular officer, a consular agent, or, in the case of the children born in U.S. military hospitals, a designated military official. A Consular Report of Birth Abroad is proof of U.S. citizenship; however, it does not take the place of a passport for travel purposes.

<https://eforms.state.gov/Forms/ds2029.PDF>

Please use the mailing address listed on the Child's U.K. Birth certificate. This is a physical U.K. address. Please do not put your PCS box on this document.

Please read the first 3 instructional pages of the DS-2029 to its entirety for guidance on how to complete the form. Please print ALL 7 pages. We recommend this document be typed. For an example please look at page 4-8

For dates of physical presence, you should provide exact dates where possible.

For example, date of birth should be listed as month and year. The date you arrived in the UK should be an exact date. If you do not know an exact date, then the month and year can be listed but this should be when absolutely necessary. When printing the application form please check that all information is shown.

Please DO NOT Sign the form!!!! Both parents have to sign the form in the presence of a military passport agent.

Note: if you are both U.S. citizens and were married at the time of your child's birth. Only one parent is required to sign the DS-2029

Guidance on filling out a CRBA:

Page 1, Question 17 you must list our office address 422 ABS ATTN: PASSPORT AGENT, RAF CROUGHTON NEAR BRACKLEY, NORTHANTS, NN13 5NQ

Page 2, Question 24 & 25

These dates should start with the parents date of birth (if born in the U.S.), or the first time they entered the U.S. until the first time they left the U.S. and then continue until the child was born, we cannot use any dates after the child's birth. The dates should not overlap at any point, if they arrived overseas on March 9, 2020 then they must list that they were last in the U.S. on March 8, 2020. We are not concerned with moves within the U.S. So if they were born in Maryland and then moved to five different States without leaving the U.S. we only need the one time line. Please do not start with the most recent date and work back; or just put in any dates that just equal the 5 years, as if page one shows they were born in the U.S. in September 1971 and they only list dates starting in March 2010, we will have to bounce the case for correct dates as we must see from the date of birth or date first entered the U.S.

Page 3, Question 26 & 27 If someone was a military dependent born outside the U.S. they would list that in questions 26 and 27, listing Branch/dependent and then list there active duty time under it the times as a dependent. **If you would like you can listed them as USAF/Dep and USAF/AD to help clarify any questions.**



APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD OF A CITIZEN OF THE UNITED STATES OF AMERICA

Registration Number

A. THIS SECTION TO BE COMPLETED BY THE CHILD'S PARENT(S) OR GUARDIAN(S) OR THE CHILD

(Use Section E Continuation Sheet if Additional Space Is Needed)

1. INFORMATION ABOUT THE CHILD

1a. Name of Child in Full

Last/Surname DOE		First JOSHUA	Middle LEE
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1b. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	1c. Date of Birth month: 01, day: 01, year: 2023	1d. Place of Birth City: OXFORD, Country: UNITED KINGDOM
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2. INFORMATION ABOUT MOTHER/FATHER/PARENT

3. INFORMATION ABOUT MOTHER/FATHER/PARENT

NOTE: If the U.S. citizen parent, transmitting citizenship to the child is not present, he or she may complete Form DS-5507 Affidavit of Physical Presence or Residence, Parentage and Support and submit it separately. The parent completing this application need not provide information on the parent completing the Form DS-5507 on this DS-2029 Form but instead should check the box before the following statement below: Please see the accompanying Form DS-5507.

2a. Full Name Last/Surname: DOE, First: JANE, Middle: MARIE	3a. Full Name Last/Surname: DOE, First: JOE, Middle: LEE
--	---

2b. All Previous Legal Names Used Last/Surname: SMITH, First: JANE, Middle: MARIE	3b. All Previous Legal Names Used
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2c. Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	2d. Date of Birth: month: 12, day: 12, year: 1990	3c. Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	3d. Date of Birth: month: 11, day: 11, year: 1991
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2e. Citizenship: Were you a U.S. citizen or U.S. Non-Citizen National when the child was born? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3e. Citizenship: Were you a U.S. citizen or U.S. Non-Citizen National when the child was born? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	--

