



Qorshaha Amaanka Guurayaasha Dhalinyarada iyo Carruurta

LCYC waxay si iskaashi dhow leh ula shaqeeyaan Ururka Ardayda Latina/o ee Dugsiga Sharciga Jaamacadda Washington (UW LLSA), iyo UW alum Law, Katherine Brennan, si ay ugu abuuraan khayraadkaan sharciga ee wadajirka bulshada. Mashruuca Caddaalada Waqooyi Galbeed (NJP) iyo Ururka Ardayda Latina/o ee Dugsiga Sharciga ee Jaamacada Seattle (SU LLSA) ayaa sidoo kale iyana siiya wakhti iyo kheyraadba. LCYC waxay maqsuuday ka tahay iskaashiga xirfadlayaasha iyo ardayda ee soo buuxinta baahida degdegta ah ee ay bulshadu qabto.

Xogta hoose ayaa waxaa loo soo ururiyay si ay u caawiyaan qoysaska ay la soo daristo qatarta ka iman kara xarigga ama tarxiilka waalidiinta carruurta leh (carruurta leh sharciga ama kuwo aan lahayn xaaladda sharciba). Qoraalkan waxa uu yahay khayraadka bulshada ee wadareed, **** MA AHA TALO XAGGA SHARCIGA AH ****.

Qoysaska ay soo wajahi karto qatarta ka iman karta xarigga ama tarxiilka waalidiinta carruurta leh (carruurta leh sharciga ama kuwo aan lahayn xaaladda sharciba) waa inay hadda is diyaariyaan oo ay haystaan dukumentiyada soo socda:

- **Macluumaadka xiriirka degdegta ah ee dugsiga ilmaha**
- **Diiwaanka talaadada carruurta**
- **Doonitaanka Waalidiinta ee Daryeelka Carruurta Yaryar**
- **Heshiiska Ogolaanshada Waalidnimada oo Kumeelgaara**
- **Shahaadada Dhalashada Ilmaha (haddii ay tahay US ama wadan kaleba)**
- **Kaarka social securiga ilmaha**
- **Baasaboorka ilmaha**

Macullmaadkan soo socda waxaa loo habeeyay qaybta ku aadan ee timaamaha falaaraha kor ku qoran.

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Daryeelka Ilmaha Yar

Tani ma aha talo sharci ah, laakiin waxaa loogu talagalay in lagu caawiyo qoysaska laga yaabo inay soo food saarto xaalad laga yaabo in la xidho iyo/ama la tarxiilo oo carruurtooda laga yaabo inay halis ku jirto. Waalidka laga yaabaa inay doonayaan inay u fasaxaan qof amar sharci ah si ay u daryeelaan iyo/ama go'aanno u gaaraan iyagoo ka wakiil ah ilmahooda inta lagu jiro waqtigan. Waraaqaha xirmadaan **ma siinayaan** qofna haynta sharciga ah ee ilmaha, maxkamada oo kaliya ayaa samayn karta soo saarida amarka. Waalidiinta iyo daryeelayaashu waa inay la tashtaan qareenka xeerka qoyska si ay ugu dhaqaaqaan haynta sharciga ah. Dokumentigan waxaa loogu talagalay oo kaliya inuu ka caawiyo waalidiinta bilaabida ka fikirka ku saabsan habka iyo sharaxaada rabitaankooda. Waxaa kaloo loo isticmaali karaa si ay u caawiyaan waalidiinta inay helaan waxbarasho ama dukumentiyada caafimaad ee caawin kara carruurtooda. Waalidiinta ayaa sidoo kale ka eegi kartaa qorshaha diyaargarowga qoyska <http://www.washingtonlawhelp.org/resource/family-preparedness-plan?ref=Q1Gc6>.

Waalidiinta waa in ay doortaan qof daryeeli kara ilmahooda haddii ay dhacdo xaalad degdeg ah/xaritaan/tarxiil. Qofkani waa in loo qoondeeyey sida qofka xiriirka degdegga ah ee dugsiyada haddii ay dhacdo in waalidku uu awoodi waayo inay wadaan ilmaha. Weydii xafiiska maamulka foomkan oo horayna u soo buuxi Qofkani waa in uu leeyahay xaalad sharci oo waxaa fiican inuu yahay xubin qoyska ka mid ah (haddii uusan ahayn xubin qoyska ah, howshu waxay noqonaysa mid xooga adag). Midaani waa mid aad muhiim u ah. Haddii uu qofkaasi ilmuhu uu wadi karo xaaladaha degdegga ah, taasi waxay ka badaabinaysa inuu dugsiiga waco booliska haddii ilmaha aan la soo doonin. Si kastaba ha ahaatee, tani waxay si ku meel gaar ah ayay u caawin kara, laakiin waa in lala tashtaa qareenka arrimaha xeerka qoyska.

