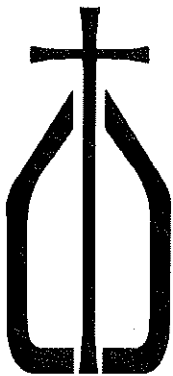


Carpeta para la preparación en hogares de inmigrantes.

Immigrant Household Preparedness Binder



**Caridades Católicas
de la Arquidiócesis de Milwaukee**

**Catholic Charities of the
Archdiocese of Milwaukee, Inc.**

Sugerimos que siempre cargue con usted lo siguiente:

- Una o mas tarjetas telefónicas prepagadas de (\$5 o \$10 dlls)
- Una tarjeta de crédito o una tarjeta de debito (Debit Card) *Usted las puede conseguir en cualquier banco*
- Una tarjeta de su abogado(a) de Inmigración
- Una tarjeta de sus derechos (know your rights card)

Nunca cargue con usted documentos falsos

RIGHTS CARD

I am giving you this card because I do not wish to speak to you or have any further contact with you. I choose to exercise my right to remain silent and to refuse to answer your questions. If you arrest me, I will continue to exercise my right to remain silent and to refuse to answer your questions. I want to speak with a lawyer before answering your questions.

I want to contact this attorney
or organization:

Telephone number:

TARJETA DE DERECHOS

Le estoy dando esta tarjeta porque no deseo hablar o tener más contacto con usted. Yo elijo a ejercer mi derecho de mantenerme callado y me niego a contestar sus preguntas. Si me arresta, seguiré ejerciendo mi derecho a mantenerme callado y a negarme a contestar sus preguntas. Yo quiero hablar con un abogado antes de contestar cualquier pregunta.

Quiero contactar este abogado
o organización:

Teléfono:

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I want to contact this attorney
or organization:

Telephone number:

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Quiero contactar este abogado
o organización:

Teléfono:

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I want to contact this attorney
or organization:

Telephone number:

TARJETA DE DERECHOS

Le estoy dando esta tarjeta porque no deseo hablar o tener más contacto con usted. Yo elijo a ejercer mi derecho de mantenerme callado y me niego a contestar sus preguntas. Si me arresta, seguiré ejerciendo mi derecho a mantenerme callado y a negarme a contestar sus preguntas. Yo quiero hablar con un abogado antes de contestar cualquier pregunta.

Quiero contactar este abogado
o organización:

Teléfono:

¿Qué puede hacer si usted es arrestado o detenido por Inmigración?

Agosto 2007

Los inmigrantes arrestados o detenidos por Inmigración tienen ciertos derechos. Sin embargo, estos derechos cambian si son arrestados o detenidos en la frontera o en un aeropuerto. En estos casos, los inmigrantes podrán tener menos derechos.

Usted probablemente tiene más derechos si es arrestado por Inmigración en el trabajo, en la calle, después de cometer una infracción de tránsito, o en casa. Si es arrestado y detenido, es importante que mantenga la calma y que recuerde las siguientes sugerencias:

- ✗ Usted tiene el derecho de permanecerse callado. Pida hablar con un abogado.
- ✗ No firme nada. Puede ser que al firmar, usted ceda su derecho de tener un abogado o de aparecer delante de un juez.
- ✗ Apunte el nombre y número de teléfono del fiscal de deportación quien es asignado a su caso.
- ✗ No acepte "salida voluntaria" (o sea que, usted no debe acceder a salir de los Estados Unidos voluntariamente) sin hablar primero con un abogado. Firmar un acuerdo de salida voluntaria significa que usted no tendrá una audiencia, tendrá que salir de los Estados Unidos, y puede ser que nunca le permitirán entrar a los Estados Unidos o lograr la legalización de su estado migratorio.
- ✗ No firme ordenes de deportación estipulada sin primero hablar con un abogado. Firmar una orden estipulada significa que usted rinde sus derechos a tener una audiencia frente a un juez de inmigración y sirve como una orden de deportación otorgado por un juez.
- ✗ No asuma que los agentes de Inmigración o el juez le explicarán sus opciones, o que le darán la información correcta. Espere a hablar con un abogado antes de decir o hacer cualquier cosa.



Porciones de este documento fueron adaptados con permiso del National Lawyers Guild de su folleto titulado "Know Your Rights!" ("¡Conozca Sus Derechos!").

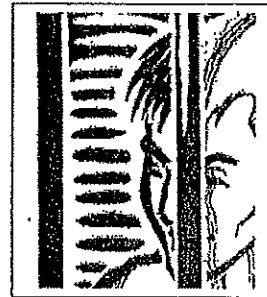


Los Angeles (Headquarters)
3435 Wilshire Blvd
Suite 2860
Los Angeles, CA 90010
213 639-3900
213 639-3911 fax

Washington, DC
1101 14th Street, NW
Suite 410
Washington, DC 20005
202 216-0261
202 216-0266 fax

Oakland, CA
405 14th Street, NW
Suite 1400
Oakland, CA 94612
510 663-8282
510 663-2028

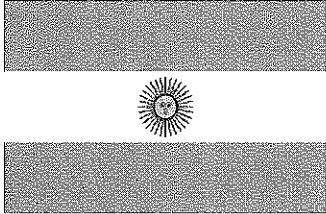
- ☒ Usted tiene el derecho de llamar a un abogado o a su familia si usted es detenido. Usted tiene el derecho de recibir la visita de un abogado si ya ha sido detenido (en la prisión de Inmigración).
 - ✗ Usted tiene el derecho a un abogado, pero el gobierno no pagará ni proveerá ese abogado. Usted deberá de contratar o encontrar a alguien que le represente. (Inmigración debe darle una lista de grupos a los cuales usted puede llamar que proveen consulta legal o representación gratuita o de bajo costo). Si usted es presentado ante un juez antes de que pueda obtener un consejo legal, debe pedirle al juez más tiempo para encontrar a un abogado.
 - ✗ Usted tiene el derecho de llamar a su consulado. Los números de teléfono de su consulado están disponibles en la cárcel y se los puede pedir a su fiscal de deportación. Su Consul también podrá ayudarle contratar a un abogado.
- ☒ Cuando usted consiga a un abogado, debe decirle todo lo que usted considere importante acerca de su caso de inmigración, incluso si usted ha sido arrestado por cometer un crimen. Es importante que cualquier persona que le dé consejos legales conozca todo sobre su caso para que puedan brindarle a usted el mejor consejo. No vale la pena mentir a o guardar información de su abogado, ya que esto podría perjudicarlo.
- ☒ Si usted cree que su jefe lo reportó a Inmigración porque usted se quejó sobre las condiciones en el trabajo, asegúrese decírselo al abogado. Si su jefe sí lo reportó por esta razón, probablemente pueda hacer una demanda oficial en su contra por represalia.
- ☒ En la mayoría de los casos, Inmigración debe decidir dentro de las primeras 48 horas si se continúa o no con el procedimiento de inmigración (delante de un juez), y puede que sea (o no) mantenido bajo custodia o puesto en libertad bajo fianza. Después de 72 horas, Inmigración debe darle un aviso de audiencia. Este aviso le da información sobre la fecha de su audiencia frente a un juez de Inmigración.
- ☒ En la mayoría de los casos, usted tiene el derecho de pedir que le pongan en libertad pagando una fianza, o de pedir una audiencia ante un juez para fijar una fianza. (La fianza que se paga asegura que usted se aparecerá a todas sus audiencias frente al juez de Inmigración.) Sin embargo, si el juez piensa que usted no va a presentarse para su audiencia o que es un peligro para otros, emitirá una orden para que continúe en la cárcel detenido.
- ☒ Si usted tiene que salir de los Estados Unidos, intente hablar con un abogado de Inmigración antes de salir. Si sale, puede ser que no le permitan regresar al país por cierta cantidad de años. Es importante saber esto antes de salir, porque si regresa antes



de lo permitido, puede ser arrestado por haber cometido un crimen serio al volver a entrar al país sin autorización.

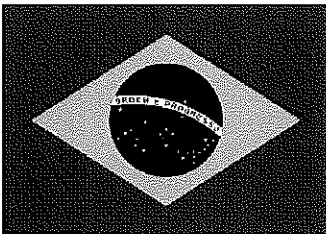
- ✕ Si usted teme regresar a su país de origen, dígale a su fiscal de deportación y al tribunal de inmigración inmediatamente. Usted podría someter una solicitud de asilo u otro remedio.
- ✕ Si usted tiene antecedentes penales, es sumamente importante que se comuniquen con un abogado con experiencia en asuntos de las consecuencias migratorias de los antecedentes penales. Si usted tiene algún antecedente penal, obtenga una copia sellada de su expediente del tribunal criminal.
- ✕ Si no le han dado una audiencia frente al juez de inmigración, pero antes de ir frente a un juez, es importante que se comuniquen con su patrón. If you are not given a hearing before an immigration judge, find out why and let your lawyer know immediately.

CONSULADOS DE PAISES LATINOAMERICANOS EN CHICAGO



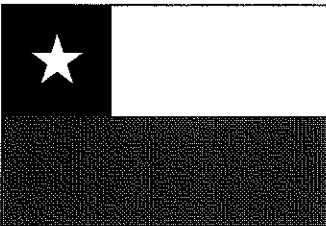
Argentina

Consulado General en Chicago
205 N Michigan Ave #4209,
Chicago, IL 60601
Tel: (312) 819-2610
Fax: (312) 819-2612
Sitio: <http://www.cchic.mrecic.gov.ar/en>



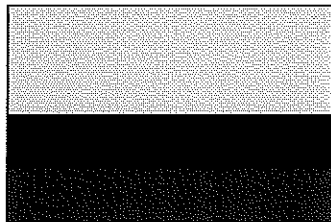
Brasil

Consulado Geral Do Brasil Em Chicago
401 North Michigan Avenue, Suite 1850
Chicago, IL 60611
Tel: (312) 464-0244
Sitio: <http://chicago.itamaraty.gov.br/en-us/>



Chile

Consulado General de Chile en Chicago
1415 N Dayton St.
Chicago, IL 60642
Tel: (312) 654-8780
Fax: (312) 654-8948
Sitio: <http://www.cgchicago.com/index.php?page=services>



Colombia

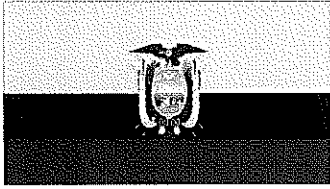
Consulado General de Colombia
500 North Michigan Ave. Suite 2040
Chicago, IL 60611
Tel: (312) 923-1196
Fax: (312) 923-1197
Sitio: <http://chicago.consulado.gov.co/>



Costa Rica

Consulado General de Costa Rica
30 N Michigan Avenue, Suite 1922
Chicago, IL 60602
Tel.: (312) 470-0282 / (312) 577-4267
Fax: (312) 577-4271
Sitio: <http://www.costaricaembassy.org/index.php?q=node/136>

CONSULADOS DE PAISES LATINOAMERICANOS EN CHICAGO



Ecuador

Consulado General de Ecuador
30 S. Michigan Ave. Suite 204
Chicago, IL 60603
Tel: (312) 338-1002-1003
Fax: (312) 338-1502
Sitio: <http://chicago.consulado.gob.ec/>



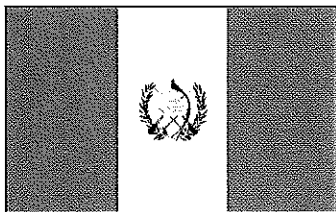
El Salvador

Ministerio de Relaciones Exteriores de El Salvador
177 North State, 2nd Floor, Mezzanine
Chicago, IL 60601
Tel: (312) 332-1393
(312) 578-5390
Fax: (312) 332-4446
Sitio: <http://consuladochicago.rree.gob.sv/>



España

Consulado General de España
180 N. Michigan Ave. Suite 1500
Chicago, IL 60601
Tel: (312) 782-4588
Fax: (312) 782-1635
Sitio: <http://www.exteriores.gob.es/Consulados/CHICAGO/en/ServiciosConsulares/consularservicesinchicago/visas/Pages/inicio.aspx>



Guatemala

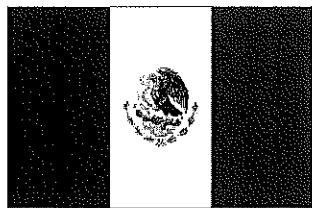
Consulado General de Guatemala
5559 N Elston Ave #100
Chicago, IL 60630
Tel: (312) 540-0781
Fax: (312) 540-0897
Sitio: <http://www.conschicago.minex.gob.gt/Home/Home.aspx>



Honduras

Consulado General de Honduras
4506 W. Fullerton
Chicago, IL 60639
Tel: (773) 342-8281
Fax: (773) 342-8293
Sitio: <http://www.hondurasemb.org/consulados.html>