2f. Place of Birth City: ORLANDO, State/Province: FL, Country: USA	3f. Place of Birth City: LANDSTUHL, State/Province: , Country: GERMANY
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2g. Current Physical Address and Contact Information (Do not list P.O. Box. APO/FPO/DPO permitted) <input type="checkbox"/> Same as mailing address Address: 123 PLACE City, State/Province, Country, Postal Code: TOWCESTER, NORTHAMPTONSHIRE, UK NN12 8AN Phone Number(s): +447260000000, Email Address: MYMILITARYEMAIL@US.AF.MIL	3g. Current Physical Address and Contact Information (Do not list P.O. Box. APO/FPO/DPO permitted) <input type="checkbox"/> Same as mailing address Address: 123 PLACE City, State/Province, Country, Postal Code: TOWCESTER, NORTHAMPTONSHIRE, UK NN12 8AN Phone Number(s): 47260000000, Email Address: MYSPONSOREMAIL@GMAIL.COM
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2h and 3h. Marital Status of the Parents (This item requires a single response regarding both parents)

Were the biological parents married to each other when the child was born? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Date and Place of Marriage to the child's other biological parent: month: 5, day: 5, year: 2020, City, State/Province, Country: OXFORD, UK
Marital Status: <input checked="" type="checkbox"/> Still Married <input type="checkbox"/> Divorced Date: <input type="checkbox"/> Deceased Date:

<p style="text-align: center;"><i>(Continued)</i></p> <p>2. INFORMATION ABOUT MOTHER/FATHER/PARENT 2i. Please list any other marriages (<i>Show Name(s) of Spouse(s), Dates and Current Status</i>) if applicable (<i>Death, Divorce, Still Married</i>). If you have never been married, enter "None." (<i>If additional space is needed, please use the Section E Continuation Sheet</i>)</p>	<p style="text-align: center;"><i>(Continued)</i></p> <p>3. INFORMATION ABOUT MOTHER/FATHER/PARENT 3i. Please list any other marriages (<i>Show Name(s) of Spouse(s), Dates and Current Status</i>) if applicable (<i>Death, Divorce, Still Married</i>). If you have never been married, enter "None." (<i>If additional space is needed, please use the Section E Continuation Sheet</i>)</p>																																																																		
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B. THIS SECTION, IF IT APPLIES (SEE INSTRUCTIONS), MUST BE COMPLETED AND SUBSCRIBED TO BEFORE A CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER PERSON QUALIFIED TO ADMINISTER OATHS

NOTE: Please see the instructions at the beginning of this form for important information.

1. I, _____ do solemnly swear or affirm (*Please draw a line through and initial any statement that is not true.*)
(Name)

I am the father of _____, who was born on _____ in _____
(Name of Child) *(Date of Birth)*
(month/day/year)

(Place of Birth)

I am the child's biological father through whom he/she is claiming U.S. citizenship, and was not married to the child's biological mother at the time of birth.

I agree to provide financial support for this child until he/she reaches the age of eighteen.

(Signature of Affiant)

SUBSCRIBED AND SWORN TO (*AFFIRMED*) before me this _____ day _____

(Signature and Title of Administering Officer) *(Seal)*

C. THIS SECTION MUST BE COMPLETED AND SUBSCRIBED TO BEFORE A CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER PERSON QUALIFIED TO ADMINISTER OATHS

1. 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 _____ Signature of Person(s) Providing Information _____
(Parent, Legal Guardian, Other (Specify))

Type or Print Name and Title of Official _____ Signature of Official _____ City _____ Date (mm/dd/yyyy) _____

Subscribed to: (*SEAL*)

2. APPROVAL OF CONSULAR REPORT OF BIRTH ABROAD

Printed Name of Consular Officer *Signature of Consular Officer*

Approving Post *Date of Approval (mm/dd/yyyy)* *Registration Number*

D. FOR OFFICIAL USE ONLY

1. Documents Presented - Please mark accordingly and provide date of document. If more space is required, list on separate page.