Qoddobka kale oo laga yaabo inuu waxtarka leeyahay waxaa weeye in daryeelaha mustaqbalka lagu sameeyo baaritaanka asalka ah. Waalidiintu waa inay kala wada hadlaan qofkan rabitaanka waalidiinta iyo waa in la hubiyo in daryeelayaasha mustaqbalku fahmaan waxa laga yaabaa in ay u baahan yihiin in la sameeyo. Waalidiinta iyo daryeelayaasha waa inay kala tashtaan qareenka xeerka qoyska wixii talo arimahaana. Wixii macluumaad dheeraad ah oo ku saabsan Xeerka Qoyska, ka eeg www.washingtonlawhelp.org.

Waxa ay noqon kata arin waxtar leh in la sameeyo Qasdiga Waalidiinta ee Daryeelka Carruurta Yaryar iyo Heshiiska Oggolaanshaha Waalidka ee ku meel gaar ah, kaas oo siin kara daryeel bixiyayaasha xuquuqda sharciga ee ku meel gaar ah ee(caafimaadka, waxbarashada iyo safarka) haddii ilmaha lagu meeleeeyo iyaga. Tani ma aha ballanqaada in ilmaha lagu meelayn doono daryeel bixiyaha. Si ay u maraan habka ku meelaynta ilmaha ee sida sharciga ah ee qof kale oo aan ahayn waalidka, waa in qareenka arrimaha xeerka qoyska lala tashadaa.

Marka Qasdiga Waalidiinta ee Daryeelka Carruurta Yaryar iyo Heshiiska Oggolaanshaha Waalidka ee Ku Meel Gaarka la buuxiyo oo la soo nootaareeyo (inkastoo dukumentiyada sheegayaan in iyagu aanay u baahanayn in la nootaayo, laakiin waa in ay noqon kuwo la soo nootaareeyo.), sii nuqulka asalka ah daryeel bixiyaha (oo ay la socdaan dukumentiyada kale ee muhiimka ah), hayso hal nuqul naftaada iyo ku rix hal nuqul (waxaa fiican inuu ku duubnaado bac balaastik yara) boorsada ilmahaaga. U sheeg ilmahaaga in haddii ay dhacdo xaalad degdeg ah, inuu isagu/iyadu tusto warqadaan

maamulka, macalinka ama cid alla ciidii kale ee kala hadala wax ku saabsan inay geynayaan guriga kale.

Waalidiintu waa inay buuxiyaan Qasdiga Waalidiinta ee Daryeelka Carruurta Yaryar iyo Heshiiska Oggolaanshaha Waalidka ee Ku Meel Gaarka . Ilmo kasta waa in ay leeyihiin hal warqad oo loo soo buuxiyay si gooni gooni ah. Sii nuqulka asalka ah daryeel bixiyaha, hayso hal nuqul naftaada iyo ku rix hal nuqul (waxaa fiican inuu ku duubnaado bac balaastik yara) boorsada ilmahaaga. Sidoo kale waa inaad haysato nuqul elektaroonik ah haddii ay suurtagal tahay. Ha KU QORIN telefoonkaada. U sheeg ilmahaaga in haddii ay dhacdo xaalad degdeg ah, inuu isagu/iyadu tusto warqadaan maamulka, macalinka ama cid alla ciidii kale ee kala hadala wax ku saabsan inay geynayaan guriga kale. Waxaan rajeynayaa, inay masuuliyiintu raacaan doonitaanka Qasdiga Waalidiinta iyo ku meeleeayan xubin ka tirsan qoyska. Si kastaba ha ahaatee, ma jiraan wax ballanqaad ah oo waxa suurtagal ah in Waaxda Adeegyada Caafimaadka iyo Bulshada ay ku lug lahaadaan. Iyadoo loo qaadanayo in daryeel bixiyahu ogyahay in taasi dhicday, daryeel bixiyuhu waa inuu la xiriira qareen.

Macluumaadka Lagala Soo Xariiro Dugsiga/Daryeelka Carruurta Xaaladaha Degdegta

Dugsi walba wuxuu leeyahay xaashida macluumaadka xiriirka degdeg ah. Waxa kale oo laga yaabaa in ay ku qoran yihiin liiska dad loo oggolaaday in booqan karaan iyo/ama soo qaadi karaan ilmahaaga. Weydii xafiiska maamulka ee dugsigaada dokumentiyadan. Warqadahaasi waa in la soo cusboonaysiiya si ay u muujiyaan daryeel bixiyaha qaadi doonaa ilmahaaga haddii ay dhacdo xaalad degdeg ah sida xabsigeyn, tarxiilka, iwm. Qofkani waa in uu leeyahay xaalad sharci oo waxaa fiican inuu yahay xubin qoyska ka mid ah (Haddii aanay ahayn xubin qoyska ah, howsha ah isku dayga helitaanka haynta sharciga ah ee daryeelayaasha waxay noqon karta mid xooga adag). Qofkani waa in sidoo kale lagu soo magacaabay Heshiiska Oggolaanshaha Waalidka ee Ku Meel Gaarka ah. Hubi inaad u sheegto daryeel bixiyaha aad ku qoratay xiriirka degdegta ah isagana.

