



Enter the name(s), date of birth(s), and places of birth(s) of all biological children respectively.

7. That, to the best of my knowledge, I am the biological father/mother of the following children:

NAME	DATE OF BIRTH	PLACE OF BIRTH
<b>SAMPLE DO NOT USE</b>		

Enter the other parent of the above named children

8. That the other parent of the above-named child/children is \_\_\_\_\_, whom I met on \_\_\_\_\_ in \_\_\_\_\_ (NAME) (DATE) (STATE AND COUNTRY)

9. That if any child named above was born out of wedlock and I am the father through whom such child is claiming United States citizenship, I agree to provide financial support for such child until he/she reaches the age of eighteen years old.\*\*

\*\*NOTE: The preceding phrase may be deleted; however, if it is deleted by a United States citizen who fathered a child born out of wedlock to a foreign woman, the child will NOT be eligible for United States citizenship under section 349 (a) of the Immigration and Nationality Act, as amended on November 14, 1986.

**WARNING:** False statements made knowingly and willfully in passport applications or affidavits or other supporting documents are punishable by fine and/or imprisonment under the provisions of 18 USC 1001 and/or USC 1542.

I solemnly swear (or affirm) that the statements made on all of the pages of 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 the United States citizenship.

**STOP!! DO NOT SIGN.**  
Must sign in front of Vice Consul.

\_\_\_\_\_  
(SIGNATURE OF AFFIANT)

\_\_\_\_\_  
(CURRENT ADDRESS)

SUSCRIBED AND SWORN (AFFIRMED) BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 200\_\_ AT \_\_\_\_\_.

\_\_\_\_\_  
(SIGNATURE OF ADMINISTERING OFFICER)