CONSULADOS DE PAISES LATINOAMERICANOS EN CHICAGO



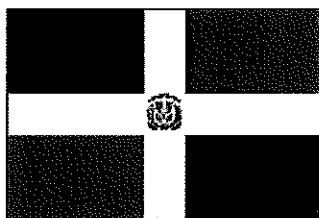
México

Consulado General de México
204 S. Ashland Ave.
Chicago, IL 60607
Tel: (312) 738-2383
Fax: (312) 491-9072
Sitio: <http://consulmex.sre.gob.mx/chicago/>



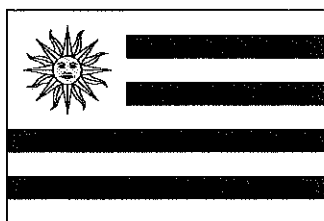
Perú

Consulado General de Perú
180 N. Michigan Ave.
Chicago, IL 60601
Tel: (312) 782-1599
Fax: (312) 704-6969
Sitio: <http://www.consuladoperu.com>



Republica Dominicana

Consulado General de la Republica Dominicana
8700 Bryn Mawr
Triangle Plaza Suite 1300
Chicago, IL 60631
Tel: (773) 714-4924
Fax: (773) 714-4910
Sitio: <http://www.domrep.org/>



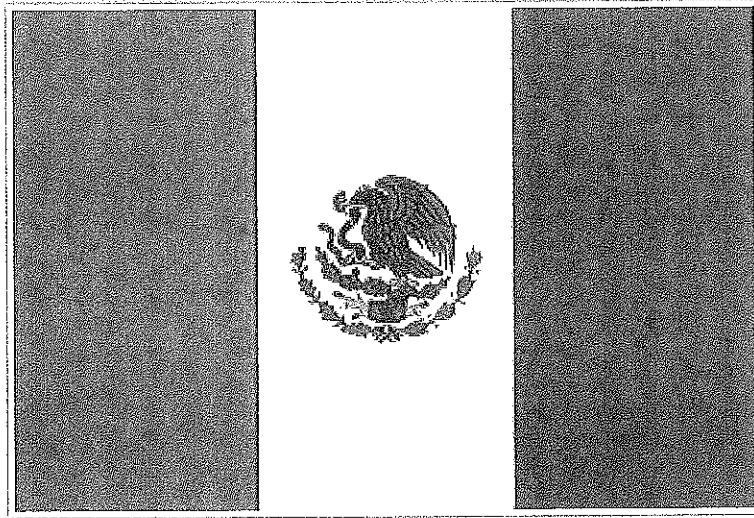
Uruguay

Consulado General de Uruguay
875 N. Michigan Ave. Suite 1422
Chicago, IL 60611
Tel: (312) 642-3430
Fax: (312) 642-3470
Sitio: <http://www.uruguaychicago.org/index.php>



Venezuela

Consulado General de Venezuela
20 N Wacker Dr. Suite 1925
Chicago, IL 60606
Tel: (312) 324-0907
Fax: (312) 580-1010
Sitio: <http://embavenez-us.org/chicago/spanish/>



Consulado de Mexico en Milwaukee

1443 N Prospect Ave
Milwaukee, WI 53202

(414) 944-7586

Lunes a Viernes, 9 AM – 2 PM

Tramites de Pasaporte, Matricular - 1-877-639-4835 o mexitel.sre.gob.mx
Servicios de Poderes o Registro Civil - 414-944-7586 extensiones 121 y 122
Departamento de Protección - 414-944-7586 extensiones 112-116



Telefonos de Emergencia
En caso de emergencia urgente llame
al **911**

Policia:
Bomberos:
Consulado
de mi país:

**Informacion importante de mi
familia aqui en los Estados Unidos**

Nombre
Telefono
Trabajo
Parentesco

Nombre
Telefono
Trabajo
Parentesco

Nombre
Telefono
Trabajo
Parentesco

**Informacion importante de mi
familia en mi pais**

Nombre
Telefono
Parentesco

Nombre
Telefono
Parentesco

Nombre
Telefono
Parentesco

**TELÉFONOS DE EMERGENCIA E
INFORMACIÓN**

Número de Póliza de sus seguros

Seguro Medico:

Compañía:
Teléfono:
Numero de Póliza

Seguro del Carro (s):

Compañía:
Teléfono:
Numero de póliza:

Seguro de su Casa:

Compañía:
Teléfono:
Numero de Póliza:

Informacion Medica Importante

Doctor (nombre)

Telefono

Doctor (nombre)

Telefono

Pediatra (nombre)

Telefono

Clinica (Nombre y direccion)

Telefono

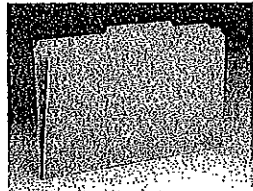
Hospital (nombre y direccion)

Telefono

Farmacia (nombre y direccion)

Telefono

	Emergency Telephone Numbers and Information
Emergency Telephone Numbers In case of a serious emergency, call 911	Numbers of Insurance Policies
Police (from the house):	Health Insurance: Company:
Police (from work):	Telephone:
Police (from school):	Policy Number:
Fire Department:	Car Insurance:
Mayor's Office:	Company:
Consulate of my country:	Telephone:
	Policy Number:
Family/Important Contacts in the U.S.	Important Medical Information
Name:	Doctor (Name):
Telephone (Home):	Telephone:
Work:	
Relationship:	Doctor (Name):
Name:	Telephone:
Telephone (Home):	
Work:	Pediatrician (Name):
Relationship:	Telephone:
Name:	
Telephone (Home):	Clinic
Work:	Name & Address:
Relationship:	Telephone:
Family/Important Contacts in my Country	
Name:	Hospital
Telephone (Home):	Name & Address:
Work:	Telephone:
Relationship:	
Name:	Pharmacy
Telephone (Home):	Name & Address:
Work:	Telephone:
Relationship:	



Use esta forma para tener toda su información importante en un mismo lugar. Ponga los documentos originales en un lugar seguro bajo llave.

Telefonos del Trabajo

Empleador # 1

Nombre:
Teléfono:
Supervisor:
Teléfono del supervisor:
Teléfono del Representante de la unión:

Empleador # 2

Nombre:
Teléfono:
Supervisor:
Teléfono del supervisor:
Teléfono del Representante de la unión:

Empleador # 3

Nombre:
Teléfono:
Supervisor:
Teléfono del supervisor:
Teléfono del Representante de la unión:

Información importante sobre sus Vehículos

Vehiculo # 1

Numero de placa
VIN #
Compañía con la que tengo el préstamo:
Teléfono:
Aseguradora:
Teléfono:

Vehiculo # 2

Numero de placa
VIN #
Compañía con la que tengo el préstamo:
Teléfono:
Aseguradora:
Teléfono:

INFORMACIÓN IMPORTANTE ACERCA DE SU FAMILIA

Números importantes sobre Escuelas y Daycare

Escuela # 1:

Nombre del niño(a):
Nombre de la Escuela:
Nombre del maestro(a):
Teléfono:
Numero de la Escuela:

Escuela # 2:

Nombre del niño(a):
Nombre de la Escuela:
Nombre del maestro(a):
Teléfono:
Numero de la Escuela:

Escuela # 3:

Nombre del niño(a):
Nombre de la Escuela:
Nombre del maestro(a):
Teléfono:
Numero de la Escuela:

Escuela # 4:

Nombre del niño(a):
Nombre de la Escuela:
Nombre del maestro(a):
Teléfono:
Numero de la Escuela:

Números de Seguro Social o ITIN

Nombre:
Numero:

Nombre:
Numero:

Nombre:
Numero:

Nombre:
Numero:

Nombre:
Numero:

Nombre:
Numero:

Agregue Una copia fotostatica de cada una de las tarjetas de Seguro Social o del numero de ITIN.

 Important Records of your Family Use this form in order to have all important information in the same, accessible place. Put the originals of each document in a safe place (for example, in a lock box).	
Important Work Numbers	Important Numbers of School and Daycare
Employer #1	School # 1
Name:	Name of child:
Telephone:	Name of school:
Supervisor:	Name of teacher:
Telephone of Supervisor:	Telephone:
Union Representative:	School Identification number:
Telephone:	School #2
Employer #2	Name of child:
Name:	Name of school:
Telephone:	Name of teacher:
Supervisor:	Telephone:
Telephone of Supervisor:	School Identification number:
Union Representative:	School #3
Telephone:	Name of child:
Employer #3	Name of school:
Name:	Name of teacher:
Telephone:	Telephone:
Supervisor:	School identification number:
Telephone of Supervisor:	<i>You should attach any policy or plan for disasters existing in the school of your children.</i>
Union Representative:	
Telephone:	
<i>You should attach any information about the places where you work.</i>	
Important Information of your Vehicles	Social Security Numbers or ITIN
Vehicle 1 - license plate number:	Name:
Identification number:	Number:
Car loan:	Name:
Insurance:	Number:
Vehicle 2 - license plate number:	Name:
Identification number:	Number:
Car loan:	Name:
Insurance:	Number:
<i>Attach a copy of the registration of each vehicle and a photograph of each vehicle.</i>	
<i>Attach a copy of each social security card.</i>	



INFORMACIÓN MEDICA E IDENTIFICACIÓN DE NUESTRA FAMILIA

Agregué copias de sus actas de nacimiento, récords de vacunación y fotografía de cada miembro de su familia

Miembro de su Familia # 1

Nombre:

Fecha de Nacimiento:

Donador de Órganos: Si No

Alergias:

Medicamentos:

Condición Medica o Historia Medica:

Miembro de su Familia # 2

Nombre:

Fecha de Nacimiento:

Donador de Órganos: Si No

Alergias:

Medicamentos:

Condición Medica o Historia Medica:

Miembro de su Familia # 3

Nombre:

Fecha de Nacimiento:

Donador de Órganos: Si No

Alergias:

Medicamentos:

Condición Medica o Historia Medica:

Miembro de su Familia # 4

Nombre:

Fecha de Nacimiento:

Donador de Órganos: Si No

Alergias:

Medicamentos:

Condición Medica o Historia Medica:

Miembro de su Familia # 5

Nombre:

Fecha de Nacimiento:

Donador de Órganos: Si No

Alergias:

Medicamentos:

Condición Medica o Historia Medica:



Medical information and identification of your family

Attach a copy of his or her birth certificate, records of
vaccination, and a photograph of each member of your family.

Family Member 1

Name:

Date of Birth:

Organ Donor:

Yes

No

Allergies:

Medications:

Medical conditions & medical history:

Family Member 2

Name:

Date of Birth:

Organ Donor:

Yes

No

Allergies:

Medications:

Medical conditions & medical history:

Family Member 3

Name:

Date of Birth:

Organ Donor:

Yes

No

Allergies:

Medications:

Medical conditions & medical history:

Family Member 4

Name:

Date of Birth:

Organ Donor:

Yes

No

Allergies:

Medications:

Medical Conditions & medical history:

Family Member 5

Name:

Date of Birth:

Allergies:

Medications:

Medical conditions & medical history:



INFORMACIÓN MEDICA E IDENTIFICACIÓN DE NUESTRA FAMILIA

Agregué copias de sus actas de nacimiento, récords de vacunación y fotografía de cada miembro de su familia

Miembro de su Familia # 6

Nombre:

Fecha de Nacimiento:

Donador de Órganos: Si No

Alergias:

Medicamentos:

Condición Medica o Historia Medica:

Miembro de su Familia # 7

Nombre:

Fecha de Nacimiento:

Donador de Órganos: Si No

Alergias:

Medicamentos:

Condición Medica o Historia Medica:

Personas que PUEDEN recoger a mis hijos de la Escuela o del Daycare

Nombre:

Fecha de Nacimiento:

Teléfono (casa):

Teléfono (trabajo)

Parentesco:

Nombre:

Fecha de Nacimiento:

Teléfono (casa):

Teléfono (trabajo)

Parentesco:

Nombre:

Fecha de Nacimiento:

Teléfono (casa):

Teléfono (trabajo)

Parentesco:

Personas que NO pueden recoger a mis hijos de la Escuela o del Daycare

Nombre:

Nombre:

Nombre:

Asegúrese de informar al personal de la escuela de sus hijos, que las personas mencionadas en esta hoja, tienen permiso de recoger a sus hijos y también de las personas que **NO** pueden recogerlos y tenga esta información lo mas completa y actualizada posible

Si existe una orden de restricción, por favor, agregue una copia de la orden con esta forma y también agregue una copia al expediente de su(s) hijo(s) en la escuela

		Medical Information and Identification of your family Attach a copy of his or her birth certificate, records of vaccination, and a photograph of each member of your family.	
Family Member 6			
Name:			
Date of Birth:	Organ Donor:	Yes	No
Allergies:			
Medications:			
Medical conditions & medical history:			
Family Member 7			
Name:			
Date of Birth:	Organ Donor:	Yes	No
Allergies:			
Medications:			
Medical conditions & medical history:			

<u>Persons who CAN pick up my children from school/ day care</u>	<u>Persons who CANNOT pick up my children</u>
Name:	Name:
Date of Birth:	Name:
Telephone (Home):	Name:
Telephone (Work):	Name:
Relationship:	
Name:	*Be sure to inform personnel at your children's school that the persons listed in these sections have permission to pick up your children or do not have permission and have the most up to date and complete information. *If there is a restraining order, attach a copy of this order and file another copy with the school or day care of your children.
Date of Birth:	
Telephone (Home):	
Telephone (Work):	
Relationship:	
Name:	
Date of Birth:	
Telephone (Home):	
Telephone (Work):	
Relationship:	



CONTACTOS PARA PROBLEMAS LEGALES, ROBO DE IDENTIDAD, FRAUDE, INMIGRACIÓN, etc.