Mldani waa mid aad muhiim u ah. Haddii uu qofkaasi ilmuhu uu wadi karo xaaladaha degdegga ah, taasi waxay ka badaabinaysa inuu dugsiga ama darteelka carutu waco booliska haddii ilmaha aan la soo doonin. Si kastaba ha ahaatee, tani waxay si ku meel gaar ah ayay u caawin kara, laakiin waa in lala tashtaa qareenka arrimaha xeerka qoyska.

Diiwaanka Talaalada Ilmaha

Meelaha la raadiyo diiwaangelinta rasmiga ah ee talaalka:

- a. Xafiiska dhakhtarka ama rugta caafimaadka ee ilmahaagu ka helo talaalada
- b. Waaxda caafimaadka ee gobolkaada. Washington, diiwaangelada waxaa laga heli karaa Habka Macluumaadka Tallaalka Gobolka Washington. Waxaad wici kartaa 1-866-397-0337 ama email WAIISRecords@doh.wa.gov si aad u weydiisato diiwaanka adigoo isticmaalaya magaca qofka, taariikhda dhalashada iyo cinwaankiisa. Bogooda web-ku waa <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/DataReportingandRetrieval/ImmunizationInformationSystem/ForParents#get>. Wixii ka baxsan Washington, waxaad ka raadin karta <http://www.cdc.gov/vaccines/programs/iis/contacts-locate-records.html#state>.
- c. Waxaad sidoo kale weydiisan karta dusgsiadii iyo/ama dareyyeladii carruurta ee uu ilmaahaagu soo dhigtay

Doonitaanka Waalidiinta ee Daryeelka Carruurta Yaryar

Anigu/Anagu, _____ iyo _____
(*waalidka 1*) (*waalidka (2)*)
waxaanu nahay sharci ahaan waalidiinta ama masuuliyiinta, _____,
oo dhashay _____.
(*MM/DD/YYYY*) (*magaca ilmaha*)

Waa doonitaankeena in haddii hal waalid la xiray iyo/ama la tarxiilo, uu waalidka kale yeelan doonaan masuuliyada ilmaheena. Haddii labada waalidba la heli kari waayo ama ilmaha uu leeyahay hal waalid oo keliya oo waalidkaasna la heli karin, waxaa doonitaanka waalidka ah in:

_____ ilmahaan uu masuul sharciya uu ka yahay oo lagu meelaynayaa _____, kaasoo lagu soo magacaabay Heshiiska Oggolaanshada Waalidka.
_____ ilmaha dib ayaa la iigu soo celin doona meel kasta oo aan joogo (oo ay ku jirto wadankayga hooyo).

Haddii waalidka midkood aanu diyaar u ahayn inuu saxiixo, fadlan ku sharax halka hoose sababta:

Macluumaadka lagala soo xariiri karo masuulka haya iyo/ama aniga:

❖ Foomaan uma baahana in la nootaayo si uu u noqdo mid rasmi ah.

Waxaa KU SAXIIXA IYO KU DHAARTAY hortayda _____ maantay oo ah _____ 20_.
NOOTAAYAHA BULSHADA ee Gobolka Washington, oo degan _____.
Oggolaanshayga sharcigu waxa uu dhacayaa:

By _____

Saxiixa Nootaayaha

OGOLAADA:

Waalidka/Daryeel bixiyaha

Taariikhda: _____

Taariikhda: _____

Waalidka/Daryeel bixiyaha

Heshiiska Ogolaanshada Waalidnimada oo Kumeelgaara

1. Anigu/Anagu waxaa nahay _____ Waalidinta
[magaca ilmaha], oo dhashay _____
[taariikhda dhalashada]. Anigu/Anagu waxaan nahay 18 sanno jir ama ka weyn.
2. Anigu/Anagu waxaan halkaan ku siinay ogolaansho
[magaca ilmaha], inuu sii degenaado daryeelka guriga
_____ [magaca daryeel bixiyaha iyo xiriirka
ilmaha uu la leeyahay] ee ku nool
_____ [wadada, magaalada, gobolka]. Lamabarka telefoonka daryeel
bixiyahu waa: _____.
3. Anigu/Anaggu waxaan halkan ugu oggolaanayaa daryeel bixiyaha si ay u siiyaan
daryeel iyo gacan ku haynta ilmaha, si uu u gaadho go'aamada daryeelka caafimaad ee loogu
talagalay ilmaha, inay u leeyihiin awood si uu u helo iyo siiyo dhamaan daryeelka lagama
maarmaan ah, oo ay ku jiraan xaalad degdeg ah iyo daryeelka caafimaad, ee ilkaha ee
joogtada ah, qiimeynta iyo daaweynta, iyo in la sameeyo dhamaan daryeelka loo baahan
yahay iyo nidaamyada waxbarasho ee ilmaha inta uu ilmaha ku jiro iyada/isaga daryeelkooda
iyadoo ay la socdaan xayiraadaha soo socda:

Anigu/Anaggu waxaan u oggolaaday daryeelayaasha kor ku magacaaban inay u gaadhaan
go'aamadda ku saabsan arrimaha kale oo dhan ee ku saabsan ilmaha [tusaalle ahaan:
go'aamada diinta, go'aanada ku saabsan nolosha bulshada ee ilmaha, go'aanada ku saabsan
hawlaho dugsiya ee ilmaha, iyo go'aamada daryeelka shakhsi ahaaneed (sida timo jarashada,
dhego xirashada, iyo wixii la mid ah)] iyadoo ay la socdaan xayiraadaha soo socda:
4. Anigu/Anaggu waxaan u oggolaaday daryeel bixiyahu inuu ilmaha u wadi karo safarka
gobolka ka baxsan iyadoo ay la socdaan xayiraadahaan soo socda:
5. Heshiiskani waxa uu socon doonaa ilaa iyo _____ [ku qor taariikhda
dhamaashada or "weliis soconaya"], haddii aad dib looga noqon ka hor inta aanu dhicin.
Labada waalid midkii uu doono ayaa dib uga noqon kara oggolaanshaha iyo joojin kara
heshiiskan waqti kasta isagoo soo gaarsiinaya qoraal saxiixan oo ogaysiin ah daryeel bixiyaha,
ugu yaraan toddobaad ka hor.
6. (Cutubka soo socda wuxuu khuseysaa haddii hal waalid oo kaliya uu diyaar u yahay
inuu bixiyo ogolaansho) [] Anigu waxaan ahay masuulka keliya ee ilmaha. Waalidka kale ma
uusan saxiixin heshiiska sababoo ah

[sharaxhaddii waalidka kale aan la aqoon ama uu maqan yahay].

7. Waxyaabo dheeraada:

❖ Foomkani uma baahana in la nootaayo si uu u noqdo mid rasmi ah.

Waxaa KU SAXIIXA IYO KU DHAARTAY hortayda _____maantay oo ah_____20_.
NOOTAAYAHA BULSHADA ee Gobolka Washington, oo degan
Oggolaanshayga sharciga waxa uu dhacayaa:

By _____

Saxiixa Nootaayaha

OGOLAADA:

Waalidka/Daryeel bixiyaha

Taariikhda: _____

Waalidka/Daryeel bixiyaha

Taariikhda: _____

Shahaadooyinka dhalashada

Ilmo kasta waa inuu leeyahay shahaadada dhalashada oo asal ah. Nuqulada shahaadada (mid warqad ah iyo mid electeroonik ah) waa inaad soo sameeyso oo aad siiso dadka kale ee laga yaabo inay daryeelaan ilmahaada.

SHAHAADADA DHALASHADA GOBOLKA WASHINGTON (*Eeg foomka bogga 9*)

Shahaadooyinka dhalashadu waa diiwaanka dadweynaha gobolka Washington sidaas daraadeed qof kasta waa dalban kartaa shahaadada dhalashada haddii ay haystaan macluumaadka soo socda: Magaca buuxa ee ilmaha, taariikhda dhalashada ilmaha, Goobta dhalashada, magaca hooyada oo buuxa, magaca aabbaha oo buuxa .

