USE OF THIS FORM

The Affidavit of Identifying Witness may be submitted with a passport application when the passport applicant is unable to establish their identity to the satisfaction of the authorized Passport Agent, Passport Acceptance Agent, or Consular Officer. The passport applicant must still present some identification of their own. You, the witness, must complete items 1 through 10 (and, if applicable, 11 through 12) of this form, sign when requested to do so by the same authorized Passport Agent, Passport Acceptance Agent, or Consular Officer who accepted the passport application, and present some form of current government-issued photo identification of your own. **You must include a photocopy of the front and back of your government-issued photo identification.**

WARNING

False statements made knowingly and willfully on this form, in U.S. passport applications, or in affidavits or other supporting documents submitted therewith are punishable by fine and/or imprisonment under U.S. law, including the provisions of 18 U.S.C. 1001 and/or 18 U.S.C. 1542. Alteration or mutilation of a U.S. passport is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a U.S. passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents submitted are subject to verification.

PRIVACY ACT STATEMENT

AUTHORITIES: The information is sought pursuant to 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

PURPOSE: The information solicited on this form will be used to determine the applicant's entitlement to a U.S. passport. The collection of the Social Security number will be used to verify the identity of you, the witness, and for no other purpose unless authorized by law.

ROUTINE USES: The information solicited on this form may be made available as a routine use to other government agencies and private contractors to assist the U.S. Department of State in issuing certificates under the Seal of the U.S. Department of State and requests for related services, and for law enforcement, fraud prevention, border security, counterterrorism, litigation activities, and administrative purposes. For a more detailed listing of the routine uses to which this information may be put, please see the Department of State's Prefatory Statement of Routine Uses (Public Notice 6290 of July 15, 2008 can be found here: https://www.state.gov/wp-content/uploads/2019/05/Prefatory-Statement-of-Routine-Uses.pdf) and the listing of routine users set forth in the System of Records Notices for Overseas Citizen Services Records and Other Overseas Records (State-05) and Passport Records (State-26) found here: https://www.state.gov/system-of-records-notices-privacy-office

DISCLOSURE: Providing information on this form is voluntary. There may be a delay in processing the passport application if you do not provide the information requested on this form.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average five minutes per response, including 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: Passport Forms Officer, U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 44132 Mercure Cir., P.O. Box 1199, Sterling, VA 20166-1199.

U.S. Department of State

AFFIDAVIT OF IDENTIFYING WITNESS

IDENTIFICATION OF A PASSPORT APPLICANT

OMB CONTROL NO. 1405-0088
EXPIRATION DATE: 9-30-2026
ESTIMATED BURDEN: 5 MIN

This form should be completed ONLY by the identifying witness and used only in conjunction with form DS-11, Application for a U.S. Passport. This form must be completed in the presence of an authorized Passport Agent, Passport Acceptance Agent, or Consular Officer.

1. Passport Applicant's Name *(Last, First, Middle)*

2. How do you ***(the Witness)*** know the passport applicant?

3. How long have you ***(the Witness)*** known the passport applicant?
_____ Years _____ Months

WITNESS INFORMATION

4. ***Witness'*** Name *(Last, First, Middle)*

5. ***Witness'*** Residential Street Address

City, State, ZIP Code

6. ***Witness'*** Place of Birth *(City, State)*

7. ***Witness'*** Date of Birth *(mm-dd-yyyy)*

8. ***Witness'*** Telephone Number

9. ***Witness'*** Social Security Number

10. Have you ***(the Witness)*** ever been issued a U.S. passport?
☐ Yes ☐ No If yes, continue with questions 11 - 12

11. ***Witness'*** Passport Number

12. Date of Issue *(mm-dd-yyyy)*. If unknown, give approximate date.

STOP! DO NOT SIGN THE AFFIDAVIT UNLESS REQUESTED TO DO SO BY AN AUTHORIZED PASSPORT AGENT, PASSPORT ACCEPTANCE AGENT, OR CONSULAR OFFICER

NOTE TO THE WITNESS: You must include a photocopy of the front and back of your government-issued photo identification

I declare under penalty of perjury that I know or have reason to believe the above-named passport applicant is a citizen or non-citizen national of the United States; and the above statements are true and correct.

Signature _____ Date *(mm-dd-yyyy)* _____

FOR AUTHORIZED AGENT'S USE ONLY

Subscribed and sworn to (affirmed) before me **(Seal)**

Signature _____

☐ Acceptance Agent
☐ Passport Staff Agent
☐ (Vice) Consul USA

_____ Location

_____ Date *(mm-dd-yyyy)*

WITNESS' PRIMARY IDENTIFICATION

Issued in the Name of	Type of Document	Document Number
Place of Issue	Date of Issue *(mm-dd-yyyy)*	Date of Expiration *(mm-dd-yyyy)*

WITNESS' SECONDARY IDENTIFICATION

Issued in the Name of	Type of Document	Document Number
Place of Issue	Date of Issue *(mm-dd-yyyy)*	Date of Expiration *(mm-dd-yyyy)*