



In-Person Verification of Identification & Citizenship Record

*As directed by the National Industrial Security Program Manual (NISPOM) – per 32 CFR 117.10(c).
All Government Contractors initiating Security Clearance for an employee or consultant are
required to verify proof of citizenship **in person**.*

Part I – Individual Identification			
PRINT NAME OF INDIVIDUAL (LAST, FIRST, MI)		SIGNATURE	
		AFFILIATION	
Part II – Citizenship Verification			
DATE OF BIRTH	CITY/ COUNTY	STATE/ PROVINCE	COUNTRY
Part III – Acceptable Document Information			
ID NUMBER	ISSUANCE DATE	EXPIRATION DATE	
Acceptable Documents for Verification of Identification and U.S. Citizenship			
	U.S. Issued Certified Birth Certificate - Must bear a raised, impressed or multicolored seal of the Registrar's office. The only exception is if a state or other jurisdiction does not issue such seals as a matter of policy. Birth certificate must show the record was filed shortly after birth and must be certified with the registrar's signature. Delayed birth certificate (one created when a record was filed more than 1 year after the date of birth) is acceptable IF it shows that the report of birth was supported by acceptable secondary evidence of birth. Secondary evidence may include baptismal certificates, hospital birth records, or affidavits of people having personal knowledge about the facts of the birth. Other documentary evidence can be early census, school, or family records; newspaper files; or insurance papers.		
	Certificate of Naturalization - INS Form N-550 or N-570.		
	U.S. Passport - Current or Expired		
	Report of Birth Abroad of a Citizen of the United States of America - Form FS-240.		
	Certificate of Birth - Form FS-545 or DS-1350.		
	Certificate of Citizenship issued by the Immigration and Naturalization Service - Form N-560 or N-561.		
	A Record of Military Processing - Armed Forces of the United States of America - DD Form 1966 (provided it reflects U.S. citizenship).		
Part IV – Organization Representative Certification			
I certify that I have visually seen the original documents checked above, and to the best of my belief, the information contained therein is accurate.			
NAME & TITLE OF COMPANY REPRESENTATIVE		SIGNATURE	
		DATE	TIME
NAME OF ORGANIZATION		CAGE CODE IF APPLICABLE	
ORGANIZATION STREET ADDRESS		CITY/STATE/ZIP CODE	



Part V – NOTARIAL ACKNOWLEDGEMENT

I certify that I have visually seen the *original* documents checked above, and to the best of my belief, the information contained therein is accurate.

I, _____ registered (if notary) / resident of (if other Registrar than notary) the state of _____, county of _____ do hereby certify under PENALTY OF PERJURY under the laws of such state that the following information is true and correct:

On _____ (MM/DD/YY), before me personally appeared _____ (name of signer), who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I have seen and verified the forms of identification for which information is written above and hereby assert that said forms of identification do not appear to be altered, forged, or modified in any way.

WITNESS my hand and, if this section is executed by a notary, official seal.

(Seal)

Signature