



# Application for Naturalization

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form N-400  
OMB No. 1615-0052  
Expires 09/30/2022

For USCIS Use Only	Date Stamp	Receipt	Action Block
Remarks			

► **START HERE - Type or print in black ink.** Type or print "N/A" if an item is not applicable or the answer is none, unless otherwise indicated. Failure to answer all of the questions may delay U.S. Citizenship and Immigration Services (USCIS) processing your Form N-400. **NOTE: You must complete Parts 1. - 15.**

If your biological or legal adoptive mother or father is a U.S. citizen by birth, or was naturalized before you reached your 18th birthday, you may already be a U.S. citizen. Before you consider filing this application, please visit the USCIS Website at [www.uscis.gov](http://www.uscis.gov) for more information on this topic and to review the instructions for Form N-600, Application for Certificate of Citizenship, and Form N-600K, Application for Citizenship and Issuance of Certificate Under Section 322.

**NOTE:** Are either of your parents a United States citizen? If you answer "Yes," then complete **Part 6. Information About Your Parents** as part of this application. If you answer "No," then skip **Part 6.** and go to **Part 7. Biographic Information.**

## Part 1. Information About Your Eligibility (Select only one box or your Form N-400 may be delayed)

Enter Your 9 Digit A-Number:

► A- 

--	--	--	--	--	--	--	--	--

1. You are at least 18 years of age **and**:

- A. ☐ Have been a lawful permanent resident of the United States for at least 5 years.
- B. ☐ Have been a lawful permanent resident of the United States for at least 3 years. In addition, you have been married to and living with the same U.S. citizen spouse for the last 3 years, **and** your spouse has been a U.S. citizen for the last 3 years at the time you filed your Form N-400.
- C. ☐ Are a lawful permanent resident of the United States **and** you are the spouse of a U.S. citizen **and** your U.S. citizen spouse is regularly engaged in specified employment abroad. (See the Immigration and Nationality Act (INA) section 319(b).) If your residential address is outside the United States and you are filing under Section 319(b), select the USCIS Field Office from the list below where you would like to have your naturalization interview:

--

D. ☐ Are applying on the basis of qualifying military service.

E. ☐ Other (Explain): 

--

## Part 2. Information About You (Person applying for naturalization)

1. Your Current Legal Name (**do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)			
<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	

2. Your Name Exactly As It Appears on Your Permanent Resident Card (if applicable)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)			
<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>		<table border="1"><tr><td></td></tr></table>	



<b>A-</b>	
-----------	--

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)

[illegible][illegible]

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

**9. Date You Became a Lawful Permanent Resident (mm/dd/yyyy)**

**10. Country of Birth**

**11. Country of Citizenship or Nationality**

C. Are you **65** years of age or older **and** have you lived in the United States as a lawful permanent resident for periods totaling at least **20** years at the time you file your Form N-400? (If you meet this requirement, you will also be given a simplified version of the civics test.) ☐ Yes ☐ No

[illegible]

\_\_\_\_\_

**Part 3. Accommodations for Individuals With Disabilities and/or Impairments (continued)**

A-

--	--	--	--	--	--	--	--	--	--

- C. ☐ I have another type of disability and/or impairment (for example, use a wheelchair). (Describe the nature of your disability and/or impairment and the accommodation you are requesting.)

--

**Part 4. Information to Contact You**

1. Daytime Telephone Number

--

2. Work Telephone Number (if any)

--

3. Evening Telephone Number

--

4. Mobile Telephone Number (if any)

--

5. Email Address (if any)

--

**Part 5. Information About Your Residence**

1. Where have you lived during the last five years? Provide your most recent residence and then list every location where you have lived during the last five years. If you need extra space, use additional sheets of paper.