Por su propia seguridad NO anote los números de sus tarjetas de crédito o de sus números de cuenta en este documento

Compañías de Tarjetas de crédito	Contactos sobre asuntos financieros
Tarjeta # 1 Compañía o Banco: Numero de teléfono: Nombre(s) en la tarjeta:	Cuenta de Cheques # 1 Compañía o Banco: Numero de teléfono: Personas con acceso a esta cuenta:
Tarjeta # 2 Compañía o Banco: Numero de teléfono: Nombre(s) en la tarjeta:	Cuenta de Cheques # 2 Compañía o Banco: Numero de teléfono: Personas con acceso a esta cuenta:
Tarjeta # 3 Compañía o Banco: Numero de teléfono: Nombre(s) en la tarjeta:	Cuenta de Ahorros # 3 Compañía o Banco: Numero de teléfono: Personas con acceso a esta cuenta:
Tarjeta # 4 Compañía o Banco: Numero de teléfono: Nombre(s) en la tarjeta:	Cuenta de Ahorros # 4 Compañía o Banco: Numero de teléfono: Personas con acceso a esta cuenta:
Contactos Frecuentes	Asistencia Legal y Familiar
Fiscal: Teléfono:	Asistencia Legal en Inmigración: Nombre: Teléfono:
Programa sobre Violencia Domestica: Nombre: Teléfono:	Abogado Asuntos Civiles y Familiares: Nombre: Teléfono:
Lugar para reportar Abuso al(os) niño(s): Nombre: Teléfono:	Abogado Asuntos Criminales: Nombre: Teléfono:
	Defensa a Víctimas: Nombre: Teléfono:
Otros números de Importancia	

	Contacts for Legal Problems, Identity Theft, and Fraud For your security, DO NOT NOTE the numbers of your credit cards or account numbers on this document.
<u>Credit Card Companies</u> Card # 1 Company: Number (toll-free): Names on card:	<u>Contacts for your Financial Affairs</u> Checking Account #1 Bank: Number (toll-free): Persons with access to account:
Card # 2 Company: Number (toll-free): Names on card:	Checking Account # 2 Bank: Number (toll-free): Persons with access to account:
Card # 3 Company: Numbers (toll-free): Names on card:	Savings Account # 3 Bank: Number (toll-free): Persons with access to account:
Remember to report any theft of credit cards immediately.	Savings Account # 4 Bank: Number (toll-free): Persons with access to account:
<u>Frequent Contacts</u>	<u>Civil Legal Assistance</u>
Attorney:	Legal Assistance:
Public Prosecutor:	Civil Attorney:
Program for Domestic Violence:	Criminal Attorney:
Place to report child abuse:	Victims' Defense:
<u>Other Important & necessary numbers:</u>	



INFORMACIÓN DE EMERGENCIA DE LAS MASCOTAS

Usted puede agregar una foto de cada una de sus mascotas

Mascota 1

Nombre:

Fecha de Nacimiento:

Raza:

Descripción:

Numero de Registro:

Medicamentos:

Problemas Médicos:

Mascota 2

Nombre:

Fecha de Nacimiento:

Raza:

Descripción:

Numero de Registro:

Medicamentos:

Problemas Médicos:

Veterinario

Nombre:

Teléfono:

Teléfono de Emergencia:

Veterinario de Emergencia

Nombre:

Teléfono:

Domicilio:

Otra información de Importancia

	Emergency Care for Pets Attach a photograph of each pet.	
Pet 1		
Name:		
Date of Birth:		
Breed:		
Description:		
Registration Number:		
Medications:		
Medical Problems:		
Pet 2		
Name:		
Date of Birth:		
Breed:		
Description:		
Registration Number:		
Medications:		
Medical Problems:		
Veterinarian		Emergency Veterinarian
Name:		Name:
Telephone:		Telephone:
Emergency Telephone:		Address:
Emergency Housing for Pets/ Humane Society		Other Notes:
Name:		
Telephone:		
Address:		

Wisconsin Department of Safety and Professional Services

Mail To:
P.O. Box 8935
Madison, WI 53708-8935

Fax To:
(608) 251-3036

Ship To:
1400 E. Washington Ave.
Madison, WI 53703

CERTIFICATION REQUEST FORM

Please allow 7 to 10 business days for processing.

CREDIT CARD

\$10.00 FEE PER CERTIFICATION

Credit Card Fees

1 = \$10.00
2 = \$20.00
3 = \$30.00

CHECK/MONEY ORDER

\$10.00 FEE PER CERTIFICATION

(Made payable to DSPS)

Check/MO Fees

1 = \$10.00
2 = \$20.00
3 = \$30.00

Name of License/Credential Holder: _____

License/Credential Number: _____ Profession: _____

Entity/State to Receive Certification (*Three states max per form*): _____

Certification Destination/Mailing Address (Certifications will only be mailed to State Boards or Professional Associations):

1. _____
(Street) (City) (State) (Zip Code)
2. _____
(Street) (City) (State) (Zip Code)
3. _____
(Street) (City) (State) (Zip Code)

IF YOU WISH TO RECEIVE AN EMAIL NOTICE when the Certification has been processed, please list the email address below:

Email: _____

PAYMENT INFORMATION

Cardholder's Name: _____ Daytime Phone Number (____) _____ - _____

Cardholder's Address: _____
(Street) (City) (State) (Zip Code)

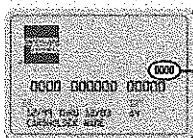
Credit Card Number: _____

Expiration Date: ____ / ____

Type (*Circle One*): Visa MC Disc AmEx



+3-digit
security
code



+4-digit
security
code

**NOTE: Please include
the Security code from
front/back of card:**

Cardholder's Signature: _____

I AUTHORIZE THE STATE OF WISCONSIN, DEPARTMENT
OF SAFETY AND PROFESSIONAL SERVICES TO CHARGE
MY CREDIT CARD WITH THE FOLLOWING DOLLAR

AMOUNT: \$ _____

*DSPS uses RightFax to ensure safe and secure transmission
of your payment information (Rev. 12/14)*

For Receiving Purposes

COMO PEDIR UN ACTA DE NACIMIENTO DE UN HIJO NACIDO EN WISCONSIN

Puede pedirla por correo:

1. Se requiere una copia de uno de los siguientes documentos:
 - Identificación otorgada por el estado Wisconsin con fotografía vigente
 - Licencia de conducir otorgada por el estado de Wisconsin vigente
 - Identificación o licencia de conducir otorgada por cualquier estado dentro de los Estados Unidos vigente.
2. Se requiere una copia de dos de los siguientes documentos:
 - Pasaporte Mexicano vigente
 - Estado de cuenta de banco
 - Tarjeta de crédito con su nombre
 - Tarjeta del seguro medico o de carro con su nombre
 - Contrato de arrendamiento reciente
 - Estado de cuenta de luz/gas, cable, teléfono, etc. a nombre suyo
 - Copia de una infracción otorgada a usted por un policía que indique su nombre, fecha de nacimiento y domicilio actual.
3. Llenar la solicitud adjunta
4. Mandar un money order de \$20.00 (por la primer copia) (agregar \$3.00 por cada copia adicional)
A nombre de **Wis. Vital Records.**
5. Mandar un sobre con su nombre, domicilio y giro postal para que sus documentos sean enviados a usted.
6. Enviar todo al siguiente domicilio:

**Wisconsin Vital Records Office
PO BOX 309
Madison, WI 53701-0309**

El trámite tarda aproximadamente 30 días. Para mayor información favor de llamar al:
(608) 266-1373 de lunes a viernes de 8:00am – 4:15pm.
Información automatizada disponible las 24 horas del día al (608) 266-1371.

PARENTS' PERMISSION FOR CHILD TO TRAVEL TO _____

Child: _____, born _____, País de destino
 Nombre y Apellido del Niño Fecha de Nacimiento

Parents: Mother: _____, born _____
 Nombre y Apellido de la madre Fecha de Nacimiento

Father: _____, born _____
 Nombre y Apellido del padre Fecha de Nacimiento

Address of Child: _____
 Dirección del Niño

Address of Parents: Mother: _____
 Dirección de la madre

Father: _____
 Dirección del Padre

Escort for Child: _____, born _____
 Nombre y Apellido del Acompañante Fecha de Nacimiento

 Dirección del Acompañante

WITNESSETH:

We, the parents of _____, _____ years of age, do hereby give our permission for this child to
 Nombre y Apellido del Niño Edad
 travel to _____ under the escort of _____
 País de destino Nombre y Apellido del Acompañante

beginning on or around _____. This permission gives _____
 Fecha del viaje Nombre y Apellido del Acompañante

authority to exercise temporary physical custody and control over our child for the exclusive purpose of travel and for any related
 emergency. This permission shall expire upon the child's safe arrival, but no later than _____, 200 _____.
 Fecha de llegada del niño

Signed this _____ day of _____, 200 ____.

 Mother (Madre)

 Father (Padre)

Subscribed and sworn before me by _____ and _____ on this _____ day of _____, 200 ____.

 NOTARY PUBLIC

State at Large _____

My commission expires: _____

WISCONSIN BIRTH CERTIFICATE APPLICATION

(for Mail or In-Person Requests)

TYPE or PRINT.

PENALTIES: Any person who wilfully and knowingly makes a false application for a birth certificate is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than 3 years and 6 months, or both, per s. 69.24(1)]. Any person who wilfully and knowingly obtains a birth certificate for fraudulent purposes is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than 3 years and 6 months, or both, per s. 69.24(1), Wis. Stats.].

I. APPLICANT INFORMATION	YOUR CURRENT NAME - First Middle Last			
	YOUR STREET ADDRESS (CANNOT be a P.O. Box address) Apt. No		MAIL TO ADDRESS (if different) Apt. No	
	City	State	ZIP Code	City State ZIP Code
	YOUR DAYTIME TELEPHONE NUMBER ()		YOUR EMAIL ADDRESS	
	TYPE OF CURRENT VALID PHOTO ID (See item 4 on page 2.)	PHOTO ID NUMBER		STATE OF ISSUANCE EXPIRATION DATE
II. APPLICANT'S RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE	According to Wisconsin Statute, a CERTIFIED copy of a birth certificate is only available to those with a "direct and tangible interest." (See item 1 on page 2.)			
	Check one box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the birth certificate.			
	☐ A. I am the PERSON NAMED on the birth certificate.			
	☐ B. I am a member of the immediate family of the PERSON NAMED on the birth certificate. CHECK ONE of the following: ☐ Parent (My name is on the birth certificate and my parental rights have <u>not</u> been terminated) ☐ Current Spouse ☐ Brother / Sister ☐ Grandparent ☐ Child ☐ Current Domestic Partner (registered in the Wis. Vital Records System) NOTE: Grandchildren, step-parents, step-children and step-brothers/step-sisters may only obtain certified copies as categories C – E.			
	☐ C. I am the legal custodian or guardian of the PERSON NAMED on the birth certificate. (Legal proof is required.) ☐ D. I am a representative authorized , in writing, by any of the aforementioned (categories A - C). (The written and notarized authorization must accompany this application.) Specify whom you represent. _____ ☐ E. I can demonstrate that the information from the birth certificate is necessary for the determination or protection of a personal or property right for myself/my client/my agency. (Proof is required.) Specify your interest. _____ ☐ F. None of the above. I am requesting an uncertified copy. (Copy will not be valid for legal purposes.)			
III. FEES	PURPOSE FOR WHICH CERTIFICATE IS REQUESTED:			
	Required Search Fee (includes one copy, if found) \$ 20.00 20.00 Each additional copy of the same record, issued at the same time as the first copy X \$ 3.00 \$ 0.00 Number of additional copies			
	FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATION REQUESTS ARE NOT ACCEPTED. TOTAL \$ 20.00			
Mail your application materials and fee to: STATE VITAL RECORDS OFFICE / PO BOX 309 / MADISON, WI 53701-0309 Be sure to include: ☐ completed form, ☐ acceptable identification, ☐ payment, ☐ self-addressed, stamped, business-size envelope, and ☐ any additional proof or authorization required Make check or money order payable to: STATE OF WIS. VITAL RECORDS				
IV. BIRTH RECORD INFORMATION	BIRTH NAME - First Middle Last Name as it appears on the birth certificate			
	SEX ☐ Male ☐ Female	BIRTHDATE (MM/DD/YYYY)	PLACE OF BIRTH - County	PLACE OF BIRTH - City, Village, or Township
	PARENT'S BIRTH NAME - First Middle Last			
	PARENT'S BIRTH NAME - First Middle Last			
I hereby attest that the information provided on this application is correct to the best of my knowledge and belief and that I am entitled to copies of the requested birth certificate in accordance to the categories listed above.				
SIGNATURE (Applicant)			Date Signed (MM/DD/YYYY)	

Important: Signature and payment are required for processing.

