

Consular Report of Birth Abroad (CRBA)



WHAT IS A CONSULAR REPORT OF BIRTH ABROAD (CRBA)?

A **CRBA** is the official record of claim to U.S. citizenship for a child born abroad to a U.S. citizen parent or parents.

You may apply for both the **U.S. passport** and **Social Security card*** at your CRBA appointment.

* This option is only available for children until the age of 11. If your child is older please contact the Federal Benefits Unit at: fbu.argentina@ssa.gov

WHAT OFFICIAL FORMS DO I NEED TO PREPARE AND WHO NEEDS TO COME TO THE APPOINTMENT?

Forms:

- CRBA Application [DS-2029](#)
- Passport Application [DS-11](#)
- Social Security Card Application [SS-5](#)

Form Guidelines:

- EMAIL all forms and documents to ACS at buenosaires-acs@state.gov
- Bring COMPLETED forms to your appointment.
- Fill the applications out ONLINE.
- DO NOT SIGN.

Both parents and child should attend*

*if one parent is deceased, an official death certificate should be provided

REQUIRED: THE CHILD'S BIRTH CERTIFICATE

Este documento es posesión de los poderes judiciales o administrativos si por otro modo o papeles privados, debiendo inscribirse a favor de la ley y en el caso de ser necesario, en el Libro de Actos del Poder Judicial de la Provincia (Ley 8.946) (Decreto 10.377).

 **PROVINCIA DE BUENOS AIRES**
Ministerio de Jefatura de Gabinete de Ministros
Dirección Provincial del Registro de las Personas

CERTIFICADO DE NACIMIENTO

CERTIFICO: Que bajo el ACTA..... TOMO..... FOLIO..... del AÑO.....
Del Libro de Nacimientos de la oficina.....
Se encuentra inscripto el nacimiento de.....
..... DNI.....
Ocurrido el día..... del mes de..... del año..... a la hora..... Lugar de nacimiento..... siendo de SEXO.....
Hijo de..... D.N.I.- L.E.- C.I.
y de..... D.N.I.- L.C.- C.I.
DOY FE QUE CONCUERDA con el texto del acta expresada. A pedido de parte/interesada, YO.....
..... expedido el presente en mi caracter de.....
en..... a los.....



En el presente documento se encuentran cumplimentados todos los tramites de legalización en la Provincia de Buenos Aires (Ley 8.946)

REQUIRED: PROOF OF CITIZENSHIP OF THE U.S. CITIZEN PARENT(S)



Acceptable proof:

- Current U.S. passport
- U.S. birth or naturalization certificate

OFFICE of VITAL STATISTICS

U.S. STANDARD
CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER _____ BIRTH NUMBER _____

1. CHILD'S NAME (First, Middle, Last) _____ 2. DATE OF BIRTH (Month, Day, Year) _____ 3. TIME OF BIRTH _____

CHILD

4. SEX Male Female 5. CITY, TOWN, OR LOCATION OF BIRTH _____ 6. COUNTY OF BIRTH _____

7. PLACE OF BIRTH: Hospital Free-standing Birthing Center Clinic/Physician's Office Home Other (Specify) _____ 8. FACILITY NAME (if not institution, give street and number) _____

9. I certify that this child was born alive at the place and time and on the date stated. _____ 10. DATE REPORTED (Month, Day, Year) _____ 11. ATTENDANT'S NAME AND TITLE (If other than mother, specify) _____
Name _____
 M.D. R.N. O.R.N. Other Midwife _____
 Other (Specify) _____

CERTIFYING ATTENDANT

12. CERTIFYING ATTENDANT'S NAME AND TITLE (If other than mother, specify) _____ 13. ATTENDANT'S MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) _____
Name _____
 M.D. R.N. Hospital Admin. O.R.N. Other Midwife _____
 Other (Specify) _____

14. REGISTERER'S SIGNATURE _____ 15. DATE FILED BY REGISTERER (Month, Day, Year) _____

16. FATHER'S NAME (First, Middle, Last) _____ 16a. MOTHER'S SURNAME _____ 17. DATE OF BIRTH (Month, Day, Year) _____

MOTHER

18. BIRTHPLACE (State or Foreign Country) _____ 19a. RESIDENCE—STATE _____ 19b. COUNTY _____ 19c. CITY, TOWN, OR LOCATION _____