- a. Si aad uga dalbato boostada :
 - i. Ka soo download gareeyso foomka <http://www.doh.wa.gov/Portals/1/Documents/Pubs/422-044-BirthDeathMailInOrder.pdf>
 - ii. Bixi qarash ah \$ 20.
 - iii. Waxaa lagu soo diri doona afar sitimaan ka dib markii aad lacagta bixiso. Waxaad bixn karta kharash dheeraada si howsha lagugu dedejiyo.
- b. Ka dalbo online-ka:
 - i. Tag www.vitalcheck.com
 - ii. Bixi qarashka ah \$31.50.
 - iii. Waxaa lagu soo diri doona labo maalmood oo shaqo gudahood. Waxaad bixn karta kharash dheeraada si howsha lagugu dedejiyo.
- c. Ka dalbo telefoonka:
 - i. Wac 360-236-4313, Isniinta – Jimcaha laga bilaabo 9:00 a.m. ilaa 4:30 p.m.
 - ii. Bixi qarashka ah \$31.50.
 - iii. Waxaa lagu soo diri doona maalinta xigta ee shaqo.
- d. Qof ahaan uga dalbo:
 - i. Waxaad tagtaa xafiiska degmadaada ee Tirakoobka Muhiimka ah ama Xafiiska Tirikoobka Muhiimka ah ee Gobolka Washington oo ku yaal 101 Israel Road SE Tumwater, WA 98501
 - ii. Bixi kharashka ah \$20.

Waxaad heli doontaa shahaadada dhalashada isla maalintaa haddii aad dalbato 4.00 pm ka hor

SHAHAADOOYINKA DHALASHADA EE AAN AHAYN UNITED STATES.

Ka fiiri <http://www.cdc.gov/nchs/w2w/index.htm> wixii macluumaad dheeraada ee gobol kasta howshiisa



Washington State Department of Health

Birth / Death Certificate Mail Order Form

Instructions	<ul style="list-style-type: none"> Print clearly. We issue certificates for births and deaths that occurred in Washington State only. For a birth or death before July 1, 1907, contact the local health department where the event occurred. We only accept checks or money orders for mail orders. Do not send cash or credit card information. \$20.00 per certificate. If adopted, provide your adoptive name and adoptive parents' information. Visit www.doh.wa.gov for more information and ordering options or call 360-236-4300, Monday through Friday between 8:00 a.m. and 5:00 p.m. Pacific Time.
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Contact Information	Name of person ordering certificate(s):		
	Company name (if applicable):		
	Address sending certificate(s) to: (Street address required for FedEx orders)		
	City:	State:	ZIP Code:
	Daytime Phone: (____) _____		Email Address:

Complete ALL fields below with <u>exact</u> and <u>complete</u> information.			<input type="checkbox"/> Paternity Verification Letter (Copy of Parent ID required). Court activities such as custody, parenting plan or child support may require a paternity verification letter AND a birth certificate.
Birth Certificate Request	Number of Certificates Ordering _____		
Full Name on Certificate:	(First)	(Full Middle Name)	(Last)
Date of Birth (Month/Day/Year): (7/1/1907 – present)	City or County of Birth:		
Mother/Parent Birth Name:	(First)	(Full Middle Name)	(Birth/Maiden Last Name)
Father/Parent Birth Name:	(First)	(Full Middle Name)	(Birth/Maiden Last Name) <input type="checkbox"/> Not Listed

Death Certificate Request	Number of Certificates Ordering _____		
Name on Certificate:	(First)	(Middle)	(Last)
Approximate Date of Death or 10 year search range (7/1/1907 – present):	Date of Birth, if known:		
City or County of Death:	Spouse, if known:		

Complete payment and mailing information below:

Total number of certified certificates:	_____	x \$20.00 =	\$ _____
Total number of Heirloom+ birth certificates:	_____	x \$40.00 =	\$ _____
Fee for filing a Paternity Acknowledgment OR an Adoption	<input type="checkbox"/>	\$15.00 =	\$ _____
Paternity Verification Letter (copy of parent ID required)	<input type="checkbox"/>	\$15.00 =	\$ _____
Paternity Verification Letter (\$15) + certified birth certificate (\$20)	<input type="checkbox"/>	\$35.00 =	\$ _____
First Class Mail (allow 2-3 weeks for delivery)	<input type="checkbox"/>	No additional charge	
*USPS Express Mail Delivery (street address or PO Box)	<input type="checkbox"/>	\$18.30 =	\$ _____
*Fed Ex to continental US (no PO Box)	<input type="checkbox"/>	\$15.00 =	\$ _____
*Fed Ex to AK/HI/Canada/Mexico (no PO Box)	<input type="checkbox"/>	\$25.00 =	\$ _____
TOTAL AMOUNT DUE			\$ _____

Make checks or money orders payable to DOH.

MAIL ORDERS TO:
 Department of Health
 PO Box 9709
 Olympia WA
 98507-9709

*Additional charges for express delivery are per order, not per certificate.
 *Signature is required at time of delivery for USPS Express Mail and Federal Express orders.
 +Go to our website at www.doh.wa.gov for information on Heirloom Birth Certificates.

