EMBASSY OF THE UNITED STATES
CARACAS • VENEZUELA

AFFIDAVIT OF PHYSICAL PRESENCE WHEN AN AMERICAN CITIZEN IS DECEASED

I, _____, do solemnly swear (or affirm): That I am the child/widow(er)/ of _____and that he/she was an American

Citizen by (choose one)

1) Birth in _____ on _____,
(City/town, state) (Date)

2) Naturalization on _____ before the_____,
(Date) (Name of court)

3) Birth abroad on _____ to American parents(s);
(Date)

That, to the best of my knowledge, he/she has been physically present in the United States as follows:

PLACE (CITY, STATE)		DATE (MONTH/DAY/YEAR)		DATE (MONTH/DAY/YEAR)
_____	FROM	_____	TO	_____
_____	FROM	_____	TO	_____
_____	FROM	_____	TO	_____
_____	FROM	_____	TO	_____
_____	FROM	_____	TO	_____
_____	FROM	_____	TO	_____

(Continue on separate sheet, if necessary.)

and that he/she has been physically present abroad as follows:

PLACE (CITY, COUNTRY)		DATE (Mo./Day/Yr.)		DATE (Mo./Day/Yr.)	PURPOSE*
_____	FROM	_____	TO	_____	
_____	FROM	_____	TO	_____	
_____	FROM	_____	TO	_____	
_____	FROM	_____	TO	_____	
_____	FROM	_____	TO	_____	
_____	FROM	_____	TO	_____	

* Indicate purpose of trip: vacation, residence, business, studies, U.S. military dependent, etc. If working abroad, give name of employer. (Continue on separate sheet, if necessary.)

That her/his social Security Number is _____; Military

service number is _____ (if applicable);

That he has served in the United States Armed Forces

From _____ to _____;
(Date) (Date)

That he/she was married on _____ at _____ to _____
(Date) (Place) (Name of spouse)

That, to the best of my knowledge, he/she was the natural father/mother of the following children:

NAME	DATE OF BIRTH	PLACE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Continue on separate sheet, if necessary.)

That the other parent of the above-named child/children is

_____;
(Name)

Whom first met on _____ at _____;

X_____
(Signature of affiant)

_____
(Present address)

_____

SUBSCRIBED AND SWORN TO (AFFIRMED) before me this _____ day of _____
At _____.

(SEAL)

_____
(Signature of administering officer)