19d. STREET AND NUMBER _____ 19e. INSIDE CITY LIMITS? (Yes or no) _____ 20. MOTHER'S MAILING ADDRESS (If same as residence, enter Zip Code as _____)

FATHER

21. FATHER'S NAME (First, Middle, Last) _____ 22. DATE OF BIRTH (Month, Day, Year) _____ 23. BIRTHPLACE (State or Foreign Country) _____

INFORMANT

24. I certify that the general information provided on this certificate is correct to the best of my knowledge and belief.
Signature of Informant or Other Informant _____

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

MOTHER

25. IS PRENATAL DIAGNOSIS? (Specify No or Yes—if yes, specify Rubella, Malaria, Parvovirus, etc.) _____ 26. RACE—American Indian, Black, White, etc. (Specify below) _____ 27. EDUCATION (Specify only highest grade completed) _____
Elementary/Secondary: 1-2 College: 1 2 3 4 _____

28a. No Yes _____ 28b. _____ 28c. _____

FATHER

29a. No Yes _____ 29b. _____ 29c. _____

30. FREQUENTLY PRESENT? (Specify each event) _____ 31. MOTHER MARRIED: (a) birth, conception, or any time between (Yes or no) _____ 32. DATE LAST MARRIAGE BEGAN (Month, Day, Year) _____

33a. LIVE BIRTH (Specify date) _____ 33b. OTHER TERMINATIONS (Specify date and nature of any time after conception) _____ 34. MONTH OF PREGNANCY: PRENATAL CARE BEGAN: (Type, Second, Third, etc.) (Specify) _____ 35. PRENATAL VISITS—Total Number (If none, or none) _____

36a. New Ulcer _____ 36b. New Teeth _____ 36c. _____ 36d. _____ 36e. _____ 36f. _____ 36g. _____ 36h. _____ 36i. _____ 36j. _____ 36k. _____ 36l. _____ 36m. _____ 36n. _____ 36o. _____ 36p. _____ 36q. _____ 36r. _____ 36s. _____ 36t. _____ 36u. _____ 36v. _____ 36w. _____ 36x. _____ 36y. _____ 36z. _____

37a. BIRTH WEIGHT (Specify unit) _____ 37b. BIRTH LENGTH (Specify unit) _____ 37c. BIRTH HEAD CIRCUMFERENCE (Specify unit) _____ 37d. BIRTH ARM CIRCUMFERENCE (Specify unit) _____ 37e. BIRTH LEG CIRCUMFERENCE (Specify unit) _____ 37f. BIRTH PLACENTA (Specify) _____ 37g. BIRTH CORD (Specify) _____ 37h. BIRTH OTHER (Specify) _____ 37i. BIRTH OTHER (Specify) _____ 37j. BIRTH OTHER (Specify) _____ 37k. BIRTH OTHER (Specify) _____ 37l. BIRTH OTHER (Specify) _____ 37m. BIRTH OTHER (Specify) _____ 37n. BIRTH OTHER (Specify) _____ 37o. BIRTH OTHER (Specify) _____ 37p. BIRTH OTHER (Specify) _____ 37q. BIRTH OTHER (Specify) _____ 37r. BIRTH OTHER (Specify) _____ 37s. BIRTH OTHER (Specify) _____ 37t. BIRTH OTHER (Specify) _____ 37u. BIRTH OTHER (Specify) _____ 37v. BIRTH OTHER (Specify) _____ 37w. BIRTH OTHER (Specify) _____ 37x. BIRTH OTHER (Specify) _____ 37y. BIRTH OTHER (Specify) _____ 37z. BIRTH OTHER (Specify) _____

38. APOGAL SCORE _____ 39. BIRTH TRANSFERRED PRIOR TO DELIVERY? No Yes. If Yes, enter name of facility transferred to: _____

40. INFANT TRANSFERRED? No Yes. If Yes, enter name of facility transferred to: _____

John Howard, State Registrar

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE ORIGINAL RECORD ON FILE BY THIS OFFICE.
WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK.