<input type="checkbox"/> Child's Birth Certificate	Date mm/dd/yyyy:	City	Province	Country
<input type="checkbox"/> Marriage Certificate	File Date mm/dd/yyyy:	City	State/Province	Country
	Issue Date mm/dd/yyyy:			
<input type="checkbox"/> Divorce Decree(s)	File Date mm/dd/yyyy:	City	State/Province	Country
	Issue Date mm/dd/yyyy:			
	File Date mm/dd/yyyy:	City	State/Province	Country
	Issue Date mm/dd/yyyy:			
	File Date mm/dd/yyyy:	City	State/Province	Country
	Issue Date mm/dd/yyyy:			
<input type="checkbox"/> Death Certificate(s)	Date mm/dd/yyyy:	City	State/Province	Country
	Date mm/dd/yyyy:	City	State/Province	Country
<input type="checkbox"/> Mother/Father/Parent's Passport	Nationality	Passport Number	Issue Date mm/dd/yyyy	
<input type="checkbox"/> Mother/Father/Parent's Passport	Nationality	Passport Number	Issue Date mm/dd/yyyy	
<input type="checkbox"/> Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate)	Name of the Document	Document Number	Issue Date mm/dd/yyyy	
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<input type="checkbox"/> Other Identity Document of Mother/Father/Parent (e.g. Driver's License)	Name of the Document	Document Number	Issue Date mm/dd/yyyy	
<input type="checkbox"/> Other Identity Document of Mother/Father/Parent (e.g. Driver's License)	Name of the Document	Document Number	Issue Date mm/dd/yyyy	
<input type="checkbox"/> Other (Legal Guardianship; Power of Attorney, etc.)	Name of the Document	Document Number	Issue Date mm/dd/yyyy	
<input type="checkbox"/> DS-5507				

Provide Physical Proof of Presence for CRBA

“Physical Presence” is counted as the time (before the birth of your child) that you were actually within the borders of the United States.

- Usually, physical presence does not need to be continuous, and visits of any length to the U.S. would count towards fulfilling the physical presence requirement;
- Conversely, any travel outside of the U.S. including vacations, must be excluded;
- For purposes of the CRBA, it does not matter whether you were in the US legally or illegally, or whether you were a U.S. citizen or a visitor to the U.S.;
- Time spent overseas for honorable U.S. military service or as the dependent of someone honorably serving in U.S. military often counts, but you will need to provide official records;
- Time spent while employed with the U.S. government or certain international organizations – or as the dependent of someone employed by the U.S. government or certain international organizations – may also count, but you will need to provide official records.

What types of documents **may** show that I was physically present in the U.S.?

You may have documents unique to your case – please feel free to provide them. However, these are current examples:

- Official school transcripts from primary, secondary, or university education
- Current and expired passports (both U.S. and foreign) with evidence of travel to the U.S.
 - o They need to contain both entry and exit into the U.S.
- Military records of honorable service such as a Military Statement of Service (SURF) or DD-214
- Prison Records
- W-2s/ Pay stubs

What types of documents **do not** show I was physically present in the U.S.?

- U.S. Driver’s License
- A diploma without relevant school transcripts
- A lease or mortgage for a residence
- Cellphone records
- General financial statements that do not show your physical U.S. location
- Social Media records that merely mention being the U.S.
- Income tax forms without pay stubs or W-2s

How to Fill Out a Newborn Passport Application

Please complete a DS-11 using the wizard on the following web site:

<https://pptform.state.gov>

Upon completion, select “Create Form” and print the form. Please only print Pages 5 and 6 on US letter size format (no A4 format authorized) and single-sided.

****Note: There will be a bar code on top left corner of page 5. If your form doesn't show this bar code, you will need to re-accomplish. Please see page 9-10 for an example.****

Please DO NOT sign the form!!!!

Both parents have to sign the form in the presence of a military passport agent!

****NOTE:** If one parent or both parents (biological) are unable to attend they must bring a notarized affidavit DS-3053 to the appointment, as well as a notarized copy of the photo ID from the absent parent/s**

<https://eforms.state.gov/Forms/ds3053.pdf>

<https://eforms.state.gov/Forms/ds5507.pdf>



U.S. Department of State

APPLICATION FOR A U.S. PASSPORT

OMB Control No. 1405-0004
Expiration Date: 04/30/2025
Estimated Burden: 85 Minutes

Use black ink only. If you make an error, complete a new form. Do not correct.

Select document(s) for which you are submitting fees:

- U.S. Passport Book U.S. Passport Card Both
- The U.S. passport card is not valid for international air travel. See Instruction Page 3
- Regular Book (Standard) Large Book (Non-Standard)
- The large book is for frequent international travelers who need more visa pages.

1. Name Last

JOSHUA

First

DOE

Middle

LEE

D O S NFR

End, #

Exp.