Kaarka Social Securitiga

Qof kasta oo ah muwaadin Maraykan ah waa inuu leeyahay lambarka ammaanka bulshada iyo daryeelka bulshada. Haddii ilmahaagu u qalmo mid oo iyadu/asagu uusan lahayn lambarka ammaanka bulshada, waa in waalidku u codsado mid (eeg foomka ku yaal bogga 12).

Codsadayaasha marka ugu horeysay iyo bedelashada kaararka:

- a. Soo ururso dukumentiyada loo baahan yahay ee hoos ku qoran. Fadlan la soco, waraaqaha oo dhan waa in ay noqdaan kuwo asal ah ama nuqul la ansixiyay. Nuqulada sawirka ama kuwa la soo nootaayey lama aqbali doono.
Muwaadanimada: Shahaadada dhalashada ama US Passport.
 - i. Aqoonsiga ilmaha: Kaarka aqoonsiga gobolka ee aan darawlinamada ahayn, diiwaanada dhakhtarka, rugta caafimaadka ama isbitaalka, kaarka Aqoonsiga dugsiga, diiwaanada diinta, diiwaanka xarunta xannaanada dugsiga ama dukumeenti kale oo muujinaya magaca ilmaha, da'da, taariikhda dhalashada iyo magacyada waalidiinta.
 - ii. Aqoonsiga waalidka: Kaarka aqoonsiga gobolku soo saaray ee aan darawalnimada ahayn ama laysanka darawalnimada, baasaboorka Maraykanka, kaarka caymiska caafimaadka, kaarka aqoonsiga dugsiga, kaarka aqoonsiga shaqaalaha ama dukumeenti kale oo muujinaya waalidka magaciisa, da'da, iyo taariikhda dhalashada.
- b. Wac 1-800-772-1213 si aad u ogaato xafiiska Maamulka Social Security ee degaankaaga.
- c. Soo qaado warqadaha iyo buuxi foomka loo baahan yahay (<https://www.ssa.gov/forms/ss-5.pdf>). Foomkan waxaa sidoo kale lagu heli karaa shaqsi ahaan.
- d. Ma jirto wax lacaga oo kaaga baxaya howshaas. Waqti ka shaqayntu waa laba toddobaad haddii isla markiiba la ogolaado. Maamulka Social Securitigu waxay ka codsan karaan warqado dheeraad ah iyo xaqiijin.

SOCIAL SECURITY ADMINISTRATION

Application for a Social Security Card

Form Approved
OMB No. 0960-0066

1	NAME TO BE SHOWN ON CARD		First	Full Middle Name	Last
	FULL NAME AT BIRTH IF OTHER THAN ABOVE		First	Full Middle Name	Last
	OTHER NAMES USED				
2	Social Security number previously assigned to the person listed in item 1			<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3	PLACE OF BIRTH (Do Not Abbreviate) City State or Foreign Country			Office Use Only FCI	4
				DATE OF BIRTH MM/DD/YYYY	
5	CITIZENSHIP (Check One)		<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3)
			<input type="checkbox"/> Other (See Instructions On Page 3)		
6	ETHNICITY Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No		7	RACE Select One or More (Your Response is Voluntary)	
			<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian		
8	SEX		<input type="checkbox"/> Male <input type="checkbox"/> Female		
9	A. PARENT/ MOTHER'S NAME AT HER BIRTH		First	Full Middle Name	Last
	B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER (See instructions for 9 B on Page 3)		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown		
10	A. PARENT/ FATHER'S NAME		First	Full Middle Name	Last
	B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER (See instructions for 10B on Page 3)		<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Unknown		
11	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)				
12	Name shown on the most recent Social Security card issued for the person listed in item 1		First	Full Middle Name	Last
13	Enter any different date of birth if used on an earlier application for a card			MM/DD/YYYY	
14	TODAY'S DATE MM/DD/YYYY		15		DAYTIME PHONE NUMBER
			Area Code Number		
16	MAILING ADDRESS (Do Not Abbreviate)		Street Address, Apt. No., PO Box, Rural Route No.		
		City	State/Foreign Country		ZIP Code
17	YOUR SIGNATURE		18		
			YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify		

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)							
NPN		DOC		NTI		CAN	
PBC		EVI		EVA		EVC	
EVIDENCE SUBMITTED		PRA		NWR		DNR	
						UNIT	
				SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW			
				DATE			
				DATE			

Baasaboorada

Haddii ilmuhu uu yahay muwaadin u dhashay Mareykanka, isaga / iyada waa inay helaan baasaboora. Baasaboorku wuxuu u baahan yahay saxiixa labada waalid. Haddii hal waalid oo kaliya la heli karana, foom nooc kale ah waa in la buuxiyaa. Ka eeg tafaasiisha hoose. Howshaani waa mid aad u adag in la sameeyo haddii waalidku maqan yahay. Intaas waxaa sii dheer, in haddii ilmuhu leeyahay baasaboora, markaas isagu ama iyadu waxay u safri karaan meel ka baxsan dalka oo si sharci ah ku soo laaban karaan. Haddii ilmuhu uu ku dhashay waddan kale, baasaboorka weli waxaa laga yaabaa inuu wax ka taro dalkaas gudahiisa.