B1426036 CERTIFICATION OF VITAL RECORD

CDC

REQUIRED: PARENT'S MARRIAGE CERTIFICATE (IF APPLICABLE)

SAMPLE

 Alabama
 Certificate of Marriage
SAMPLE

State File Number 101

LICENSE TO MARRY	To any person lawfully authorized to perform marriages within Alabama: After the ceremony of the persons named below, you are required by law to return this license, duly certified under your hand, to the Probate Court of the issuing county within six (6) days.			1. ISSUING COUNTY
SPOUSE	2. NAME First Middle Last (Last name all capitals)		3. LAST NAME PRIOR TO FIRST MARRIAGE (if different)	4. DATE OF BIRTH (Month, Day, Year)
	5. SEX (Male or Female)	6. RACE (Specify American Indian, Black, White, etc.)	7. RESIDENCE - City, Town, or Location and Zip code	8. INSIDE CITY LIMITS (Specify Yes or No)
	9. COUNTY	10. STATE	11. NO. OF PREVIOUS MARRIAGES	12. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED - (Specify Death, Divorce, Dissolution, Annulment)
	13. EDUCATION - (Specify ONLY highest grade completed) Elementary or High School (9-12) College (1-4 or 5+)		14. STATE OR FOREIGN COUNTRY OF BIRTH	
15. FATHER'S NAME First Middle Last		16. MOTHER'S NAME First Middle Maiden Last Name		
SPOUSE	17. NAME First Middle Last (Print last name all capitals)		18. LAST NAME PRIOR TO FIRST MARRIAGE (if different)	19. DATE OF BIRTH (Month, Day, Year)
	20. SEX (Male or Female)	21. RACE (Specify American Indian, Black, White, etc.)	22. RESIDENCE - City, Town, or Location and Zip code	23. INSIDE CITY LIMITS (Specify Yes or No)
	24. COUNTY	25. STATE	26. NO. OF PREVIOUS MARRIAGES	27. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED - (Specify Death, Divorce, Dissolution, Annulment)
	28. EDUCATION - (Specify ONLY highest grade completed) Elementary or High School (9-12) College (1-4 or 5+)		29. STATE OR FOREIGN COUNTRY OF BIRTH	
30. FATHER'S NAME First Middle Last		31. MOTHER'S NAME First Middle Maiden Last Name		
We hereby certify the information provided is correct to the best of our knowledge and belief and we are free to marry under the laws of this state.				
SIGNATURES	32. FIRST LISTED SPOUSE - SIGNATURE		33. SECOND LISTED SPOUSE - SIGNATURE	
LOCAL OFFICIAL	34. JUDGE OF PROBATE OR REPRESENTATIVE - SIGNATURE		35. ISSUING DATE (Month, Day, Year)	36. EXPIRATION DATE (Month, Day, Year)
CEREMONY	37. I CERTIFY THAT THE ABOVE NAMED PERSONS WERE MARRIED ON (Month, Day, Year)		38. WHERE MARRIED - City, Town, or Location and Zip Code	
	40. SIGNATURE OF PERSON PERFORMING CEREMONY		41. TYPED OR PRINTED NAME OF PERSON PERFORMING CEREMONY	
	42. TITLE OF PERSON PERFORMING CEREMONY		43. ADDRESS OF PERSON PERFORMING CEREMONY - Street and Number or RFD Number, City or Town, State, Zip Code	
LOCAL OFFICIAL	44. DATE CERTIFICATE RETURNED TO PROBATE COURT	45. MARRIAGE LICENSE RECORD Book Number Page Number	46. JUDGE OF PROBATE OR REPRESENTATIVE - SIGNATURE OR STAMP	

THIS LICENSE IS VOID UNLESS THE CEREMONY OCCURS WITHIN 30 DAYS FROM ISSUING DATE

ADPH-HS-50/Rev.02-04-15

SAMPLE

DO NOT STAMP BELOW LINE

47. FIRST LISTED SPOUSE SOCIAL SECURITY NUMBER _____ - _____ - _____	48. SECOND LISTED SPOUSE SOCIAL SECURITY NUMBER _____ - _____ - _____	THIS INFORMATION WILL NOT APPEAR ON CERTIFIED COPIES
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REQUIRED: EVIDENCE OF THE TERMINATION OF ANY PREVIOUS MARRIAGES (IF APPLICABLE)

**SAMPLE
DECREE OF DIVORCE
CHILDREN, SUPPORT AND SPOUSAL SUPPORT**

COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
HAMILTON COUNTY, OHIO

Name: _____ : Case No. _____

Plaintiff : File No. _____

-vs- : CSEA # _____

Name: _____ :

Defendant : **DECREE OF DIVORCE**

This cause came on to be heard on _____, 20____, on the Complaint for Divorce of Mary A. Smith and John R. Smith. The Court finds that there has been service of summons as provided by law, that both parties appeared personally at the hearing, that Plaintiff, was/was not represented by counsel and Defendant, was/was not represented and waived his/her right to counsel, and the Court finds that it has full and complete jurisdiction to determine the case.