1. What is the difference between a “certified” and an “uncertified” copy of a birth certificate?

A **certified** copy of a birth certificate issued by a Wisconsin Vital Records Office will have a raised seal, will show the signature of the State or Local Registrar, and will be printed on security paper. A certified copy may be required to obtain a state-issued driver's license or identification, for travel to foreign countries, to obtain a passport, or for benefit purposes.

State law restricts who may obtain a **certified** copy of a birth certificate. A **certified** copy can only be issued to those people with a “direct and tangible interest” (section II, categories A – E) which means the following people:

- The person named on the birth certificate (section II, category A).
- An immediate family member, defined as current spouse, current domestic partner (Declaration of Domestic Partnership registered in the Wis. Vital Records System under Chapter 770, Wis. Stats.), child, or parent (whose name is on the birth certificate and whose parental rights have not been terminated), brother/sister, or grandparent of the subject of the record (section II, category B).
- NOTE: Grandchildren, step-parents, and step-children can only obtain certified copies as in section II, categories C – E.
- The legal custodian or guardian of the person named on the birth certificate. Legal proof, *e.g.*, a court order of custody or guardianship, is required (section II, category C).
- A person authorized in writing by one of the above. A written and notarized authorization must accompany the application and the authorization must clearly state the relationship of the authorizing party to the subject of the record (section II, category D).
- A person who can demonstrate that the birth certificate is required to determine or to protect a personal or property right (section II, category E). Proof is required.

If you do not meet one of the above criteria, you cannot receive a **certified** copy of a birth certificate.

An **uncertified** copy will contain the same information as a certified copy but it is **not** acceptable for legal purposes, such as proof of identity (section II, category F).

2. Limitations on access to certain birth certificates

An **uncertified copy** will contain the same information as a certified copy but it is **not** acceptable for legal purposes, such as proof of identity.

According to Chapter 69, Wis. Stats., **uncertified copies** of the following types of birth certificates may not be obtained by anyone:

- A child born to unmarried parents and paternity has not been established.
- A child born to unmarried parents and paternity was established by court order.

Only persons with a “direct and tangible interest” (categories A – E) may obtain **certified copies** of those types of birth certificates listed directly above.

3. How long will it take to process my request?

▪ **Applying in Person**

- In-person requests for **certified** copies of birth certificates are usually completed within 2 business hours of application, if the birth certificate is on file.
- In-person requests for **uncertified** copies of birth certificates are not completed on the same schedule as requests for certified copies. In-person requests for uncertified copies may take up to 1 month to complete.

▪ **Applying by Mail**

- Requests for **certified** copies of birth certificates may take up to 2 weeks plus mail time to complete.
- Requests for **uncertified** copies of birth certificates are not completed on the same schedule as certified copies. Mail requests for uncertified copies may take up to 1 month plus mail time.

4. What identification is required when applying for a birth certificate?

A **photocopy** of the applicant's ID as listed below must be submitted with **all** mail applications. ID as listed below is required when applying in-person.

At least one form of ID must show your name and address. Expired cards or documents will not be accepted.

Acceptable forms of identification are:

One of these:

- Wisconsin driver's license
- Wisconsin ID card
- Out-of-state driver's license or ID card

OR

- US government issued photo ID
- Passport
- Check book/bank statement

Two of these:

- Health insurance card
- Current, dated, signed lease
- Utility bill or traffic ticket
- Paycheck or earnings statement

**If you have questions regarding this form, please call 608-266-1373
or visit our website at <http://www.dhs.wisconsin.gov/vitalrecords>**



APPLICATION FOR A U.S. PASSPORT

PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS

I applied: Place: _____ Date: _____

INFORMATION, QUESTIONS, AND INQUIRIES

Please visit our website at travel.state.gov. In addition, you may contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD: 1-888-874-7793) or by email at NPIC@state.gov. Customer Service Representatives are available Monday-Friday 8:00a.m.-10:00p.m. Eastern Time (excluding federal holidays). Automated information is available 24 hours a day, 7 days a week.

U.S. PASSPORTS, EITHER IN BOOK OR CARD FORMAT, ARE ISSUED ONLY TO U.S. CITIZENS OR NON-CITIZEN NATIONALS. EACH PERSON MUST OBTAIN HIS OR HER OWN U.S. PASSPORT BOOK OR U.S. PASSPORT CARD. THE PASSPORT CARD IS A U.S. PASSPORT ISSUED IN CARD FORMAT. LIKE THE TRADITIONAL U.S. PASSPORT BOOK, IT REFLECTS THE BEARER'S ORIGIN, IDENTITY, AND NATIONALITY AND IS SUBJECT TO EXISTING PASSPORT LAWS AND REGULATIONS. UNLIKE THE U.S. PASSPORT BOOK, THE U.S. PASSPORT CARD IS VALID ONLY FOR ENTRY TO THE UNITED STATES AT LAND BORDER CROSSINGS AND SEA PORTS OF ENTRY WHEN TRAVELING FROM CANADA, MEXICO, THE CARIBBEAN, AND BERMUDA. THE U.S. PASSPORT CARD IS NOT VALID FOR INTERNATIONAL AIR TRAVEL.

IMPORTANT NOTICE TO APPLICANTS WHO HAVE HAD A PREVIOUS U.S. PASSPORT BOOK AND/OR PASSPORT CARD

LOST OR STOLEN - You are required to submit a Form DS-64, Statement Regarding a Lost or Stolen U.S. Passport, when your valid or potentially valid U.S. passport book and/or passport card cannot be submitted with this application.

IN MY POSSESSION - If your most recent U.S. passport book and/or passport card was issued less than 15 years ago, and you were over the age of 16 at the time of issuance, you may be eligible to use Form DS-82 to renew your passport by mail. If your most recent passport is valid and needs additional pages, you can submit your passport, form DS-4085, and the current fee.

SPECIAL REQUIREMENTS FOR CHILDREN

● AS DIRECTED BY PUBLIC LAW 106-113 AND 22 CFR 51.28:

To submit an application for a child under age 16 both parents or the child's legal guardian(s) must appear and present the following:

- Evidence of the child's U.S. citizenship;
- Evidence of the child's relationship to parents/guardian(s); **AND**
- Parental/guardian government-issued identification.

IF ONLY ONE PARENT APPEARS, YOU MUST ALSO SUBMIT ONE OF THE FOLLOWING:

- Second parent's notarized written statement or DS-3053 (including the child's full name and date of birth) consenting to the passport issuance for the child. The notarized statement cannot be more than **three** months old and must be signed and notarized on the same day, and must come with a photocopy of the front and back side of the second parent's government-issued photo identification; **OR**
- Second parent's death certificate if second parent is deceased; **OR**
- Primary evidence of sole authority to apply; **OR**
- A written statement or DS-5525 (made under penalty of perjury) explaining in detail the second parent's unavailability.

● AS DIRECTED BY REGULATION 22 C.F.R. 51.21 AND 51.28:

- Each minor child applying for a U.S. passport book and/or passport card must appear in person.

FAILURE TO PROVIDE INFORMATION REQUESTED ON THIS FORM, INCLUDING YOUR SOCIAL SECURITY NUMBER, MAY RESULT IN SIGNIFICANT PROCESSING DELAYS AND/OR THE DENIAL OF YOUR APPLICATION.

WHAT TO SUBMIT WITH THIS FORM:

1. **PROOF OF U.S. CITIZENSHIP** (Evidence of U.S. citizenship that is not damaged, altered, or forged will be returned to you.)
2. **PROOF OF IDENTITY** (You must present your original identification **AND** submit a photocopy of the front and back side with your passport application.)
3. **RECENT COLOR PHOTOGRAPH** (Photograph must meet passport requirements – full front view of the face and 2x2 inches in size.)
4. **FEES** (Please visit our website at travel.state.gov for current fees.)

See page 2 of the instructions for detailed information on the completion and submission of this form.

WHERE TO SUBMIT THIS FORM:

Please complete and submit this application in person to one of the following acceptance agents: a clerk of a federal or state court of record or a judge or clerk of a probate court accepting applications; a designated municipal or county official; a designated postal employee at an authorized post office; an agent at a passport agency (by appointment only); or a U.S. consular official at a U.S. Embassy or Consulate, if abroad. To find your nearest acceptance facility, visit travel.state.gov or contact the National Passport Information Center at 1-877-487-2778.

WARNING: False statements made knowingly and willfully in passport applications, including affidavits or other documents submitted to support this application, are punishable by fine and/or imprisonment under U.S. law including the provisions of 18 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a passport in violation of the restrictions contained herein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification.

1. PROOF OF U.S. CITIZENSHIP

APPLICANTS BORN IN THE UNITED STATES: Submit a previous U.S. passport or certified birth certificate. Passports that are limited in validity will need to be supplemented by other evidence. A birth certificate must include your full name, date and place of birth, sex, date the birth record was filed, the seal or other certification of the official custodian of such records (state, county, or city/town office), and the full names of your parent(s).

- If the birth certificate was filed more than 1 year after the birth: It must be supported by evidence described in the next paragraph.
- If no birth record exists: Submit a registrar's notice to that effect. Also, submit a combination of the evidence listed below, which should include your given name and surname, date and/or place of birth, and the seal or other certification of the office (if customary), and the signature of the issuing official.
 - A hospital birth record;
 - An early baptismal or circumcision certificate;
 - Early census, school, medical, or family Bible records;
 - Insurance files or published birth announcements (such as a newspaper article); and
 - Notarized affidavits (or DS-10, *Birth Affidavit*) of older blood relatives having knowledge of your birth may be submitted in addition to some of the records listed above.

APPLICANTS BORN OUTSIDE THE UNITED STATES: Submit a previous U.S. passport, Certificate of Naturalization, Certificate of Citizenship, Report of Birth Abroad, or evidence described below:

- If you claim citizenship through naturalization of parent(s): Submit the Certificate(s) of Naturalization of your parent(s), your foreign birth certificate (and official translation if the document is not in English), proof of your admission to the United States for permanent residence, and your parents' marriage/certificate and/or evidence that you were in the legal and physical custody of your U.S. citizen parent, if applicable.
- If you claim citizenship through birth abroad to at least one U.S. citizen parent: Submit a Consular Report of Birth (Form FS-240), Certification of Birth (Form DS-1350 or FS-545), or your foreign birth certificate (and official translation if the document is not in English), proof of U.S. citizenship of your parent, your parents' marriage certificate, and an affidavit showing all of your U.S. citizen parents' periods and places of residence/physical presence in the United States and abroad before your birth.
- If you claim citizenship through adoption by a U.S. citizen parent(s): Submit evidence of your permanent residence status, full and final adoption, and your U.S. citizen parent(s) evidence of legal and physical custody. (NOTE: Acquisition of U.S. citizenship for persons born abroad and adopted only applies if the applicant was born on or after 02/28/1983.)

ADDITIONAL EVIDENCE: You must establish your citizenship to the satisfaction of the acceptance agent and Passport Services. We may ask you to provide additional evidence to establish your claim to U.S. citizenship. Visit travel.state.gov for details.

You may receive your newly issued passport book and/or card and your returned citizenship evidence in two separate mailings. If you are applying for both a U.S. passport book and passport card, you may receive three separate mailings; one with your returned citizenship evidence, one with your newly issued passport book, and one with your newly issued passport card.

- If you are 16 years of age or older: Your U.S. passport will be valid for 10 years from the date of issue except where limited by the Secretary of State to a shorter period. (See information below about the additional cost for expedited service.)
- If you are under 16 years of age: Your U.S. passport will be valid for five years from the date of issue except where limited by the Secretary of State to a shorter period. (See information below about the additional cost for expedited service.)

2. PROOF OF IDENTITY

You may submit items such as the following containing your signature AND a photograph that is a good likeness of you: previous or current U.S. passport book; previous or current U.S. passport card; driver's license (not temporary or learner's license); Certificate of Naturalization; Certificate of Citizenship; military identification; or federal, state, or municipal government employee identification card. Temporary or altered documents are not acceptable.

