REQUEST FOR CONSULAR REPORT OF BIRTH ABROAD
(must be completed & signed)

INSTRUCTIONS

1. Print, complete & sign both the Request for Consular Report of Birth Abroad (this form) and the Consular Vital Record Search Request.
2. Make a copy of your current, valid driver's license or your government-issued photo-identification card (front and back if necessary).
   - Enlarge photocopies by approximately 200%, and lighten by 2 shades, to ensure a clear and legible copy.
   - Ensure your full name, address, signature, license or identification number, and expiration date are clearly visible on the photocopy.
3. Have the Consular Vital Record Search Request form notarized by a Certified Notary Public.
4. Send ALL documents (Request for Consular Report of Birth Abroad, Consular Vital Record Search Request, and your photocopied ID) to the following address (express courier shipping is recommended for expedited service and tracking purposes):
   Passport Services
   VitalChek Network Inc.
   PO Box 222130
   El Paso, TX 79913

PURCHASER INFORMATION

<table>
<thead>
<tr>
<th>Full Name Shown on Certificate:</th>
<th>Relationship to person named on Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name of Purchaser:</td>
<td></td>
</tr>
<tr>
<td>Contact Phone:</td>
<td>Contact Email:</td>
</tr>
</tbody>
</table>

I authorize VitalChek Network Inc. to obtain a copy of my Consular Report of Birth Abroad for delivery to me:

Signature: Date:

ORDER INFORMATION

<table>
<thead>
<tr>
<th>Certificate: Consular Report of Birth Abroad (FS-240)</th>
<th>Fees are per person, and multiple copies are available</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Department Certificate Fee: $50.00</td>
<td></td>
</tr>
<tr>
<td>Shipping &amp; Handling Fee: $65.89</td>
<td>Includes Express Courier Service for Domestic or International delivery</td>
</tr>
<tr>
<td>Additional Copies: _____ # of copies for total of $ ______</td>
<td>$50.00 each</td>
</tr>
<tr>
<td>TOTAL: $ _____</td>
<td>This amount will be charged to your credit card</td>
</tr>
</tbody>
</table>

PAYMENT INFORMATION

<table>
<thead>
<tr>
<th>Credit Card:</th>
<th>○ Visa</th>
<th>○ MasterCard</th>
<th>○ American Express</th>
<th>○ Discover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Card Number:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardholder’s Name (print):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardholder’s Signature:</td>
<td></td>
<td></td>
<td></td>
<td>Date:</td>
</tr>
<tr>
<td>Cardholder’s Address:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IMPORTANT NOTES:

- Additional information may be required by the State Department for the fulfillment of this order. Please review the Consular Vital Record Search Request form for details.
- VitalChek is not responsible for delays in processing due to inaccurate or incomplete applications, declined payments, issues surrounding proof of identity, third party delays, or delays due to request volume and workload of State Department personnel.
- Post Office Boxes, APO or FPO addresses are not acceptable for delivery address information. A signature will be required at delivery.
- All sales are final, and all forms must bear the authentic signature of the applicant or legal guardian.

Mar-2018

DO NOT NOTARIZE THIS PAGE
CONSULAR VITAL RECORD SEARCH REQUEST
(must be completed, signed & notarized)

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   El Paso, TX 79913

DOCUMENT INFORMATION

☐ FS-240 – Consular Report of Birth Abroad
This form indicates a birth occurred overseas, and is typically acceptable as legal proof of birth and U.S. citizenship.

# of copies _____ $50.00 for 1st copy, $50.00 for each additional copy

CERTIFICATE INFORMATION

Request Date: 
Purpose of Request: 
Full Name on Certificate: 
If Adopted, Full Name After Adoption: 
Date of Birth: Country of Birth: 
Father’s Full Name: 
Mother’s Full Name (Maiden Last Name, before married): 
Country of Father’s Birth: Country of Mother’s Birth: 

AUTHORIZATION & SHIPPING INFORMATION

Signature of Certificate Holder (or Parent/Guardian of Certificate Holder under age 18):

Shipping Address: 
(no PO Boxes, APO or FPO addresses)
City: State / Province: 
Country: Zip / Postal Code: 

NOTARY INFORMATION

Subscribed and Sworn to or Affirmed Before Me This _____ Day of ________________, 20___
Notary Signature: ____________________________
Commission Expires: ________________
Notary Seal:

THIS PAGE MUST BE NOTARIZED