BAASABOORKA CARRUURTA EE U.S.

- a. Buuxi codsiga baasaboorka (DS-11) (*eeg foomka ku yaal bogga 19*)
- b. Wac 1-877-487-2778 si aad u hesho hay'ada baasaboorka oo aad balan uga dhigato. Qadka telefoonka waxaa ka shaqeeya shaqaale ku hadla Isbaanishka. Haddii ay tahay saacadaha shaqada kadib ama degdeg, wac 1-202-647-4000.
- c. Soo qaado waraaqaha aqoonsiga ballanta
 - i. Caddeynta dhalashada ilmaha. Waa inay leedahay mid ka mid ah kuwan soo socda:
 - Nuqul asal ah ama nuqul shahaado leh caddeynta dhalashada (lamana ogola nuqulada ama nuqulada nootaayaha leh)
 - Warbixinta Qunsuliyadda ee dhalashada dibadda ama shahaadada dhalashada
 - Shahaadada Muwaadanimada (Citizenship)
 - ii. Lambarka Amniga Bulshada ee ilmaha (waa loo baahan yahay haddii mid loo sameeyay)
 - Haddii mid loo sameeyay, laakiin aadan xusuusan lambarkiisa, waxaad u baahan doontaa inaad la xiriirto xafiiska Maamulka Social Securitiga si aad u hesho kaar cusub oo leh lambarka Social Securitiga.
 - Haddii ilmaha weligii aan loo sameyn lambarka ammaanka bulshada, waa iska caadi, laakiin waxaad u baahan doontaa inaad saxiixdo iyo taariikhda ku qorto waraaq cadeeyn ah oo aad ku leedahay: "Anigu waxaan ku cadeeynayaa sida hoos-timaada ciqaabta been abuurka ee hoos imanaya sharciyada United States of America in waxyaabahaan soo socda ay yihiin kuwo run iyo sax ah: Aniga waligood ima aysan siin Lambarka Amaanka Bulshada Maamulka Social Securitiga. "
- d. Muuji Xiriirka Waalidka iyo Oggolaanshaha.
 - i. Haddii ilmuhu ka yar yahay 16 sano
 - Haddii labada waalid ay leeyihiin masuuliyada haynta ilmaha, markaas waa in aad soo caddeysaa in labada waalid ay oggolaadeen in ilmahaagu u yeesho baasaboora. Labada waalid waa inay ilmaha la joogaan markay u dalbayaan baasaboorka. Haddii aanay awoodin, markaas waa inaad muujisaa in waalidka aan ilmaha la socon, uu soo bixiyay fasax ama uusan awoodin inuu fasax bixiyo.

Si uu u bixiyo ogolaansho, waalidka aan ilmaha la joogin waa inuu soo buuxiya [foomka DS-3053](#) "Cadeeynta Oggolaanshaha". Foomkan waa in la soo nootaayo iyo wuxuu ku eg yahay 90 casho ka dib maalintii la saxiixay. Koobi xagga hore iyo xagga damba oo Aqoonsiga waalidiinta waa inuu la socdaa foomka. Haddii labada waalid aanay ilmaha la socona, labadooduba waa in ay soo buuxiyaan foomka.

Si loo cadeeyo in waalidka weydiisanaya baasaboorka aanay fasax ka heli karin waalid aan bixin karin ogolaansho, waalidku waxay soo gudbin karaan Foomka [DS-5525](#) ee "Statement of Exigent/Goyska Xaaladaha Qaaska ah." Haddii ay jiraan walaac la xariira ammaanka waalidka weydiisanaya baasaboorka iyo ilmaha, foomkan waxaad u isticmaali karta si aad u codsato baasaboorka waalidka kale la'aantiis.