You must establish your identity to the satisfaction of the acceptance agent and Passport Services. We may ask you to provide additional evidence to establish your identity. If you have changed your name, please see travel.state.gov for instructions.

IF YOU CANNOT PROVIDE DOCUMENTARY EVIDENCE OF IDENTITY as stated above, you must appear with an IDENTIFYING WITNESS who is a U.S. citizen, non-citizen U.S. national, or permanent resident alien who has known you for at least two years. Your witness must prove his or her identity and complete and sign an Affidavit of Identifying Witness (Form DS-71) before the acceptance agent. You must also submit some identification of your own.

3. RECENT COLOR PHOTOGRAPH

Submit a color photograph of you alone, sufficiently recent to be a good likeness of you (taken within the last six months), and 2x2 inches in size. The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch, and not more than 1 3/8 inches. The photograph must be color, clear, with a full front view of your face, and printed on photo quality paper with a plain light (white or off-white) background. The photograph must be taken in normal street attire, without a hat, head covering, or dark glasses unless a signed statement is submitted by the applicant verifying the item is worn daily for religious purposes or a signed doctor's statement is submitted verifying the item is used daily for medical purposes. Headphones, "bluetooth", or similar devices must not be worn in the passport photograph. Any photograph retouched so that your appearance is changed is unacceptable. A snapshot, most vending machine prints, and magazine or full-length photographs are unacceptable. A digital photo must meet the previously stated qualifications, and will be accepted for use at the discretion of Passport Services. Visit our website at travel.state.gov for details and information.

4. FEES

CURRENT FEES ARE LISTED ON OUR WEBSITE AT TRAVEL.STATE.GOV. BY LAW, THE PASSPORT FEES ARE NON-REFUNDABLE.

- The passport processing, execution, and security fees may be paid in any of the following forms: Checks (personal, certified, or traveler's) with the applicant's full name and date of birth printed on the front; major credit card (Visa, Master Card, American Express, and Discover); bank draft or cashier's check; money order (U.S. Postal, international, currency exchange), or if abroad, the foreign currency equivalent, or a check drawn on a U.S. bank. All fees should be payable to the "U.S. Department of State" or if abroad, the appropriate U.S. Embassy or U.S. Consulate. When applying at a designated acceptance facility, the execution fee will be paid separately and should be made payable to the acceptance facility. NOTE: Some designated acceptance facilities do not accept credit cards as a form of payment.
- For faster processing, you may request expedited service. Please include the expedite fee in your payment. Our website contains updated information regarding fees and processing times for expedited service. Expedited service is available only in the United States.
- If you desire OVERNIGHT DELIVERY SERVICE for the return of your passport, please include the appropriate fee with your payment.
- An additional fee will be charged when, upon your request, the U.S. Department of State verifies issuance of a previous U.S. passport or Consular Report of Birth Abroad because you are unable to submit evidence of U.S. citizenship.
- For applicants with U.S. government or military authorization for no-fee passports, no fees are charged except the execution fee when applying at a designated acceptance facility.

NOTE REGARDING MAILING ADDRESSES

Passport Services will not mail a U.S. passport to a private address outside the United States. If you do not live at the address listed in the "mailing address", then you must put the name of the person and mark it as "In Care Of" in item # 8. If your mailing address changes prior to receipt of your new passport, please contact the National Passport Information Center.

If you choose to provide your email address in item #6 on this application, Passport Services may use that information to contact you in the event there is a problem with your application or if you need to provide information to us.

FEDERAL TAX LAW

Section 6039E of the Internal Revenue Code (26 U.S.C. 6039E) requires you to provide your Social Security number (SSN), if you have one, when you apply for or renew a U.S. passport. If you have not been issued a SSN, enter zeros in box #5 of this form. If you are residing abroad, you must also provide the name of the foreign country in which you are residing. The U.S. Department of State must provide your SSN and foreign residence information to the U.S. Department of Treasury. If you fail to provide the information, you are subject to a \$500 penalty enforced by the IRS. All questions on this matter should be directed to the nearest IRS office.

NOTICE TO CUSTOMERS APPLYING OUTSIDE A STATE DEPARTMENT FACILITY

If you send us a check, it will be converted into an electronic funds transfer (EFT). This means we will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will usually occur within 24 hours and will be shown on your regular account statement.

You will not receive your original check back. We will destroy your original check, but we will keep the copy of it. If the EFT cannot be processed for technical reasons, you authorize us to process the copy in place of your original check. If the EFT cannot be completed because of insufficient funds, we may try to make the transfer up to two times, and we will charge you a one-time fee of \$25, which we will also collect by EFT.

REMITTANCE OF FEES

Passport service fees are established by law and regulation (see 22 U.S.C. 214, 22 C.F.R. 22.1, and 22 C.F.R. 51.50-56), and are collected at the time you apply for the passport service. If the Department fails to receive full payment of the applicable fees because, for example, your check is returned for any reason or you dispute a passport fee charge to your credit card, the U.S. Department of State will take action to collect the delinquent fees from you under 22 C.F.R. Part 34, and the Federal Claims Collection Standards (see 31 C.F.R. Parts 900-904). In accordance with the Debt Collection Improvement Act (Pub.L. 104-134), if the fees remain unpaid after 180 days and no repayment arrangements have been made, the Department will refer the debt to the U.S. Department of Treasury for collection. Debt collection procedures used by U.S. Department of Treasury may include referral of the debt to private collection agencies, reporting of the debt to credit bureaus, garnishment of private wages and administrative offset of the debt by reducing, or withholding eligible federal payments (e.g., tax refunds, social security payments, federal retirement, etc.) by the amount of your debt, including any interest penalties or other costs incurred. In addition, non-payment of passport fees may result in the invalidation of your passport. An invalidated passport cannot be used for travel.

OTHER USES OF SOCIAL SECURITY NUMBER

Your Social Security number will be provided to U.S. Department of Treasury, used in connection with debt collection and checked against lists of persons ineligible or potentially ineligible to receive a U.S. passport, among other authorized uses.

NOTICE TO APPLICANTS FOR OFFICIAL, DIPLOMATIC, OR NO-FEE PASSPORTS

You may use this application if you meet all of the provisions listed on Instruction Page 2, however, you must CONSULT YOUR SPONSORING AGENCY FOR INSTRUCTIONS ON PROPER ROUTING PROCEDURES BEFORE FORWARDING THIS APPLICATION. Your completed passport will be released to your sponsoring agency for forwarding to you.

PROTECT YOURSELF AGAINST IDENTITY THEFT! REPORT YOUR LOST OR STOLEN PASSPORT BOOK OR PASSPORT CARD!

For more information regarding reporting a lost or stolen U.S. passport book or passport card and the Form DS-64, your eligibility to submit a Form DS-82 or how to request additional visa pages, call NPIC at 1-877-487-2778 or visit travel.state.gov.

SPECIAL NOTICE TO U.S. PASSPORT CARD APPLICANTS ONLY

The maximum number of letters provided for your given name (first and middle) on the U.S. passport card is 24 characters. The 24 characters may be shortened due to printing restrictions. If both your given names are more than 24 characters, you must shorten one of your given names you list on item 1 of this form.

ELECTRONIC PASSPORT STATEMENT

The U.S. Department of State now issues an "Electronic Passport" book, which contains an embedded electronic chip. The electronic passport book continues to be proof of the bearer's United States citizenship/nationality and identity, and looks and functions in the same way as a passport without a chip. The addition of an electronic chip in the back cover enables the passport book to carry a duplicate electronic copy of all information from the data page. The electronic passport book is usable at all ports-of-entry, including those that do not yet have electronic chip readers.

Use of the electronic format provides the traveler the additional security protections inherent in chip technology. Moreover, when used at ports-of-entry equipped with electronic chip readers, the electronic passport book provides for faster clearance through some of the port-of-entry processes.

The electronic passport book does not require special handling or treatment, but like previous versions should be protected from extreme heat, bending, and from immersion in water. The electronic chip must be read using specially formatted readers, which protects the data on the chip from unauthorized reading.

The cover of the electronic passport book is printed with a special symbol representing the embedded chip. The symbol  will appear in port-of-entry areas where the electronic passport book can be read.

ACTS OR CONDITIONS

If any of the below-mentioned acts or conditions have been performed by or apply to the applicant, the portion which applies should be lined out, and a supplementary explanatory statement under oath (or affirmation) by the applicant should be attached and made a part of this application.

I have not, since acquiring United States citizenship/nationality, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States, or before a diplomatic or consular officer of the United States in a foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down, or to destroy by force, the government of the United States.

Furthermore, I have not been convicted of a federal or state drug offense or convicted of a "sex tourism" crimes statute, and I am not the subject of an outstanding federal, state, or local warrant of arrest for a felony; a criminal court order forbidding my departure from the United States; a subpoena received from the United States in a matter involving federal prosecution for, or grand jury investigation of, a felony.

PRIVACY ACT STATEMENT

AUTHORITIES: Collection of this information is authorized by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E, Section 236 of the Admiral James W. Nance and Meg Donovan Foreign Relations Authorization Act, Fiscal Years 2000 and 2001; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

PURPOSE: We are requesting this information in order to determine your eligibility to be issued a U.S. passport. Your Social Security number is requested in order to verify your identity. Failure to provide your Social Security number on this form may delay processing of your application.

ROUTINE USES: This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad.

More information on the Routine Uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-26, Passport Records.

DISCLOSURE: Providing your Social Security number and the other information on this form is voluntary, but failure to provide the information on this form may, given the form's purpose of verification of identity and entitlement to a U.S. passport, result in processing delays or denial of the passport application.

Failure to provide your Social Security number may also subject you to a penalty enforced by the Internal Revenue Service, as described in the Federal Tax Law section of the instructions to this form. Your Social Security number will be provided to the Department of the Treasury and may be used in connection with debt collection, among other purposes as authorized and generally described in this section. Providing your Social Security number and other information requested on this form is otherwise voluntary.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 95 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 2201 C Street NW, Washington, D.C. 20520.



APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0004
OMB EXPIRATION DATE: 01-31-2017
ESTIMATED BURDEN: 95 MIN

Attention: Read WARNING on page 1 of instructions

Please select the document(s) for which you are applying:

☐ U.S. Passport Book ☐ U.S. Passport Card ☐ Both

The U.S. passport card is not valid for international air travel. For more information see page 1 of instructions.

☐ 28 Page Book (Standard) ☐ 52 Page Book (Non-Standard)

Note: The 52 page option is for those who frequently travel abroad during the passport validity period, and is recommended for applicants who have previously required the addition of visa pages.

1. Name Last

First Middle

☐ D ☐ O ☐ Dep DOTS

End. # Exp.

2. Date of Birth (mm/dd/yyyy)

3. Sex

M F

4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.)

5. Social Security Number

6. Email Address (e.g., my_email@domain.com)

7. Primary Contact Phone Number

@

8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.

Address Line 2: Clearly label Apartment, Company, Suite, Unit, Building, Floor, In Care Of or Attention if applicable. (e.g., In Care Of - Jane Doe, Apt # 100)

City

State

Zip Code

Country, if outside the United States

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)

A.

B.

STOP! CONTINUE TO PAGE 2

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

Identifying Documents - Applicant or Mother/Father/Parent on Second Signature Line (if identifying minor)

☐ Driver's License ☐ State Issued ID Card ☐ Passport ☐ Military ☐ Other

Name

Issue Date
(mm/dd/yyyy)

Exp. Date
(mm/dd/yyyy)

State of
Issuance

ID No

Country of
Issuance

Identifying Documents - Applicant or Mother/Father/Parent on Third Signature Line (if identifying minor)

☐ Driver's License ☐ State Issued ID Card ☐ Passport ☐ Military ☐ Other

Name

Issue Date
(mm/dd/yyyy)

Exp. Date
(mm/dd/yyyy)

State of
Issuance

ID No

Country of
Issuance

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on page four of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph attached to this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.

☐ Acceptance Agent ☐ (Vice) Consul USA

☐ Passport Staff Agent

(Seal)

Name of courier company (if applicable)

Facility ID Number

Facility Name/Location

Agent ID Number

Signature of person authorized to accept applications

Date

For Issuing Office Only → Bk Card EF Postage Execution Other



* DS 11 C 09 2013 1 *

Name of Applicant (Last, First, & Middle)

Date of Birth (mm/dd/yyyy)

10. Parental Information

Mother/Father/Parent - First & Middle Name

Last Name (at Parent's Birth)

Date of Birth (mm/dd/yyyy)

Place of Birth

Sex U.S. Citizen?

☐ Male ☐ Yes
☐ Female ☐ No

Mother/Father/Parent - First & Middle Name

Last Name (at Parent's Birth)

Date of Birth (mm/dd/yyyy)

Place of Birth

Sex U.S. Citizen?