**A. Current Physical Address**

Street Number and Name

--

Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

City or Town

--

County

--

State

--

ZIP Code + 4

	-	
--	---	--

Province or Region  
(foreign address only)

--

Postal Code  
(foreign address only)

--

Country  
(foreign address only)

--

[\(USPS ZIP Code Lookup\)](#)Dates of  
Residence

From (mm/dd/yyyy)

--

To (mm/dd/yyyy)

--

**B. Current Mailing Address (if different from the address above)**

In Care Of Name (if any)

--

Street Number and Name

--

Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

City or Town

--

County

--

State

--

ZIP Code + 4

	-	
--	---	--

Province or Region  
(foreign address only)

--

Postal Code  
(foreign address only)

--

Country  
(foreign address only)

--



**Part 5. Information About Your Residence (continued)**

A-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**C. Physical Address 2**

Street Number and Name

Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
--------------------------	--------------------------	--------------------------	----------------------

City or Town

County

State

ZIP Code + 4

<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------

Province or Region  
(foreign address only)Postal Code  
(foreign address only)Country  
(foreign address only)Dates of  
Residence

From (mm/dd/yyyy)

To (mm/dd/yyyy)

**D. Physical Address 3**

Street Number and Name

Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
--------------------------	--------------------------	--------------------------	----------------------

City or Town

County

State

ZIP Code + 4

<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------

Province or Region  
(foreign address only)Postal Code  
(foreign address only)Country  
(foreign address only)Dates of  
Residence

From (mm/dd/yyyy)

To (mm/dd/yyyy)

**E. Physical Address 4**

Street Number and Name

Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
--------------------------	--------------------------	--------------------------	----------------------

City or Town

County

State

ZIP Code + 4

<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------

Province or Region  
(foreign address only)Postal Code  
(foreign address only)Country  
(foreign address only)Dates of  
Residence

From (mm/dd/yyyy)

To (mm/dd/yyyy)

**Part 6. Information About Your Parents**

If neither one of your parents is a United States citizen, then skip this part and go to Part 7.

1. Were your parents married before your 18th birthday?

☐ Yes ☐ No**Information About Your Mother**

2. Is your mother a U.S. citizen?

☐ Yes ☐ NoIf you answered "Yes," complete the following information. If you answered "No," go to **Item Number 3.**

**Part 6. Information About Your Parents (continued)**

A-

**A. Current Legal Name of U.S. Citizen Mother**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

**B. Mother's Country of Birth****C. Mother's Date of Birth (mm/dd/yyyy)****D. Date Mother Became a U.S. Citizen (if known) (mm/dd/yyyy)****E. Mother's A-Number (if any)**

▶ A-

**Information About Your Father****3. Is your father a U.S. citizen?**☐ Yes ☐ NoIf you answered "Yes," complete the information below. If you answered "No," go to **Part 7**.**A. Current Legal Name of U.S. Citizen Father**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

**B. Father's Country of Birth****C. Father's Date of Birth (mm/dd/yyyy)****D. Date Father Became a U.S. Citizen (if known) (mm/dd/yyyy)****E. Father's A-Number (if any)**

▶ A-

**Part 7. Biographic Information****NOTE:** USCIS requires you to complete the categories below to conduct background checks. (See the Form N-400 Instructions for more information.)**1. Ethnicity (Select only one box)**☐ Hispanic or Latino ☐ Not Hispanic or Latino**2. Race (Select all applicable boxes)**☐ White ☐ Asian ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander**3. Height** Feet  Inches  **4. Weight** Pounds   **5. Eye color (Select only one box)**☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other**6. Hair color (Select only one box)**☐ Bald (No hair) ☐ Black ☐ Blond ☐ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/Other

**Part 8. Information About Your Employment and Schools You Attended**

A-

List where you have worked or attended school full time or part time during the last five years. Provide information for the complete time period. Include all military, police, and/or intelligence service. Begin by providing information about your most recent or current employment, studies, or unemployment (if applicable). Provide the locations and dates where you worked, were self-employed, were unemployed, or have studied for the last five years. If you worked for yourself, type or print "self-employed." If you were unemployed, type or print "unemployed." If you need extra space, use additional sheets of paper.