- Haddii hal waalid oo kaliya uu leeyahay awooda-haynta ilmaha, waxay u baahan doonaan inay soo caddeeyaan in ay u madax banaantahay mas'uuliyadda haynta ilmahaas. Caddayntan waxaa ku jiri kara shahaadada dhalashada oo uu ku qoran yahay hal waalid, amar maxkamadeed oo shahaadeysan oo bixinaya masuuliyada haynta sharciga, amarka shahaadada furiinka, shahaado amar ansaxina, caddaynta shahaadada dhimashada waalidka kaasoo aan iman karin ama wax kasta oo kale oo shahaado maxkamadda oo cadeyneysaa in aad kaligaa haysato masuuliyada haynta sharciga ah.

ii. Haddii ilmuhu yahay 16 ama 17

- Haddii ilmuhu yahay 16 ama 17 jir oo uu leeyahay Aqoonsi u gaar ah, waxay codsan karaan iyada oo aan waalid la joogin laakiin hay'adaha baasaboorku waxay door bidaan hal waalid inuu ilmaha la socdo ama hal waalid uu soo siiyo oggolaansho qoraal ah (warbixin uu soo saxiixay oo ay la socoto koobiga Aqoonsiga waalidka).

e. Caddaynta aqoonsiga. Haddii ilmuhu ka yar 16 jir, waalidku waa inuu keeno Aqoonsigiisa. Haddii ilmuhu yahay 16 ama 17 jir, waxay keeni karaan Aqoonsigooda ama waalidka waa in ay keenaan Aqoonsigooda. Waa inaad keento Aqoonsi asal ah iyo koobiga xagga hore iyo xagga dambe ee Aqoonsi kasta oo aad isticmaashid.

- Aqoonsi aan ahayn midka darawalka ama liisanka darawalnimada ee gobolku soo saaray
- Shahaadada qaadashada dhalashada ama Jinsiyadda
- Baasaboorka bilaa dhaawac ah oo shaqaynaya ama dhacay, oo ka US ama wadan kale ah
- Ogolaanshada shaqada oo shaqaynaya ama kaarka deganaanshaha joogtada ah oo ay soo saartay Department of Homeland Security.

f. Sawirka ilmaha oo nooca baasaboorka

g. Kharashka:

- Waqtiga caadiga ah waa 4-6 toddobaad iyo kharashku wadar ahaan waa \$ \$ 105 (\$ 80 lacagta baasaboorka, \$ 25 lacag howsha).

Howsha dedeijnta waxay qofka ku qaadan doontaa qiyaastii 8 maalmood oo shaqo (waxaa laga yaabaa xooga inay ku xiran tahay baahida loo qabo iyo haddii aad caddayn karto inay jirto xaalad degdeg ah) iyo kharashku wadar ahaan waa \$ 185.66 (\$ 80 lacagta baasaboorka, \$ 25 lacagta howsha, \$ 60 lacagta howlaha degdeg ah, \$ 20,66 oo ah lacag bixinta ugu keenida halka habeen).



APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0004
OMB EXPIRATION DATE: 08-31-2019
ESTIMATED BURDEN: 85 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.

Regular Book (Standard) Large Book (Non-Standard)

Note: The large book 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

D O Dep DOTS

End. # _____ Exp. _____

First

Middle

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 (Info alerts offered at travel.state.gov)

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 _____

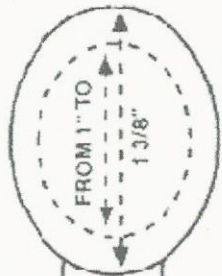
Country of Issuance

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.

STAPLE

2" X 2"

STAPLE



Attach a color photograph taken within the last six months

STAPLE

2" X 2"

STAPLE

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

X

Applicant's Legal Signature - age 16 and older

X

Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

X

Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)



* DS 11 C 09 2013 1 *

For Issuing Office Only → Bk _____ Card _____ EF _____ Postage _____ Execution _____ Other _____

Name of Applicant (Last, First, & Middle) _____ Date of Birth (mm/dd/yyyy) _____

10. Parental Information Last Name (at Parent's Birth) _____
Mother/Father/Parent - First & Middle Name _____

Date of Birth (mm/dd/yyyy) _____ Place of Birth _____ Sex Male Female U.S. Citizen? Yes No

Mother/Father/Parent - First & Middle Name _____ Last Name (at Parent's Birth) _____

Date of Birth (mm/dd/yyyy) _____ Place of Birth _____ Sex Male Female U.S. Citizen? Yes 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? Yes No 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 _____ Home Cell Work **13. Occupation (if age 16 or older)** _____ **14. Employer or School (if applicable)** _____

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. / Citz. 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 Citz P/C of ID DS-71 DS-3053 DS-64 DS-5520 DS-5525 PAW NPIC IRL Citz W/S



* DS 11 C 09 2013 2 *

Ilaha Kale ee Kheyraadka

- www.washingtonlawhelp.org
- <https://www.nwirp.org/>
- <http://colectivalegal.org/>
- <https://www.womensrefugeecommission.org/rights/resources/1022-detained-or-deported-parental-toolkit-english-interactive>
- <http://www.lcycwa.com/>
- <https://www.ilrc.org/family-preparedness-plan>
- <http://www.tnimmigrant.org/>