The Court finds that the Plaintiff has been a resident of the State of Ohio for at least six (6) months immediately before filing the complaint and that the Plaintiff and Defendant were married in Cincinnati, Ohio on February 14, 1990 and that there were two children born issue of their marriage, namely: Susan, born April 12, 1992 and Bradley, born December 10, 1994 and Wife is not now pregnant with a child of the marriage.

The Court further finds that both the Plaintiff and Defendant have acknowledged under oath that they have voluntarily entered into the Separation Agreement appended to the Complaint, that they understand the terms of the Agreement, and know the value and extent of their properties, that the Agreement is fair to them.

The Court further finds that the Separation Agreement is fair and equitable and should be approved.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Court that a Decree of Divorce shall be granted to the Plaintiff, and/or Defendant, then the marriage relationship existing between the parties be terminated and held for naught and both parties are hereby released and discharged from all obligations thereon.

IT IS FURTHER ORDERED THAT THE AFOREMENTIONED Separation Agreement, which is attached hereto, be and the same hereby is incorporated into the Court's order and a part of the Decree of Divorce as if fully rewritten herein.

The Court finds that the parties are incompatible, and that Plaintiff is entitled to a divorce as prayed for in the Complaint.

DR 901 (Revised 09/07/2010) 1

Washington State Certificate of Death

Local File Number _____ State File Number _____

1. Legal Name (include middle name) First Middle LAST 2. Death Date _____

Legal Name of deceased including any aliases

3. Sex (M/F) 4a. Age - Last Birthday 4b. Under 1 Year 4c. Under 1 Day 5. Social Security Number 6. County of Death

7. Birthplace 8a. Birthplace (City, Town, or County) 8b. (State or Foreign County) 9. Decedent's Indication

10. Was Decedent of Hispanic Origin? (Yes or No) If yes, specify. 11. Decedent's Race(s) 12. Was Decedent ever in U.S. Armed Forces?

13a. Residence: Number and Street (e.g., 624 RE 8th St.) (Include Apt. No.) 13b. City or Town

13c. Residence: County 13d. Tribal Reservation Name (if applicable) 13e. State or Foreign Country 13f. Zip Code + 4 13g. Inside City Limits? Yes No Unk.

14. Estimated length of time at residence. 15. Marital Status at Time of Death 16. Surviving Spouse's Name (Do not use prior to first marriage)

17. Usual Occupation (Indicate type of work done during most of working life. Do not use **retiree**). 18. Kind of Business/Industry (Do not use Company Name)

19. Father's Name (First, Middle, Last, Suffix) 20. Mother's Name Before First Marriage (First, Middle, Last)

21. Informant's Name 22. Relationship to Decedent 23. Mailing Address: Number and Street or P.O. No. City or Town State Zip

24. Place of Death, if Death Occurred in a Hospital. Place of Death, if Death Occurred Somewhere Other than a Hospital

25. Facility Name (if not a facility, give number & street or location) 26a. City, Town, or Location of Death 26b. State 27. Zip Code

28. Method of Disposition 29. Place of Final Disposition (Name of cemetery, crematory, other place) 30. Location: City, Town, and State

31. Name and Complete Address of Funeral Facility 32. Date of Disposition

33. Funeral Director Signature X

Cause of Death (See instructions and examples)

34. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without knowing the etiology. DO NOT abbreviate. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. _____ Due to (or as a consequence of) _____ Interval between Onset & Death

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the **UNDERLYING CAUSE** (disease or injury that initiated the events resulting in death) LAST b. _____ Due to (or as a consequence of) _____ Interval between Onset & Death

c. _____ Due to (or as a consequence of) _____ Interval between Onset & Death

d. _____

35. Other significant conditions contributive to death but not resulting in the underlying cause given above 36. Autopsy? Yes No 37. Were autopsy findings available to complete the Cause of Death? Yes No

38. Manner of Death 39. If female 40. Did tobacco use contribute to death? Yes No Probably Unknown

Natural Homicide Not pregnant within past year Not pregnant, but pregnant within 42 days before death Yes No Unknown

Accident Undetermined Pregnant at time of death Not pregnant, but pregnant 43 days to 1 year before death Yes Probably Unknown

Suicide Pending Unknown if pregnant within the past year No Unknown

41. Date of Injury (approx) 42. Hour of Injury (approx) 43. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) 44. Injury at Work? Yes No Unk.