☐ Male ☐ Yes
☐ Female ☐ No
11. Have you ever been married? ☐ Yes ☐ No *If yes, complete the remaining items in #11.*

Full Name of Current Spouse or Most Recent Spouse

Date of Birth (mm/dd/yyyy)

Place of Birth

U.S. Citizen? Date of Marriage (mm/dd/yyyy)

Have you ever been widowed or divorced? ☐ Yes ☐ No

Widow/Divorce Date (mm/dd/yyyy)

12. Additional Contact Phone Number**13. Occupation (if age 16 or older)****14. Employer or School (if applicable)**
☐ Home ☐ Cell
☐ Work
15. Height**16. Hair Color****17. Eye Color****18. Travel Plans**

Departure Date (mm/dd/yyyy)

Return Date (mm/dd/yyyy)

Countries to be Visited

19. Permanent Address - If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.

Street/RFD # or URB (No P.O. Box)

Apartment/Unit

City

State

Zip Code

20. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.

Name

Address: Street/RFD # or P.O. Box

Apartment/Unit

City

State

Zip Code

Phone Number

Relationship

21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? ☐ Yes ☐ No *If yes, complete the remaining items in #21.*

Name as printed on your most recent passport book

Most recent passport book number

Most recent passport book issue date (mm/dd/yyyy)

Status of your most recent passport book: ☐ Submitting with application ☐ Stolen ☐ Lost ☐ In my possession (if expired)

Name as printed on your most recent passport card

Most recent passport card number

Most recent passport card issue date (mm/dd/yyyy)

Status of your most recent passport card: ☐ Submitting with application ☐ Stolen ☐ Lost ☐ In my possession (if expired)**PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY**

Name as it appears on citizenship evidence

☐ Birth Certificate SR CR City Filed:

Issued:

☐ Nat. / Citiz. Cert. USCIS USDC Date/Place Acquired:

A#

☐ Report of Birth Filed/Place:☐ Passport C/R S/R Per PIERS #/DOI:☐ Other:☐ Attached:☐ P/C of ID ☐ DS-3053 ☐ DS-64 ☐ DS-5520 ☐ DS-5513 ☐ Citiz W/S☐ P/C of Citiz ☐ DS-10 ☐ DS-86 ☐ DS-71 ☐ IRL ☐ CIS Ver

* DS 11 C 09 2013 2 *

Special Requirements for Children Under Age 16

Before You Start, Please Note:

Minors under age 16 must apply in person
All children regardless of age, including newborns and infants, must have their own passport
There are special requirements for All Minors Ages 16 & 17

STEPS TO SUBMITTING A PASSPORT APPLICATION FOR A MINOR UNDER AGE 16:

Read and understand **Steps 1 - 7** before leaving this page.

STEP 1: Complete and Submit Form DS-11: *Application For A U.S. Passport*

Complete Form DS-11: Application for a U.S. Passport. To submit Form DS-11, the minor:

- Must apply in person with both parents/guardian(s)**
- Must provide the additional documentation** required by Form DS-11 (See Steps 2-7)
- Must not sign** the application until instructed to do so by the Acceptance Agent
- Must provide his/her Social Security number**

STEP 2: Submit Evidence of U.S. Citizenship

The minor's evidence of U.S. citizenship must be submitted with Form DS-11. All documentation submitted as citizenship evidence will be returned to you. These documents will be delivered with your newly issued U.S. passport or in a separate mailing.

Primary Evidence of U.S. Citizenship (One of the following):

- ☒ Previously issued, undamaged U.S. Passport
- ☒ Certified birth certificate issued by the city, county or state*
- ☒ Consular Report of Birth Abroad or Certification of Birth
- ☒ Naturalization Certificate
- ☒ Certificate of Citizenship

*A certified birth certificate has a registrar's raised, embossed, impressed or multicolored seal, registrar's signature, and the date the certificate was filed with the registrar's office, which must be within 1 year of your birth. Some short (abstract) versions of birth certificates may not be acceptable for passport purposes.

NOTE: If you do not have primary evidence of U.S. citizenship or your U.S. birth certificate does not meet the requirements, please see Secondary Evidence of U.S. Citizenship.

STEP 3: Submit Evidence of Relationship

Parent(s)/Guardian(s) must submit evidence of their relationship to the minor applicant.

Evidence of Relationship (One of the following):

- ☒ Minor's certified U.S. birth certificate with both parents' names
- ☒ Minor's certified Foreign Birth Certificate with both parents' names*
- ☒ Minor's Report of Birth Abroad with both parents' names
- ☒ Adoption Decree with adopting parents' names*
- ☒ Court Order establishing custody

☒ Court Order establishing guardianship

*Foreign documents should be accompanied by an official English translation

NOTES:

Previous U.S. passports are not acceptable as evidence of relationship

Evidence of a legal name change must be submitted, if the name of a parent/guardian has changed since the original documents were issued (e.g. photocopy of a marriage certificate, etc.)

STEP 4: Present Identification of Parent(s)/Guardian(s)

When applying for a minor under age 16, both parent(s)/guardian(s) must **present** acceptable identification at the time of application.

Primary Identification (One of the following):

- ☒ Previously issued, undamaged U.S. passport
- ☒ Naturalization Certificate
- ☒ Valid Driver's License
- ☒ Current Government Employee ID (city, state or federal)
- ☒ Current Military ID (military and dependents)

NOTE: If none of these items are available, please see Secondary Identification.

STEP 5: Provide Parental Consent

Both parents must provide consent authorizing passport issuance for a minor under age 16. See the scenarios below, and follow the instruction that best applies to your circumstance:

Both Parents MUST:	Appear in person with the minor Sign Form DS-11 in front of an Acceptance Agent
One Parent MUST:	Appear in person with the minor Sign Form DS-11 in front of an Acceptance Agent Submit the second parents' notarized Statement of Consent (Form DS-3053)
One Parent (with sole legal custody) MUST:	Appear in person with the minor Sign Form DS-11 in front of an Acceptance Agent Submit primary evidence of sole authority to apply for the child with one of the following: Minor's certified U.S. or foreign birth certificate listing only the applying parent Consular Report of Birth Abroad (Form FS-240) or Certification of Birth Abroad (Form DS-1350) listing only the applying parent Court order granting sole custody to the

	applying parent (unless child's travel is restricted by that order) Adoption decree (if applying parents is sole adopting parent) Court order specifically permitting applying parent's or guardian's travel with the child Judicial declaration of incompetence of non-applying parent Death certificate of non-applying parent NOTE: If none of the above documentation is available, the applying parent must submit <u>Form DS-3053</u> stating why the non-applying parent/guardian's consent cannot be obtained
A Third Party (In <i>Loco Parentis</i> applying on behalf of a minor under the age of 16) MUST:	Submit a notarized written statement or affidavit from both parents or guardians authorizing a third-party to apply for a passport When the statement of affidavit is from only one parent/guardian, the third-party must present evidence of sole custody of the authorizing parent/guardian.

STEP 6: Pay the Applicable Fee

Please see Current Passport Fees and methods of payment.

STEP 7: Provide Two Passport Photos

We can help you submit clear and correctly exposed passport photos the first time - especially when applying for the **U.S. Passport Card**. See Quality Requirements for Passport Book & Passport Card Photographs to avoid photo processing delays.

Your Photographs Must Be:

Identical

In color

2 x 2 inches in size

Taken within the past 6 months, showing current appearance

Full face, front view with a plain white or off-white background

Between 1 inch and 1 3/8 inches from the bottom of the chin to the top of the head

Taken in **normal street attire**:

Uniforms should **not** be worn in photographs except religious attire that is worn daily

Do **not** wear a hat or headgear that obscures the hair or

hairline

If you normally wear prescription glasses, a hearing device, wig or similar articles, they **should** be worn for your picture

Dark glasses or nonprescription glasses with tinted lenses are **not** acceptable unless you need them for medical reasons (a medical certificate may be required)

NOTES:

Vending machine photos are not generally acceptable

See Digitized Passport Photos for information on acceptable digital photos

Professional photographers, see Guidelines for Producing High Quality Photographs for U.S. Travel Documents

NEED A U.S. PASSPORT IMMEDIATELY?

You should make an appointment to be seen at a Regional Passport Agency **only if**:

The U.S. passport is needed in **less than 2 weeks** for international travel

The U.S. passport is needed **within 4 weeks** to obtain a foreign visa

Contact the National Passport Information Center to make an appointment or locate a Passport Agency.



U.S. Department of State

STATEMENT OF CONSENT:

ISSUANCE OF A U.S. PASSPORT TO A MINOR UNDER AGE 16

USE OF THIS FORM

The information collected on this form is used in conjunction with the DS-11, "Application for a U.S. Passport". When a minor under age of 16 applies for a passport and one of the minor's parent or legal guardians is unavailable at the time the passport is executed, a completed and notarized DS-3053 can be used as the statement of consent. If the required statement is not submitted, the minor may not be eligible to receive a U.S. passport. The required statement may be submitted in other formats provided they meet statutory and regulatory requirements.

FORM INSTRUCTIONS

1. Complete items 1 and 2.
2. Complete Item 3, Statement of Consent, only if you are a non-applying parent or guardian consenting to the issuance of a passport for your minor child. NOTE: Your signature must be witnessed and notarized in item 4.
3. The written consent from the non-applying parent that accompanies an application for a new U.S. passport must not be more than 90 days old. A clear photocopy of the front and back of the non-applying parent's government-issued photo identification is required with the written consent.
4. Please submit this form with your minor child's new DS-11 passport application to any designated acceptance facility, U.S. Passport Agency, U.S. Embassy, or U.S. Consulate abroad.

WARNING: False statements made knowingly and willfully on passport applications, including affidavits or other supporting documents submitted therewith, may be punishable by fine and/or imprisonment under U.S. law, including the provisions of 18 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621.

FOR INFORMATION, QUESTIONS, AND INQUIRIES

For passport and travel information, please visit our website at travel.state.gov. In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD 1-888-874-7793) or by e-mail at NPIC@state.gov. Customer Service Representatives are available Monday-Friday, 8:00 a.m. - 10:00 p.m. Eastern Standard Time (excluding federal holidays). Automated information is available 24/7.

For information on International Parental Child Abduction, please visit www.travel.state.gov/childabduction or contact the Office of Children's Issues by telephone at 1-888-407-4747 or by e-mail at PreventAbduction@state.gov.

PRIVACY ACT STATEMENT

AUTHORITIES: We are authorized to collect this information by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

PURPOSE: The primary purpose for soliciting the information is to establish two parent consent for a minor's passport application, as required by Public Law 106-113, Section 236.

ROUTINE USES: This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad.

More information on the Routine Uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-26, Passport Records.

DISCLOSURE: Failure to provide the information requested on this form may result in the refusal or denial of a U.S. passport application.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documentation required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 2201 C Street NW, Washington, D.C. 20520.



U.S. Department of State

OMB CONTROL NO. 1405-0129
OMB EXPIRATION DATE: 08-31-2016
ESTIMATED BURDEN: 20 Minutes

**STATEMENT OF CONSENT:
ISSUANCE OF A U.S. PASSPORT TO A MINOR UNDER AGE 16**

Attention: Read WARNING and FORM INSTRUCTIONS on page 1

1. MINOR'S NAME

Last	First	Middle
------	-------	--------

2. MINOR'S DATE OF BIRTH (mm/dd/yyyy)

3. STATEMENT OF CONSENT To be completed by the non-applying parent or guardian using his/her information when not present at the time the applying parent or guardian submits the minor's application. **Statements expire after 90 days.**

I, _____, give my consent to the issuance of a United States passport to my minor child named on this application.

Print Name (non-applying parent)

Street Address (non-applying parent)

Apartment

City

State

Zip Code

()

Area Code

Telephone Number

E-mail Address

STOP! YOU MUST SIGN THIS FORM IN FRONT OF A NOTARY.

OATH: I declare under penalty of perjury that all statements made in this supporting document are true and correct.

Signature of Non-Applying Parent or Guardian

Date (mm/dd/yyyy)

NOTE: A clear photocopy of the front and back of the identification you presented to the notary is required with this form.

4. STATEMENT OF CONSENT NOTARIZATION

Name of Notary

Print Name (Notary Public)

Location

City, State

Commission Expires

Date (mm/dd/yyyy)

**NOTARY
SEAL**

Identification Presented
by Non-Applying Parent or
Guardian:

☐

Driver's License

☐

Passport

☐

Military ID

☐

Other (specify) _____

ID Number: _____

Place of Issue: _____

Issue Date (mm/dd/yyyy): _____

Expiration Date (mm/dd/yyyy): _____

OATH: By signing this document, I certify that I am a licensed notary under laws and regulations of the state or country for which I am performing my notarial duties, that I am not related to the above affiant, that I have personally witnessed him/her sign this document, and that I have properly verified the identity of the affiant by personally viewing the above notated identification document and the matching photocopy.