**1. Employer or School Name**

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐ ☐

City or Town

State

ZIP Code + 4

 - Province or Region  
(foreign address only)Postal Code  
(foreign address only)Country  
(foreign address only)

Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

Your Occupation

**2. Employer or School Name**

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐ ☐

City or Town

State

ZIP Code + 4

 - Province or Region  
(foreign address only)Postal Code  
(foreign address only)Country  
(foreign address only)

Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

Your Occupation

**3. Employer or School Name**

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐ ☐

City or Town

State

ZIP Code + 4

 - Province or Region  
(foreign address only)Postal Code  
(foreign address only)Country  
(foreign address only)

Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

Your Occupation



**Part 9. Time Outside the United States**

A-

1. How many **total days (24 hours or longer)** did you spend outside the United States during the last 5 years?  days
2. How many trips of **24 hours or longer** have you taken outside the United States during the last 5 years?  trips
3. List below all the trips of **24 hours or longer** that you have taken outside the United States during the last 5 years. Start with your most recent trip and work backwards. If you need extra space, use additional sheets of paper.

Date You Left the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)	Did Trip Last 6 Months or More?	Countries to Which You Traveled	Total Days Outside the United States
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part 10. Information About Your Marital History**

1. What is your current marital status?
- ☐ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Marriage Annulled
- If you are single and have **never** married, go to **Part 11**.
2. If you are married, is your spouse a current member of the U.S. armed forces? ☐ Yes ☐ No
3. How many times have you been married (including annulled marriages, marriages to other people, and marriages to the same person)?
4. If you are married now, provide the following information about your current spouse.

**A. Current Spouse's Legal Name**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

**B. Current Spouse's Previous Legal Name**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

**C. Other Names Used by Current Spouse (include nicknames, aliases, and maiden name, if applicable)**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

**D. Current Spouse's Date of Birth (mm/dd/yyyy)****E. Date You Entered into Marriage with Current Spouse (mm/dd/yyyy)**

**Part 10. Information About Your Marital History (continued)**

A-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**F. Current Spouse's Present Home Address**

Street Number and Name

--

Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--------------------------	--------------------------	--------------------------	--

City or Town

--

County

--

State

--

ZIP Code + 4

	-	
--	---	--

Province or Region  
(foreign address only)

--

Postal Code  
(foreign address only)

--

Country  
(foreign address only)

--

**G. Current Spouse's Current Employer or Company**

--

5. Is your current spouse a U.S. citizen?

☐ Yes ☐ NoIf you answered "Yes," answer **Item Number 6**. If you answered "No," go to **Item Number 7**.

6. If your current spouse is a U.S. citizen, complete the following information.

**A. When did your current spouse become a U.S. citizen?**☐ At Birth - Go to **Item Number 8**. ☐ Other - Complete the following information.**B. Date Your Current Spouse Became  
a U.S. Citizen (mm/dd/yyyy)**

--

7. If your current spouse is not a U.S. citizen, complete the following information.

**A. Current Spouse's Country of Citizenship or Nationality**

--

**B. Current Spouse's A-Number (if any)**

▶ A-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**C. Current Spouse's Immigration Status**☐ Lawful Permanent Resident ☐ Other (Explain):

--

8. How many times has your current spouse been married (including annulled marriages, marriages to other people, and marriages to the same person)? If your current spouse has been married before, provide the following information about your current spouse's prior spouse.

--

If your current spouse has had more than one previous marriage, provide that information on additional sheets of paper.

**A. Legal Name of My Current Spouse's Prior Spouse**

Family Name (Last Name)

--

Given Name (First Name)

--

Middle Name (if applicable)

--

**B. Immigration Status of My Current Spouse's Prior Spouse (if known)**☐ U.S. Citizen ☐ Lawful Permanent Resident ☐ Other (Explain):

--

**C. Date of Birth of My Current Spouse's  
Prior Spouse (mm/dd/yyyy)**

--

**D. Country of Birth of My Current Spouse's  
Prior Spouse**

--

**E. Country of Citizenship or Nationality of My Current  
Spouse's Prior Spouse**

--





## A-

[illegible]

- |  |
|--|
|  |
|--|

--

- ☐ Annulled    ☐ Divorced    ☐ Spouse Deceased    ☐ Other (Explain):

--

- Family Name (Last Name)

--

--

--

- ☐ U.S. Citizen    ☐ Lawful Permanent Resident    ☐ Other (Explain):

