AFFIDAVIT OF PARENTAGE AND PHYSICAL PRESENCE

| l, | . do solemnly swea | r (or affirı | n): That I am an . | American Citizen b | | |
|--|--|--------------|---------------------|--------------------|--|--|
| (choose one) | , | (| , | | | |
| 4 7 4 4 4 4 6 | | | 4. • • • | | | |
| 1. Birth in (city/town | | | | | | |
| 2. Naturalization on (| turalization on (date) before the (name of court) rth abroad on (date) to American parent(s): | | | | | |
| 3. Birth abroad on (d | ate) to Ameri | can parent | t(s): | | | |
| That I have been physically pres | sent in the United States as | follows: | | | | |
| Place Place | Doto | | Date | Total Pariod | | |
| (City, State) | <u>Date</u> (mm/dd/yy) | | | Total Period | | |
| City, State) | | Т | (mm/dd/yy)) | (yy/mm/dd) | | |
| | From | | | | | |
| | | | - | | | |
| | From | | - | | | |
| | From | | | | | |
| | From | | | | | |
| | From | _ To | | | | |
| | From | _ To | | | | |
| · 1 · · · · · · · · · · · · · · · · · · | | _ To | | | | |
| (continue on a separate sheet, if | necessary) | | | | | |
| That I have been physically pres | sent abroad as follows: | | | | | |
| Place | Date | | Date | Purpose* | | |
| (City, State) | (mm/dd/yy) | | (mm/dd/yy) | <u>p</u> | | |
| | | To | | | | |
| | From | | | | | |
| | From | _ | | | | |
| | From | | | | | |
| | From | | | | | |
| | | | | | | |
| | From | | | | | |
| | From | | | | | |
| continue on a separate sheet, if | | _ 10 | | | | |
| * indicate purpose of trip: vaca dependant, etc. If working abroa | tion, residence, business, s | | S. military service | es, U.S. military | | |
| Γhat, my social security number | r is | ; | | | | |
| That, my military service number | er (if applicable) is | | <u> </u> | | | |
| Γhat, I have served in the United | d States Armed Forces from | n | to | . (Month, Day, Yea | | |
| | | | | | | |
| That my current marriage took to | | | | | | |
| That I have been previously man Name of Spouse | Date of 1 | | · | e of Birth | | |
| | | | | | | |
| | | | - | | | |
| | | | - | | | |

| parent: Name | Date of Birth | Place of Birth | Full Name of Other Parent |
|--|--|--|---|
| | | | |
| | | | |
| | | | |
| (Use separate sheet, if nec | essary) | | |
| That I met the other parent Name of Other Parent | | ed child/ children: On (Month/Year) | At (City/State/Country) |
| | | | <u> </u> |
| reaches the age of eighteen * NOTE: The preceding who fathered a child out | n years.* g phrase may be d of wedlock to a fo | eleted; however, if it reign woman, the ch | pport for the child until such child is deleted by a United States Citizen ild will not be eligible for United d Nationality Act as amended on |
| | ents are punishable | | n passport applications or affidavits or risonment under the provisions of 18 |
| complete to the best of m | y knowledge and | belief and that this is | e pages of this affidavit are true and a affidavit is for establishing my heir claim to United States |
| | | | |
| | | | (Signature of Affiant) |
| | | | (Present address) |
| SUBSCRIBED AND SW | ORN TO (AFFIRM | IED) before me this _ | day of,, |
| at | · | | |
| SEAL | | | |
| | | | (Signature of administering officer) |