Signature of Notary

Date of

Notarization

Date (mm/dd/yyyy)



U.S. Department of State
STATEMENT OF EXIGENT/SPECIAL FAMILY CIRCUMSTANCES
FOR ISSUANCE OF A U.S. PASSPORT TO A MINOR UNDER AGE 16

USE OF THIS FORM

Passport applications for minors under the age of 16 require both custodial parents/legal guardians' signatures unless a notarized, written statement of consent from the non-applying custodial parent/legal guardian is provided.

If you have a current court order reflecting full/sole custody or granting permission to obtain a passport, it is likely you will not need to fill out this form. Court orders must be submitted with the minor's passport application.

Use this form only if the notarized, written consent of a parent or legal guardian with custody of the minor applicant under 16 cannot be obtained. Your statement in the form must explain the reason why you cannot obtain the notarized statement of consent. You must justify that there are exigent or special family circumstances that make two parent/guardian consent unobtainable. Please note completion of this form does not guarantee passport issuance.

Your request may qualify as a exigent circumstance if there is a time-sensitive emergency and the inability of the minor to obtain a passport would jeopardize the minor's health or welfare and safety or welfare of the minor or would result in the minor being separated from the rest of his or her traveling party.

Your request may qualify as a special family circumstance if the minor's family situation makes it exceptionally difficult or impossible for one or both of the minor's custodial parents/legal guardians to provide the notarized, written consent.

FORM INSTRUCTIONS

1. Please complete the questions on this form to the best of your knowledge. Generally, the more information you are able to provide, the faster we may be able to process your minor child's U.S. passport application. For example, if you are unsure of an exact address, please provide the city, state, or street name if you can recall them. Passport Services will consider all the information derived from the form in its entirety.

2. If you need more space to respond to a question, please write the rest of your response on a separate sheet of paper.

FOR MORE INFORMATION AND/OR QUESTIONS

For passport and travel information, please visit our website at travel.state.gov. In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD 1-888-874-7793) or by e-mail at NPIC@state.gov. Customer Service Representatives are available Monday-Friday, 8:00a.m.-10:00p.m. Eastern Standard Time (excluding federal holidays). Automated information is available 24/7.

For information on International Parental Child Abduction, please visit www.travel.state.gov/childabduction or contact the Office of Children's Issues by telephone at 1-888-407-4747 or by e-mail at PreventAbduction1@state.gov.

WARNING

False statements made knowingly and willfully on passport applications, including affidavits or other supporting documents submitted therewith, may be punishable by fine and/or imprisonment under U.S. law, including the provisions of 18 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621.

PRIVACY ACT STATEMENT

AUTHORITIES: We are authorized to collect this information by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

PURPOSE: The primary purpose for soliciting this information is to establish a possible exigent/special family circumstance exception to Public Law 106-113, Section 236, requiring two parent consent for a minor's passport application.

ROUTINE USES: This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad.

More information on the Routine Uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-26, Passport Records.

DISCLOSURE: Failure to provide the information requested on this form may result in the refusal or denial of a U.S. passport application.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. Responding to this collection of information is required to obtain a benefit. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Legal Affairs and Law Enforcement Liaison, Attn: Forms Officer, 44132 Mercure Cir, P.O. Box 1227, Sterling, Virginia 20166-1227.



U.S. Department of State
STATEMENT OF EXIGENT/SPECIAL FAMILY CIRCUMSTANCES
FOR ISSUANCE OF A U.S. PASSPORT TO A MINOR UNDER AGE 16

OMB CONTROL NO. 1405-0216
OMB EXPIRATION DATE: 08-31-2019
ESTIMATED BURDEN: 30 Minutes

1. Minor's Name (Last, First, Middle)		2. Minor's Date of Birth (mm/dd/yyyy)	
3. Applying Parent/Guardian's Name (Last, First, Middle)			
4. Non-Applying Parent/Guardian's Information			
Last Name		First & Middle Name	
Date of Birth (mm/dd/yyyy)		Other Names They May Have Used	
Street		Apartment No.	
City		State	
ZIP Code		Country	
Telephone Number: () E-mail Address:			
5. Has any court, either in the United States or abroad, ever issued an order/decreed that references the custody or travel of the minor child in question? (Examples include a divorce decree, custody order, protection order, stay away order, restraining order, etc.) ☐ Yes ☐ No			
<i>If yes, you must submit a complete, signed, and dated copy of the most recent order(s)/decree(s) with this form.</i>			
6. Is the non-applying parent/guardian currently incarcerated? ☐ Yes ☐ No			
<i>If yes, submit evidence of incarceration with this form, such as a letter from the convicting criminal court, a copy of the incarceration court order, or a copy of the on-line inmate locator page.</i>			
7. Describe your attempts to contact the Non-Applying Parent. (If you need more space, continue on a separate paper.)			
By Mail Number of times: Approximate Dates: Result:			
Phone Number of times: Approximate Dates: Result:			
E-mail Number of times: Approximate Dates: Result:			
Social Media Number of times: Approximate Dates: Result:			
Other Have you attempted to contact through a friend or relative? If so, please fill out the information below.			
Name: How they know the non-applying parent:			
Ex: John Smith Ex: Works with Non-Applying Parent			
Address:			
Street City State or Country			
Phone: Approximate Dates: Result:			
Name: How they know the non-applying parent:			
Ex: John Smith Ex: Works with Non-Applying Parent			
Address:			
Street City State or Country			
Phone: Approximate Dates: Result:			
8. Please explain in detail the reason for your request to issue a U.S. passport book and/or card without the non-applying parent/guardian's consent. (If you need more space, please continue on a separate paper.)			
OATH: I declare under penalty of perjury that all statements made in this supporting document are true and correct.			
Signature of Parent or Legal Guardian:		Date (mm/dd/yyyy):	

Oficinas del Servicio Postal donde aceptan tramites de Pasaporte in el Área de MILWAUKEE

AMC

5500 S Howell Ave
Milwaukee, WI 53207

Bay View

1603 E Oklahoma Ave
Milwaukee, WI 53207

Cudahy Post Office

3570 E Plankinton Ave
Cudahy, WI 53110

Franklin Post Office

9575 Brenwood Park Dr
Franklin, WI 53132

Fred John Post Office

5555 N 91st St
Milwaukee, WI 53225

Greendale Post Office

5741 Broad St
Greendale, WI 53129

Greenfield Branch

7353 W Forest Home Ave
Milwaukee, WI 53220

Hales Corners

5444 S 108th St
Hales Corners, WI 53130

Juneau Station

606 E Juneau Ave
Milwaukee, WI 53202

Milwaukee Main Office

345 E Saint Paul Ave
Milwaukee, WI 53202

Milwaukee, WI, County Clerk

901 N 9th St
Milwaukee, WI 53233

North Milwaukee

5995 N Teutonia Ave
Milwaukee, WI 53209

North Shore Post Office

5651 N Lydell Ave
Whitefish Bay, WI 53217

Oak Creek Post Office

200 E Centennial Dr
Oak Creek, WI 53154

Post Office - Shorewood Branch

1620 E Capitol Dr
Shorewood, WI 53211

Root River Branch Post Office, Milwaukee, WI

11015 W Oklahoma Ave
Milwaukee, WI 53227

Sequoia Retail Post Office

6825 W Brown Deer Rd
Milwaukee, WI 53223

South Milwaukee

2210 10th Ave
South Milwaukee, WI 53172

Wauwatosa Branch

1655 N Mayfair Rd
Wauwatosa, WI 53226

West Allis Post Office

7440 W Greenfield Ave
Milwaukee, WI 53214

West Milwaukee Station

4300 W Lincoln Ave
Milwaukee, WI 53219

Oficinas del Servicio Postal donde aceptan tramites de Pasaporte in el Área de **RACINE**

Burlington Post Office
100 S Pine St
Burlington, WI 53105

Four Mile Station
2635 4 Mile Rd
Racine, WI 53404

Racine County Clerk
730 Wisconsin Ave
Racine, WI 53403

Racine Main Office
603 Main St
Racine, WI 53403

Sturtevant Post Office
2849 Wisconsin St
Sturtevant, WI 53177

Village of Rochester Clerk-
Treasurer
203 W Main St
Rochester, WI 53167

Waterford Post Office
218 N Milwaukee St
Waterford, WI 53185

West Racine
1300 Perry Ave
Racine, WI 53406

Oficinas del Servicio Postal donde aceptan tramites de Pasaporte in el Área de **KENOSHA**

Bristol Post Office
8223 199th Ave
Bristol, WI 53104

Kenosha County
Administration Bldg
1010 56th St
Kenosha, WI 53140

Kenosha Post Office
5605 Sheridan Rd
Kenosha, WI 53140

Pleasant Prairie
4225 101st St
Pleasant Prairie, WI 53158

Twin Lakes Post Offices
170 Lance Dr
Twin Lakes, WI 53181

Oficinas del Servicio Postal donde aceptan tramites de Pasaporte in el Área de **WAUKESHA**

Big Bend Post Office
S86W22530 Edgewood
Ave
Big Bend, WI 53103

Brookfield Post Office
17345 Civic Dr
Brookfield, WI 53045

Butler Post Office
12420 W Hampton Ave
Butler, WI 53007

Delafield Post Office
925 Genesee St
Delafield, WI 53018

Hartland Post Office
401 E Industrial Dr
Hartland, WI 53029

Menomonee Falls Post
Office
W173N9170 Saint Francis
Dr
Menomonee Falls, WI
53051

Mukwonago Post Office
911 Greenridge Center
Mukwonago, WI 53149

Muskego Post Office
16860 Janesville Rd
Muskego, WI 53150

New Berlin Post Office
15300 W Howard Ave
New Berlin, WI 53151

Oconomowoc Post
Office 38 S Main St
Oconomowoc, WI 53066

Pewaukee Post Office
140 Simmons Ave
Pewaukee, WI 53072

Waukesha County Clerk
1320 Pewaukee Rd
Waukesha, WI 53188

Waukesha Post Office
300 E Broadway
Waukesha, WI 53186

Oficinas del Servicio Postal donde aceptan tramites de Pasaporte in el Área de **SHEBOYGAN**

Oostburg Post Office
1508 Center Ave
Oostburg, WI 53070

Plymouth Post Office
302 E Main St
Plymouth, WI 53073

Sheboygan County Clerk's
Office
508 New York Ave
Sheboygan, WI 53081

Sheboygan Falls Post
Office
108 Maple St
Sheboygan Falls, WI 53085

Sheboygan Post Office
522 N 9th St
Sheboygan, WI 53081

El Poder

1. **¿Qué es un poder?** El poder es un documento escrito mediante el cual se autoriza a cierta persona (el apoderado) que actúe en nombre de uno (el principal) para llevar a cabo ciertos trámites. Por ejemplo, si desea vender bienes raíces, como una casa, y por alguna razón el dueño no puede llevar a cabo la venta, puede nombrar a otra persona que actúe en nombre del dueño con el mismo poder que si fuera dueño el apoderado.
2. **¿En cuáles circunstancias puede ser útil el poder?** Se puede preparar un poder si uno cree que estará incapacitado cuando sea necesario llevar a cabo alguna transacción. Hay varias circunstancias que pueden incapacitar legalmente, inclusive la hospitalización, la falta de facultad mental o física, la detención por la policía o el servicio de inmigración, la deportación o la ausencia del país.
3. **¿Cuándo se debe de preparar el poder?** Se debe de preparar con anticipación porque cuando esté incapacitado por alguna razón ya no será posible hacerlo.
4. **¿Qué dice el poder?** El poder identifica claramente la persona que concede el poder (el principal), la que recibe el poder y otros que recibirán el poder si el primer apoderado no está dispuesto a llevar a cabo sus responsabilidades. Se explican las circunstancias en que se hace vigente el poder, sea arresto, deportación, pérdida de facultades, etcétera, y cuándo se vence el poder. Finalmente, se describe con mucho cuidado todo lo que podrá hacer el apoderado en nombre del principal. Por ejemplo, se puede autorizar que el apoderado compra o venda bienes en nombre del principal, que pague cuentas, que abra o cierre cuentas, etcétera.
5. **¿A quién se debe nombrar apoderado?** Sólo se debe nombrar a personas de máxima confianza, tal como familiares allegados (padres, hijos mayores de edad, hermanos) para evitar que se perjudique o se estafe al principal. El apoderado puede tomar todos los pasos que podría tomar el principal si éste estuviera presente, de acuerdo con la autorización que contiene el poder.
6. **¿Quién prepara el poder?** La persona que desee un poder debe de consultar a un abogado para asegurarse de que el documento servirá lo que propone el cliente. En los EEUU los notarios no son abogados y no están preparados para ofrecer servicios legales, ni se les permite hacerlo. Los notarios se dedican a autenticar la firma en documentos.
7. **¿Qué forma lleva el poder?** Si se va a usar en los EEUU, el poder se prepara en inglés y lleva la firma del cliente autenticada por un notario. También se puede traducir al español si el cliente no lee el inglés. El poder "general" permite que el apoderado tome pasos sin límite en cualquier asunto que le parezca, tal como podría hacerlo el principal. En cambio, el poder "especial" sólo permite que el apoderado actúe en cuanto a los asuntos autorizados por el documento.



