



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

OMB NO. 1405-0011 EXPIRES: 02/29/2016 Estimated Burden: 20 minutes

Registration Number

A. THIS SECTION TO BE CO	MPLETED BY THE CHIL	LD'S PARENT(S) OR GU	IARDIAN(S) OR THE CHILD (U	ISE SECTION D CONT	INUATION SHEET)
		INFORMATION A	ABOUT THE CHILD		
1. Name of Child in Full					
Hernandez Gutierrez		Sar	ra	Jessica	
(Last/Surname) (Firs)	(Middle	9)	
2. Sex 3. Date of	of Birth 4. P	lace of Birth			
M X F 10	/ 23 / 2013	Celaya, Gu	ianajuato	Mexi	co
(month)		(City)		(Countr	v)
			t present, he or she may comp		
Affidavit of Parentage Physic	cal Presence and Suppo	ort and submit it separa	tely. The parent completing to		
information on the parent co	mpleting the Form DS 5	5507 as he or she has.)			
INFORMATION O	N MOTHER/FATHE	R/PARENT	INFORMATION O	N MOTHER/FATH	ER/PARENT
5. Full Name			11. Full Name		
Hernandez Perez	Juan	Ignacio	Gutierrez Escobar	Isabel	Rita
(Last/Surname)	(First)	(Middle)	(Last/Surname)	(First)	(Middle)
6. All Previous Legal Names U	Jsed		12. All Previous Legal Names	Used	
N/A	N/A	N/A	N/A	N/A	N/A
(Last/Surname)	(First)	(Middle)	(Last/Surname)	(First)	(Middle)
N/A	N/A	N/A	N/A	N/A	N/A
(Last/Surname)	(First)	(Middle)	(Last/Surname)	(First)	(Middle)
7. Sex 8. I	Date of Birth		13. Sex 14.	Date of Birth	
MF	05 / 26 / 1982		M ▼ F	11 / 15 / 1981	
-	month (day (year)			(month) (day) (year)	
9. Place of Birth			15. Place of Birth		
Los Angeles	CA	United States	Celaya	Guanajuato	Mexico
(City)	(State/Province)	(Country)	(City)	(State/Province)	(Country
10. Current Physical Address (Do not list P.O. Box) (A.P.O. Address Permitted)			16. Current Physical Address (Do not list P.O. Box) (A.P.O. Address Permitted)		
	22 Main Street		Calle de la Merced #432		
(Address Line 1)				(Address Line 1)	
Los Angeles, CA 90210			Celaya, Guanajuato, Mexico, CP 54320		
(City, State/Province, Country, Postal Code)			(City, State/Province, Country, Postal Code)		
555-258-2369 (home), 555-251-9635 (cell)			587-258-9633 (home), 587-695-8521 (cell)		
(Phone Number(s))			(Phone Number(s))		
whoseyourdaddy@yahoo.com			whoseyourmommy@yahoo.com		
(Email Address)			(Email Address)		
Use this address if Consular Report of Birth will be mailed?			Use this address if Consula will be mailed?	r Report of Birth	Yes No
17. Mailing Address (if differen		Address) (Do not list a P.	O. Box.)		
(You may list an A.P.O. add	dress) N/A			N/A	
(Address Line 1)			(City Chata II	Province Country and F	Postal Code