2. Date of Birth (mm/dd/yyyy)

12 08 2022

3. Gender (Read Instruction Page 1)

M F X Changing gender marker? Yes

4. Place of Birth (City & State if in the U.S. or City & Country as it is presently known.)

OXFORD, UNITED KINGDOM

5. Social Security Number

000 00 0000

6. Email (See application status at passportstatus.state.gov)

MYMILITARYEMAIL@US.AF.MIL

7. Primary Contact Phone Number

447-260-0000000

8. Mailing Address Line 1: Street/RFD#, P.O. Box, or URB

UNIT 4622

Address Line 2: (Include Apartment, Suite, etc. If applicant is a child, write "in Care Of" of the parent. Example: In Care Of - Jane Doe)

IN CARE OF PARENT

City

APO

State

Zip Code

944

(if outside the United States)

9. List all other names you have used. (Examples: Birth Name, Maiden Name, Previous Name, Legal Name Change. Attach additional pages if needed.)

A.

EXAMPLE

STOP! CONTINUE TO PAGE 2
DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian 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/Legal Guardian on Third Signature Line (if identifying minor)

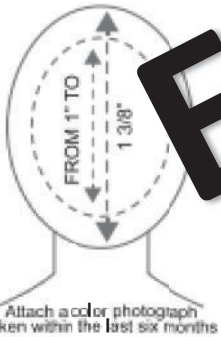
Driver's License State Issued ID Card Passport Military Other _____

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 performed any of the acts listed under "Acts or Conditions" on page 4 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 4 of the instructions to the application form.



Attach a color photograph taken within the last six months

- Acceptance Agent (Vice) Consul USA
- Passport Staff Agent



Signature of person authorized to accept applications

Date

By signing this form, I certify that I have provided the verbal oath and witnessed the applicant's/legal guardian's signature.

Agent ID Number

Print Facility Name/Location

Facility ID Number

Name of courier company (if applicable)

X _____ Applicant's Legal Signature - age 16 and older


X _____ Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

X _____ Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)



DS 11 B 03 2022 1

For Issuing Office Only → Bk _____ Card _____ EF _____ Postage _____ Execution _____ Other _____

Name of Applicant (Last, First, & Middle) JOSHUA, DOE LEE		Date of Birth (mm/dd/yyyy) 12/08/2022	
10. Parental Information			
Mother/Father/Parent - First & Middle Name (at Parent's Birth) JANE		Last Name (at Parent's Birth) SMITH	
Date of Birth (mm/dd/yyyy) 11 19 1990	Place of Birth (City & State if in the U.S. or City & Country as it is presently known) ORLANDO FL	Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F <input type="checkbox"/> X	U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mother/Father/Parent - First & Middle Name (at Parent's Birth) JOE		Last Name (at Parent's Birth) DOE	
Date of Birth (mm/dd/yyyy) 07 25 1988	Place of Birth (City & State if in the U.S. or City & Country as it is presently known) LANDSTUHL, GERMANY	Gender <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. Have you ever been married? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete the remaining items in #11.</i>			
Full Name of Current Spouse or Most Recent Spouse (Last, First & Middle)		Date of Birth (mm/dd/yyyy)	Place of Birth
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Marriage (mm/dd/yyyy)	Have you ever been widowed or divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Additional Contact Phone Number		13. Occupation (if age 16 or older)	14. Employer or School (if applicable)
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		CHILD	
15. Height 1ft. 10in. 16. Hair Color BLONDE 17. Eye Color AMBER			
18. Travel Plans (If no travel plans, please write "none")			
Departure Date (mm/dd/yyyy)		Return Date (mm/dd/yyyy)	Countries to be Visited
19. Permanent Address (Complete if P.O. Box is listed under Mailing Address or if residence is different from Mailing Address. Do not list a P.O. Box.)			
Street/RFD # or URB 123 PLACE			Apartment/Unit
City TOWCESTER, GBR		State	Zip Code NN12 8AN
20. Your Emergency Contact (Provide the information of a person not traveling with you to be contacted in the event of an emergency.)			
Name MISSY SMITH		Address: Street/RFD # or P.O. Box 7 STREET BLVD	
City NEW YORK CITY		State NY	Zip Code 10001
Phone Number 646-123-4567		Relationship GRANDMOTHER	
21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, complete the remaining items in #21.</i>			
Name as printed on your most recent <u>passport book</u>		Most recent <u>passport book</u> number	Most recent <u>passport book</u> issue date (mm/dd/yyyy)
Status of your most recent <u>passport book</u> : <input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired)			
Name as printed on your most recent <u>passport card</u>		Most recent <u>passport card</u> number	Most recent <u>passport card</u> issue date (mm/dd/yyyy)
Status of your most recent <u>passport card</u> : <input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired)			
PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY			
Name as it appears on citizenship evidence _____			
<input type="checkbox"/> Birth Certificate SR CR City Filed:	Issued:	<input type="checkbox"/> Sole Parent	
<input type="checkbox"/> Nat. / Citiz. Cert. USCIS USDC Date/Place Acquired:	A#		
<input type="checkbox"/> Report of Birth Filed/Place:			
<input type="checkbox"/> Passport C/R S/R See #21 #DOI:			
<input type="checkbox"/> Other:			
<input type="checkbox"/> Attached:			
<input type="checkbox"/> P/C of Citz <input type="checkbox"/> P/C of ID <input type="checkbox"/> DS-71 <input type="checkbox"/> DS-3053 <input type="checkbox"/> DS-64 <input type="checkbox"/> DS-5520 <input type="checkbox"/> DS-5525 <input type="checkbox"/> PAW <input type="checkbox"/> NPIC <input type="checkbox"/> IRL <input type="checkbox"/> Citz W/S			
			 DS 11 B 03 2022 2