State of Wisconsin
Department of Health Services

This Power of Attorney for Finances form allows you to plan for future financial decision-making even if you are unable to make your own decisions. More information is available to assist you in filling out this form¹. This form is not the answer for everyone. Only select someone you trust to be your agent. You may wish to consult with an attorney to explore other financial planning tools such as a Power of Attorney for Finances drafted by an attorney, or special accounts or trusts.

This is an important legal document. Do not sign it until you, and your chosen agent, understand the powers being granted. By signing this document, you are not giving up any powers or rights to control your finances or property. Instead, you are giving your agent, in addition to yourself, the authority to handle your finances and property. While it is not required that you sign this document in the presence of a notary, acknowledged signatures create a lawful presumption of genuineness and will be more easily accepted by businesses and financial institutions.

This document is effective immediately when executed unless you state a future date or occurrence that will activate the powers expressed in this form.

This Power of Attorney for Finances is "durable" (does not terminate upon the principal's incapacity) unless you specifically state that it terminates if you become incapacitated.

If you name your spouse or domestic partner as your agent and the marriage or domestic partnership is terminated (annulment or divorce), this document becomes invalid unless the special instructions in this document state that such an action will not terminate the authority given to the agent.

If you used a former state Power of Attorney for Finances form, that form is still valid. Executing a new Power of Attorney for Finances does not, automatically, revoke a prior document.

If you wish to change this Power of Attorney for Finances in the future, you must complete a new document and revoke this one. You may revoke this document at any time; a suggested method is a written and dated statement expressing your intent to revoke this document. If you revoke this document, you should notify your agent and any other persons or entities that have a copy.

In general, an agent who is not the principal's spouse or domestic partner may not use the principal's property for the benefit of the agent or a person to whom the agent owes an obligation of support. Gifting to others is also generally not allowed².

Your agent is entitled to reasonable compensation unless you state otherwise in the special instructions.

This document does not give your agent the power to make medical, long-term care or other health care decisions for you.

Once your Power of Attorney for Finances form is completed and signed, send a copy of this document to your financial contacts (e.g. your bank, stockbroker, mortgage company, insurance agent, etc.) Give a copy to your agent and alternate agents as well as to trustworthy family members and/or to your attorney. Finally place a copy in a safe place in your home along with a list of who has a copy of the document.

¹ Coalition of Wisconsin Aging Groups: Guardianship Support Center (www.cwag.org)

² For more information on gifting, see Wis. Stats. §244.57

**WISCONSIN STATUTORY
POWER OF ATTORNEY FOR
FINANCES AND PROPERTY
IMPORTANT INFORMATION**

This Power of Attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes.

This Power of Attorney does not authorize the agent to make health-care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent's authority will continue until you die or revoke the Power of Attorney or the agent resigns or is unable to act for you.

Recording Area ↑

Name and Return Address

Parcel Identification Number (if any)

Your agent is entitled to reasonable compensation unless you state otherwise in the special instructions.

This form provides for designation of one agent. If you wish to name more than one agent, you may name a co-agent in the special instructions. Co-agents are not required to act together unless you include that requirement in the special instructions.

If your agent is unable or unwilling to act for you, your Power of Attorney will end unless you have named a successor agent. You may also name a 2nd successor agent.

This Power of Attorney becomes effective immediately unless you state otherwise in the special instructions. This Power of Attorney does not revoke any Power of Attorney executed previously unless you so provide in the special instructions.

If you revoke this Power of Attorney, you should notify your agent and any other person to whom you have given a copy. If your agent is your spouse or domestic partner and your marriage is annulled or you are divorced or legally separated or the domestic partnership is terminated after signing this document, the document is invalid.

If you have questions about the Power of Attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, _____ (name of principal), name the following person as my agent:

Name of agent: _____

Agent's address: _____

Agent's telephone number: _____

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of successor agent: _____

Successor agent's address: _____

Successor agent's telephone number: _____

If my successor agent is unable or unwilling to act for me, I name as my 2nd successor agent:

Name of 2nd successor agent: _____

Second successor agent's address: _____

Second successor agent's telephone number: _____

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined (see Appendix) in the Uniform Power of Attorney for Finances and Property Act in chapter 244 of the Wisconsin statutes:

(INITIAL each subject you want to include in the agent's general authority.)

☐	Real property
☐	Tangible personal property
☐	Stocks and bonds
☐	Commodities and options
☐	Banks and other financial institutions
☐	Operation of entity or business
☐	Insurance and annuities
☐	Estates, trusts, and other beneficial interests
☐	Claims and litigation
☐	Personal and family maintenance
☐	Benefits from governmental programs or civil or military service
☐	Retirement plans
☐	Taxes

LIMITATION ON AGENT'S AUTHORITY

An agent who is not my spouse or domestic partner MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the special instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions in the following space

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the special instructions.

NOMINATION OF GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of nominee for guardian of my estate: _____

Nominee's address: _____

Nominee's telephone number: _____

Name of nominee for guardian of my person: _____

Nominee's address: _____

Nominee's telephone number: _____

RELIANCE ON THIS POWER OF ATTORNEY FOR FINANCES AND PROPERTY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows that the power of attorney has been terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Your signature _____ Date _____

Your name printed _____

Your address: _____

Your telephone number: _____

State of: _____ County of: _____

This document was acknowledged before me on

Date _____ by name of principal _____

(Seal, if any)

Signature of notary _____

Name of notary (typed or printed) _____

My commission expires: _____

This document prepared by: _____

IMPORTANT INFORMATION FOR AGENT AGENT'S DUTIES

When you accept the authority granted under this Power of Attorney, a special legal relationship is created between you and the principal. This relationship imposes upon you legal duties that continue until you resign or the Power of Attorney is terminated or revoked. You must do all the following:

- (1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest.
- (2) Act in good faith.
- (3) Do nothing beyond the authority granted in this Power of Attorney.
- (4) Disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name as "agent" in the following manner:

_____ (principal's name) by _____ (your signature) as agent

Unless the special instructions in the Power of Attorney state otherwise, you must also do all the following:

- (1) Act loyally for the principal's benefit.
- (2) Avoid conflicts that would impair your ability to act in the principal's best interest.
- (3) Act with care, competence, and diligence.
- (4) Keep a record of all receipts, disbursements, and transactions made on behalf of the principal.
- (5) Cooperate with any person that has authority to make health-care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest.
- (6) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

TERMINATION OF AGENT'S AUTHORITY

You must stop acting on behalf of the principal if you learn of any event that terminates this Power of Attorney or your authority under this Power of Attorney. Events that terminate a Power of Attorney or your authority to act under a Power of Attorney include all the following:

- (1) Death of the principal
- (2) The principal's revocation of the Power of Attorney or your authority.
- (3) The occurrence of a termination event stated in the Power of Attorney.
- (4) The purpose of the Power of Attorney is fully accomplished.
- (5) If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the special instructions in this Power of Attorney state that such an action will not terminate your authority.
- (6) If you are the principal's domestic partner and your domestic partnership is terminated, unless the special instructions in this Power of Attorney state that such an action will not terminate your authority.

LIABILITY OF AGENT

The meaning of the authority granted to you is defined in the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes. If you violate the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes or act outside the authority granted, you may be liable for any damages caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice.

OPTIONAL SIGNATURE OF AGENT

I have read and accept the duties and liabilities of the agent as specified in this Power of Attorney.

Agent's signature _____ Date _____

Attached:

- (1) Agent's certification as to the validity of Power of Attorney for Finances and Property and agent's authority (Optional).
- (2) Appendix: Power of Attorney for Finances and Property Statutory Authority Definitions (Optional).

The following optional form may be used by an agent to certify facts concerning a power of attorney for finances and property:

**AGENT'S CERTIFICATION AS TO THE VALIDITY OF
POWER OF ATTORNEY FOR FINANCES AND PROPERTY AND AGENT'S AUTHORITY**

State of: _____

County of: _____

I, _____ (name of agent), certify under penalty of perjury that
_____ (name of principal) granted me authority as an agent or
successor agent in a power of attorney dated _____.

I further certify that to my knowledge:

- (1) The principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney, and the power of attorney and my authority to act under the power of attorney have not terminated.
- (2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred.
- (3) If I was named as a successor agent, the prior agent is no longer able or willing to serve.
- (4) _____
(insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT

Agent's signature _____ Date _____

Agent's name printed _____

Agent's address: _____

Agent's telephone number: _____

State of: _____ County of: _____

This document was acknowledged before me on

Date _____ by (name of agent) _____

(Seal, if any)

Signature of notary _____

Name of notary (typed or printed) _____

My commission expires: _____

This document prepared by: _____

WISCONSIN SECRETARY OF STATE

Certificate Request Form

A separate Certificate Request Form is needed for each different notary public or public officer.
Submit a document for each certificate you request; the certificate will be attached to your document.

Step 1: Print contact information of person filling out this form: Name, address, phone #.

Step 2: Provide the name of the country/consulate that the documents are being sent to.

Step 3: Fill out this section only if your documents are for Argentina or Venezuela.

If not, skip to Step 4:

_____ I need an apostille or _____ I need an authentication

Step 4: If you have a document notarized by a Wisconsin notary, fill out this section and then go to Step 6. If you don't have a notarized document, skip this section and go to Step 5.

Notary's name: _____

Notary's expiration date: _____ Date document was notarized: _____

of certificates needed for this notary _____ @ \$10.00/35.00* each = \$ _____ total.

Step 5: If you have a Wisconsin birth, death, marriage, divorce or public school diploma, fill out this section and then continue to Step 6.

The most current public officer's name: _____

Title and county of public officer (ie Register of Deeds, DaneCo) _____

The most current date issued by public officer: _____

of certificates needed for this public officer _____ @ \$10.00/35.00* each = \$ _____ total.

Step 6: Please check one of the three options below:

_____ I am sending a stamped self-addressed envelope for the return of the documents.

_____ I am sending a prepaid airbill for FedEx, UPS, DHL, or Express Mail for the return of the documents. (We cannot return documents by FedEx Ground.)

_____ I will pick up my documents. My daytime phone # : _____

Make check payable to Secretary of State. Please send one check for multiple requests.

No credit cards accepted.

Send order forms, documents, fee payment and return envelope to:

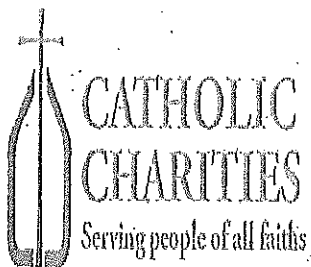
Secretary of State, Certification Desk

30 W Mifflin St, 10th Floor

Madison, WI 53703

Office hours: 7:45 – 4:30 Monday through Friday – Phone # 608-266-5503

*The cost is \$10.00 for each certificate for regular service - approximately 1 - 5 working days. If expedited service (as soon as possible, or within the next working day) is needed, Wisconsin Statutes require a \$35.00 fee for each certificate.



Legal Services for Immigrants
731 W. Washington Street
Milwaukee, WI 53204
Phone (414) 643-8570
FAX (414) 643-6726

Lista de Referencia de Abogados Privados Especialistas en Casos de Inmigración

- Representación en Procesos de Deportación
- Cancelación de Remoción para Residentes Legales Permanentes y para aquellos que no tienen Residencia
- Representación para personas en detención y/o audiencias para determinación de fianzas
- Procesos de Inmigración relacionados con convicciones criminales
- Trámites de Ciudadanía
- Aplicación por la Residencia (Green Card, Mica) a través del ajuste de estatus dentro de Estados Unidos
- Proceso Consular (trámite de la residencia en el Consulado del país de origen)
- Peticiones para "Visa U" (víctimas de un crimen, por ejemplo la violencia doméstica) y VAWA
- Acción Diferida para Jóvenes
- TPS (Estatus de Protección Temporal) y NACARA
- Aplicaciones a través del empleador

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Email: abduliimmigrationlaw@gmail.com
Website: www.abduliimmigration.com

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Teddy Chadwick

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Email: john@sesinilaw.com
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Laura Fernandez

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E-mail: info@laurafernandezlaw.com
Si necesita ayuda con un perdón inmigratorio

Kevin Layde

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Milwaukee, WI 53204
Phone: (414) 488-1200
Website: www.laydeimmigration.com
E-mail: Kevin@laydeimmigration.com

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Davorin John Odracic

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(414) 249-3720
Email: djovisa@gmail.com
Si tiene problemas criminales