(Continued) INFORMATION ON MOTHER/FATHER/PARENT			(Continued) INFORMATION ON MOTHER/FATHER/PARENT			
18. Citizenship Are you a U.S. Citizen or U.S. Non-Citizen National? Yes No			19. Citizenship Are you a U.S. Citizen or U.S. Non-Citizen National? Yes No			
	MAI	RITAL STATUS	OF THE PARENTS			
20. Were you married to the child's other b	piological parent w	hen the child was b	orn? X Yes No			
21. Date and Place of Marriage to the child	d's other biological	parent and current	status			
06 / 01 / 2011	Los Angeles		CA	United S	tates	
(month) (day) (year)	(City)		(State/Province)	(Cour	ntry)	
Still Married Divorced (r	month) (day) / (y	rear) Dea	ath / / (month) (day) /			
(Continu		W. 1900	(C	ontinued)		
INFORMATION ON MOTH			INFORMATION ON N			
22. Please list any other marriages (Show Current Status) if applicable (Death, D. never been married, enter "None." (If a use the Section D Continuation Sheet) None	ivorce. Still Married	d). If you have	Please list any other marriages Current Status) if applicable (Denever been married, enter "Noneuse the Section D Continuation S I was married to Giovanni Nap December 5, 2009, divorced, co	eath, Divorce, Still Man a." (If additional space Sheet) oli Garcia from Jan	ried). If you have is needed, please	
24. Precise Periods of Time in United Stat (if additional space is needed, please use	es the Section D Con	tinuation Sheet)	25. Precise Periods of Time in Unite (if additional space is needed, pleas	d States te use the Section D C	Continuation Sheet)	
Place (City, State)	Date (month-day-year)	Date (month-day-year)	Place (City, State)	Date (month-day-year)	Date (month-day-year)	
Los Angeles, CA	From 05/26/1982	To 01/01/1992	Los Angeles, CA	From 01/05/2010	To 06/15/2011	
Los Angeles, CA	From 01/15/1992	To 08/23/2010		From	To	
Los Angeles, CA	From 08/30/2010	To 06/01/2011		From	То	
Los Angeles, CA	From 06/15/2011	To 01/15/2013		From	То	
Los Angeles, CA	From 02/01/2013	(present)		From	То	
	From	То		From	То	
	From	То		From	То	
	From	То		From	То	
	From	То		From	То	
	From	То		From	То	

(Continued) INFORMATION ON MOTHER/FATHER/PARENT			(Continued) INFORMATION ON MOTHER/FATHER/PARENT			
Branch/Agency/Org.	Date (month-day-year)	Date (month-day-year)	Branch/Agency/Org.	Date (month-day-year)	Date (month-day-year)	
N/A	From	То	N/A	From	То	
	From	То		From	То	
	From	То		From	То	
	From	То		From	То	
,	From	То		From	То	
	From	То		From	То	
	From	То		From	То	
	From	То		From	То	
	From	То		From	То	
	From	То		From	То	
B. THIS SECTION TO B	E COMPLETE	D BEFORE/BY	CONSULAR OFFICER, NOTA	RY PUBLIC, OR	OTHER	
	PERSON QUA	ALIFIED TO ADI	MINISTER OATH			
NOTE: If a U.S. citizen parent transmittir Affidavit of Parentage Physical Presence he acknowledgement of paternity and as	and Support and	submit separately. C	edlock is not present, he or she may co Only the U.S. citizen father of a child bo	omplete State Departm orn abroad out of wedlo	ent Form DS 5507 ock must complete	
28.	(8/2-2-2)		do solemnly	swear (or affirm)(chee	ck all that apply)	
П	(Name)					
I am a U.S. citizen or non-citizen na	ational. I am	the father of	(Name of Child)			
who was born on(Date of Birth)	in	(Place of Birth		d was born out of wedl	ock, and I am the	
the father through whom he/she is claim	ing U.S. citizenshi		provide financial support for this child	until he/she reaches th	e age of eighteen	
and ratio, another the same	mg oron onazonom	,. <u> </u>				
(Signature of	Affiant)	/				
SUBSCRIBED AND SWORN TO (AFFIF	RMED) before me	this day (of	, ———		
(Signature and Title of Administering Officer)				(SEAL)	F:	
				(32/.2)		

(Continued)

THIS SECTION TO BE COMPLETED BEFORE/BY CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER

	SON QUALIFIED TO ADMINISTER		LICATION ARE TRUE TO THE	
 Affirmation: I SOLEMNLY SWEAR (OR BEST OF MY KNOWLEDG 	AFFIRM) THAT THE STATEMENTS MADE E AND BELIEF.	ON THIS APP	LICATION ARE TRUE TO THE	
Name of Person(s) Providing Information	Relationship to the Child			
		011		
Type Name and Title of Official	Signature of Official	City	Date / / / (month) (day) (year,	
Subscribed to: (SEAL)				
. Approval of Consular Report of Birth	· · · · · · · · · · · · · · · · · · ·			
(Printed Name of Consular Off	icer)	(Signature	e of Consular Officer)	
(Approving Post)	(month) (day) (year) (Date of Approval)		(Registration Number)	
	· ·			

THIS SECTION	TO BE COM	IPLETED BY CONSULA	AR OFFICER	and the same of th
Documents Presented - Please mark accordingly and pro	ovide date of d	ocument. (If more space is rec	quired, list on separate page)	
Childle Didh Codificate				
Child's Birth Certificate / / (month) (day) (year)	(City)		Province)	(Country)
(month) (day) (year)	(City)	(1	-rovince)	(Country)
Marriage Certificate / //	/			
(month) (day) (year) (month) ((City)		(State)
(File Date) (Date of	of Issuance)			
(Province)		(Country)		
<u> </u>	,			
Divorce Decree(s) (a) / / //	_/			
	(day) (year)	(City)		(State)
(File Date) (Date of	of Issuance)			
(Province)		(Country)		
	1			
(b)///	/ / / / / / / / / / / / / / / / / / / /	(0)(1)		(01-1-)
	(day) (year) of Issuance)	(City)		(State)
(Ballot)	30)			
(Province)		(Country)		
. / /	1.			
(c) / / / / / (month)(day) (year) (month)('day) (vear)	(City)		(State)
	of Issuance)	(Oily)		(Otate)
	-			
(Province)		(Country)		
Death Certificate(s) (a) / /				
(month) (day) (year)		(City)	(State)	
, ,				
(b) / /				
(month) (day) (year)		(City)	(State)	
Mother/Father/Parent's Passport		1 1		
(Passport N	umber)	(month) (day) (year)	(Nationality)	
		(Date of Issuance)		
		, ,		
Mother/Father/Parent's Passport(Passport]	Investor-A			
(Passport N	iumber)	(month) (day) (year) (Date of Issuance)	(Nationality)	
Other Identity Decument of		(Date of Issuance)		, ,
Other Identity Document of Mother/Father/Parent				/_/_
(e.g. Naturalization Certificate) (Na	me of the Citiz	enship Document)	(Document Number)	(month) (day) (yea
Other Identity Document of				(Date of Issuance
Mother/Father/Parent	ma of the Citi-	onship Document)	(Document Number)	(month) (day) (van
(e.g. Maturalization Certificate) (Na	ine or the Oltiz	enship Document)	(Document Number)	(month) (day) (yea (Date of Issuance
Other Identity Document of				/ /
Mother/Father/Parent (e.g. Driver's License)	Name of the Id	entity Document)	(Document Number)	(month) (day) (yea
(1	tarrie or the lu	only boodineity	(Doddinent Number)	(Date of Issuance
Other Identity Document of				/ /
Mother/Father/Parent (e.g. Driver's License) (I	Name of the Ide	entity Document)	(Document Number)	(month) (day) (yea
(I.g. Sirvi o Elocido)	Tanno or ano lui	Jimiy Doddinonly	(Doddinght Humber)	(Date of Issuance)
Other (Legal Guardianship; Power of				/ /
Attorney, etc.)	(Name of the	Document\	(Document Number)	(month) (day) (year
	(Haine of the	Doddinoit)	(Total in	(Date of Issuance)

D.	CONTINUATION SHEET (USE THIS SPACE FOR ADDITIONAL INFORMATION)
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