How to Fill Out a Social Security Number Application

Please complete the application SS-5, Application for Social Security Card on the following website:

<https://www.ssa.gov/online/ss-5.pdf>

See Page 12 for example. The completed form must accompany your birth registration submission and will be returned along with the CRBA certificate and passport.

The Social Security Number may not be issued before the Consular Birth Abroad and the passport are issued.

You may sign this document prior to your appointment.

Application for a Social Security Card

1	NAME TO BE SHOWN ON CARD		First JOSHUA	Full Middle Name LEE	Last DOE	
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last	
	OTHER NAMES USED					
2	Social Security number previously assigned to the person listed in item 1			0 0 0	0 0	0 0 0 0
3	PLACE OF BIRTH <small>(Do Not Abbreviate)</small>	OXFORD <small>City</small>	UNITED KINGDOM <small>State or Foreign Country</small>	Office Use Only <small>FCI</small>	4	DATE OF BIRTH <small>MM/DD/YYYY</small>
5	CITIZENSHIP <small>(Check One)</small>	<input checked="" type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work <input type="checkbox"/> Other (See Instructions On Page 3)				
6	ETHNICITY Are You Hispanic or Latino? <small>(Your Response is Voluntary)</small>	7	RACE Select One or More <small>(Your Response is Voluntary)</small>	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian		
8	SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female				
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH	First JANE	Full Middle Name MARIE	Last SMITH		
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER <small>(See instructions for 9B on Page 3)</small>			1 2 3	4 5	6 7 8 9
10	A. PARENT/ FATHER'S NAME	First JOE	Full Middle Name LEE	Last DOE		
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER <small>(See instructions for 10B on Page 3)</small>			9 8 7	6 5	4 3 2 1
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)					
12	Name shown on the most recent Social Security card issued for the person listed in item 1	First	Full Middle Name	Last		
13	Enter any different date of birth if used on an earlier application for a card			MM/DD/YYYY		
14	TODAY'S DATE 03/23/2023 <small>MM/DD/YYYY</small>	15	DAYTIME PHONE NUMBER	44	726000000	
16	MAILING ADDRESS <small>(Do Not Abbreviate)</small>	Street Address, Apt. No., PO Box, Rural Route No. PSC 50 BOX 0000 City APO State/Foreign Country AE ZIP Code 09494				
17	YOUR SIGNATURE	18	YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:			
		<input type="checkbox"/> Self <input checked="" type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify				
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)						
NPN		DOC		NTI		
CAN		ITV				
PBC	EVI	EVA	EVC	PRA		
NWR			DNR		UNIT	
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW			
			DATE			
			DCL			
			DATE			

Newborn Package Visual Help

Consular Report of Birth Abroad (CRBA)