45. Location of Injury: Number & Street City State Zip

46. Describe how injury occurred 47. If transportation injury, specify: Transport/Driver Etc. Passenger Other (specify)

48a. Certifying Physician: To the best of my knowledge, death occurred at the time, date, and place (also the date to the nearest day and nearest date). 48b. Medical Examiner/Coroner: In the name of sanitation, public health, and the system herein recorded at the time, date, and place, and due to the cause(s) and manner listed

X _____ X

49. Name and Address of Certifier - Physician, Medical Examiner or Coroner (Type or Print) 50. Hour of Death (approx)

51. Name and Title of Attending Physician [Other than Certifier] (Type or Print) 52. Date Signed (approx)

53. Title of Certifier 54. License Number 55. ME/Coroner File Number 56. Was case referred to ME/Coroner? Yes No

57. Registrar Signature 58. Date Received (approx)

59. Amendments

Acceptable documents:

- Divorce decree
- Annulment decree
- Death certificate.

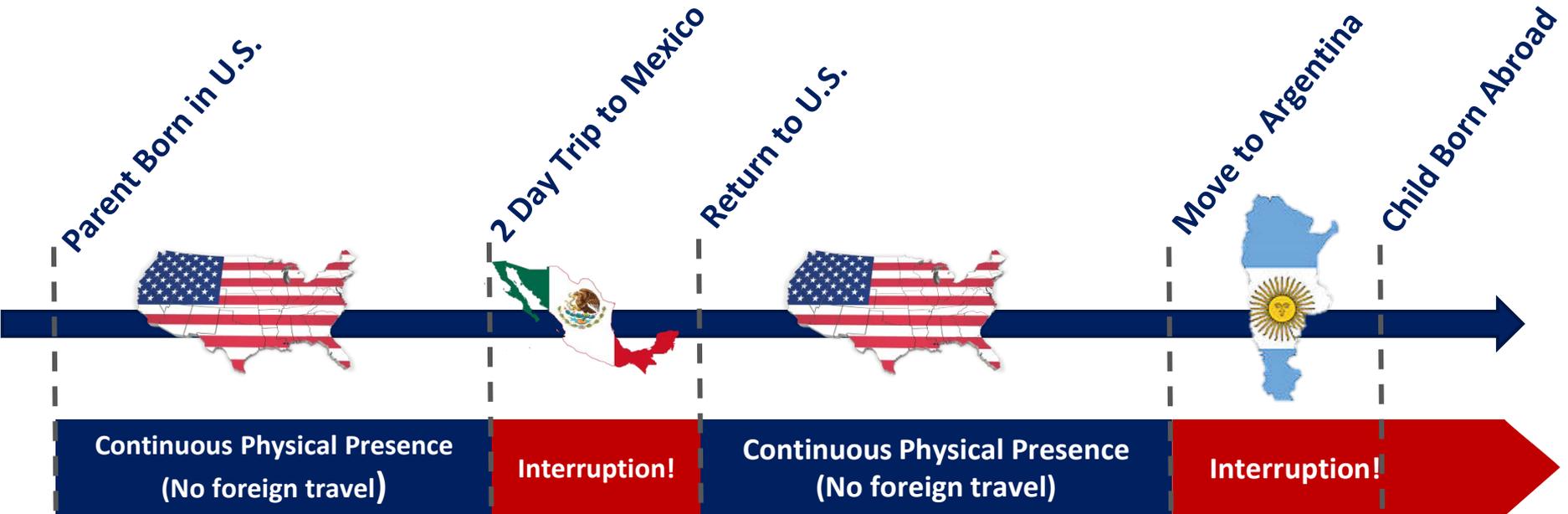
REQUIRED: EVIDENCE OF RELATIONSHIP

- The U.S. citizen must demonstrate the biological relationship between him/her and the child.
- To do so, the relationship between the parents should be demonstrated prior to the child's birth.
- Evidence may include photos of the parents together, hospital records, social media posts over the course of the relationship, letters, joint bills and accounts, etc.

Note: parents should not conduct DNA (genetic) testing unless specifically requested by the U.S. Embassy. DNA test results can only be used if the testing is conducted under the auspices of the Consular Section DNA Testing Program.

REQUIRED: EVIDENCE OF THE U.S. CITIZEN PARENT(S)' PHYSICAL PRESENCE IN THE U.S.

Physical presence is time spent physically in the U.S. and must be shown prior to the birth of the child.



The sum of all periods of continuous physical presence is the total physical presence.

Physical presence does not include time on:

- short-term foreign travel (the trip to Mexico), or
- long-term foreign travel (the move to Argentina)

HOW DO I PROVE PHYSICAL PRESENCE IN THE U.S.?

- Original, official documents which cover the **entire duration** of the claimed period are evidence of physical presence. The more evidence, the more likely your case will be decided quickly. **When in doubt, bring it!**
- Click [here](#) for guidance on required physical presence and continue to the next slide for more information:

PROOF OF PHYSICAL PRESENCE: OLD/CURRENT PASSPORTS



Passport stamps can be used to demonstrate physical presence.

EXAMPLE OF PASSPORT STAMPS



Earliest entry to U.S.

Next period of travel outside U.S.

Re-entry to U.S.

Next period of travel outside U.S.

These passport stamps demonstrate and account for 5 years and 6 months of physical presence in the U.S.

PROOF OF PHYSICAL PRESENCE: OFFICIAL SCHOOL TRANSCRIPTS, MILITARY RECORDS, MEDICAL RECORDS



School Transcripts:

- Transcripts must show classes taken in the U.S.
- Diplomas showing only a degree earned do not prove presence.
- Study abroad in a U.S. program but outside of the U.S. does not count as physical presence.



Military Records:

- Time spent overseas for U.S. military service can count as physical presence, but you must provide official records as proof.



Medical Records:

- Medical records with exact dates of treatment can be used as additional proof of physical presence.

PROOF OF PHYSICAL PRESENCE: FREEDOM OF INFORMATION ACT REQUEST

- The **Freedom of Information Act (FOIA)** is a law that gives you the right to access information from the federal government.
- Through FOIA, you can request your **U.S. border entry/exit records** from **U.S. Customs and Border Protection** and use them as proof of physical presence. Make an online FOIA request at the [U.S. Customs and Border Protection's FOIA request page](#), where you will select CBP FOIA Division.
- Make sure to read the [FOIA FAQ](#) for questions regarding the process— submitting a request, potential fees, how to check your request status, etc.
- **Plan in advance:** CBP receives a high volume of FOIA requests, and responses may take some time.

IS THERE A FEE FOR THIS PROCESS? HOW DO I PAY?

- CRBA: 100 USD
- Passport: 115 USD
- SSN card: Free of charge

These fees can be paid in cash (dollars/pesos) or by an international credit card (charged in USD) the day of your appointment.

HOW DO I ARRANGE DELIVERY?

Documents are printed in the U.S. and delivered via DHL Argentina.

Please visit DHL [before the appointment](#).

- CABA: Av. Cabildo 1209 (Belgrano)
- CABA: 25 de Mayo 447 (Microcentro)
- Córdoba: Ayacucho 23, Córdoba City
- Mendoza: Patricias Mendocinas 927, Mendoza City
- Rosario: Av. Pellegrini 1075, Rosario City

PRE-APPOINTMENT CHECKLIST

COMPLETED FORMS

- CRBA Application [DS-2029](#)
- Passport Application [DS-11](#)
- Social Security Card Application [SS-5](#)

OTHER DOCUMENTS

- Child's argentine birth certificate;
- Parents' marriage certificate (if applicable);
- Divorce or death certificate (if applicable);
- Evidence of parent(s) U.S. citizenship;
- Proof of physical presence in the United States of the U.S. citizen parent(s);
- Proof of biological relationship to the child;
- Passport/identification document of non-U.S. citizen parent;
- Child's Argentine passport, DNI or other foreign passport;
- Passport photo;
- CRBA and Passport application fees (to be paid at the Embassy);
- DHL Waybill.