<p>Completed DS-2029</p>	<p>Child's U.K. Birth Cert +3 copy</p>	<p>Parents U.S. Birth Cert</p> <p>or</p> <p>Any Passports</p>	<p>Copy of Parents Mil IDs</p> <p>money order (\$100)</p> <p>Proof of Physical Presence in U.S. (PCS Orders, Service Letter etc.) see attachment 4</p>
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Tourist Passport



<p>Completed DS-11</p>	<p>Copy of Parents Mil IDs</p>	<p>Two 2x2 Photos</p>	<p>money order (\$135)</p>
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SSN Card



<p>Completed SS-5</p>	<p>Copy of one Parent Mil ID</p>	<p>Copy of one Parent U.S. Passport</p>	<p>Two Royal Mail Envelopes size C-4 (size of documents)</p>
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Emergency Passports

If you are due to PCS **within the next 45 days** we recommend that you make plans to visit the US Embassy. The embassy will only schedule an appointment for you if you are *5 working days from the date of overseas travel*.

Please pay attention to the webpage uk.usembassy.gov for update for contact their email at londonpassports@state.gov for Emergency Passports.

You will be required to bring the long-form birth certificate (stating the name of both parents). Both parents and child must be present during the appointment.

NOTE: If one parent or both parents (biological) are unable to attend they must bring a notarized DS-3053 to the appointment, as well as a notarized copy of the photo ID from the absent parent/s.

<http://eforms.state.gov/Forms/ds3053.pdf>

<https://eforms.state.gov/Forms/ds5507.pdf>

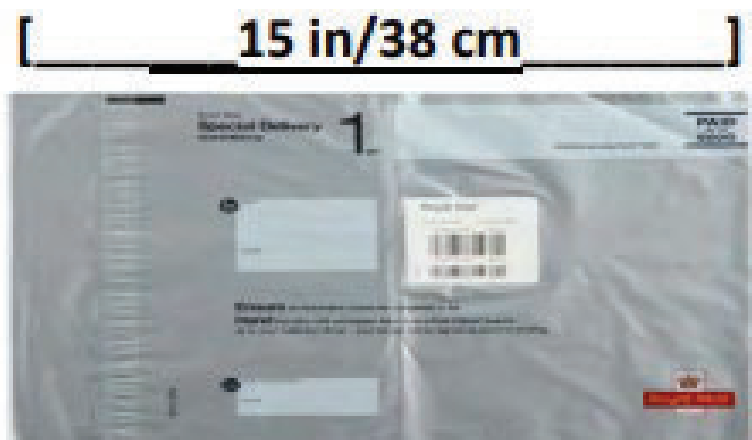
Passport Photos

Two recent passport photos (w/in the last 6 months), measuring 2"x 2" or 5cm x 5cm. The child must be facing front on a white/off white background. The face must be clearly visible and the child's eyes should be open.

Location: Arts and Crafts Bldg. 202 offers passport photos.

Royal Mail Envelope

TWO (2) Royal Mail C4 Special Delivery Prepaid envelopes from Royal Mail Office Paid up to 500gr or about £8 worth of stamps.



Processing Times and Status Updates

Documents are expected to be sent out the Wednesday following your appointment.

Times

- 8-10 weeks to receive the CRBA and Tourist Passport plus Original Docs
- An additional +10 weeks for SSN Card to be mailed to your address.

Status Updates

SSN Status Email Embassy: FBU.London@ssa.gov

CRBA Status Email Embassy: LondonPassports@state.gov

Online Passport Status Website: passportstatus.state.gov

Tourist Passports/CRBAs/Original Docs will be received back to our office once they have been processed. Once we receive your documents, we will email you to pick up your documents from our office. Please feel free to walk-in and pick up your passport/s during our hours of operation as long as you have been notified that your documents have arrived: *M-F: 0830-1500. Closed all holidays/family days/down days*

SSN will be mailed to the address listed on the SS-5 (SSN application). We cannot provide status checks for social security numbers. You will have to request a status via fbu.london@ssa.gov. Expect long days for response and SSN Card.

Once you receive the SSN, make sure you go to DEERs to have the SSN added! Benefits such as medical can affect the child.



Finance

Complete this step after CSS



After completing all other steps, you will need to update your OHA/COLA with Finance in order to be paid correctly for your new dependent.

Documents Needed:

Birth Certificate

Automatic Command Sponsorship Paperwork
This is given to you at your CSS appointment

**You must schedule an appointment to complete this step.
For any questions, or to schedule contact 01280 70 8337**