--

- \_\_\_\_\_

- \_\_\_\_\_

- \_\_\_\_\_

- \_\_\_\_\_

- |  |  |
|--|--|
|  |  |
|--|--|

- ☐ Annulled    ☐ Divorced    ☐ Spouse Deceased    ☐ Other (Explain):

\_\_\_\_\_

- Family Name (Last Name)

\_\_\_\_\_

\_\_\_\_\_

--

Country of Birth

► A-

\_\_\_\_\_

--

**Part 11. Information About Your Children (continued)**

A-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Current Address

Street Number and Name

--

Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--------------------------	--------------------------	--------------------------	--

City or Town

--

County

--

State

--

ZIP Code + 4

	-	
--	---	--

Province or Region  
(foreign address only)

--

Postal Code  
(foreign address only)

--

Country  
(foreign address only)

--

What is your child's relationship to you? (for example, biological child,  
stepchild, legally adopted child)

--

**B. Child 2**

Current Legal Name

Family Name (Last Name)

--

Given Name (First Name)

--

Middle Name (if applicable)

--

A-Number (if any)

▶ A-																			
------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth (mm/dd/yyyy)

--

Country of Birth

--

Current Address

Street Number and Name

--

Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--------------------------	--------------------------	--------------------------	--

City or Town

--

County

--

State

--

ZIP Code + 4

	-	
--	---	--

Province or Region  
(foreign address only)

--

Postal Code  
(foreign address only)

--

Country  
(foreign address only)

--

What is your child's relationship to you? (for example, biological child,  
stepchild, legally adopted child)

--

**C. Child 3**

Current Legal Name

Family Name (Last Name)

--

Given Name (First Name)

--

Middle Name (if applicable)

--

A-Number (if any)

▶ A-																			
------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth (mm/dd/yyyy)

--

Country of Birth

--



**Part 11. Information About Your Children (continued)**

A-

Current Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐ 

City or Town

County

State

ZIP Code + 4

 - Province or Region  
(foreign address only)Postal Code  
(foreign address only)Country  
(foreign address only)What is your child's relationship to you? (for example, biological child,  
stepchild, legally adopted child)**D. Child 4**

Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

A-Number (if any)

Date of Birth (mm/dd/yyyy)

Country of Birth

▶ A- 

Current Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐ 

City or Town

County

State

ZIP Code + 4

 - Province or Region  
(foreign address only)Postal Code  
(foreign address only)Country  
(foreign address only)What is your child's relationship to you? (for example, biological child,  
stepchild, legally adopted child)**Part 12. Additional Information About You (Person Applying for Naturalization)**Answer **Item Numbers 1. - 21.** If you answer "Yes" to any of these questions, include a typed or printed explanation on additional sheets of paper.

1. Have you **EVER** claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☐ No
2. Have you **EVER** registered to vote in any Federal, state, or local election in the United States? ☐ Yes ☐ No
3. Have you **EVER** voted in any Federal, state, or local election in the United States? ☐ Yes ☐ No
4. **A.** Do you now have, or did you **EVER** have, a hereditary title or an order of nobility in any foreign country? ☐ Yes ☐ No  
**B.** If you answered "Yes," are you willing to give up any inherited titles or orders of nobility that you have in a foreign country at your naturalization ceremony? ☐ Yes ☐ No
5. Have you **EVER** been declared legally incompetent or been confined to a mental institution? ☐ Yes ☐ No



**Part 12. Additional Information About You (Person Applying for Naturalization) (continued)**

A- 

--	--	--	--	--	--	--	--	--	--

6. Do you owe any overdue Federal, state, or local taxes? ☐ Yes ☐ No
7. A. Have you **EVER** not filed a Federal, state, or local tax return since you became a lawful permanent resident? ☐ Yes ☐ No
- B. If you answered "Yes," did you consider yourself to be a "non-U.S. resident"? ☐ Yes ☐ No
8. Have you called yourself a "non-U.S. resident" on a Federal, state, or local tax return since you became a lawful permanent resident? ☐ Yes ☐ No
9. A. Have you **EVER** been a member of, involved in, or in any way associated with, any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? ☐ Yes ☐ No
- B. If you answered "Yes," provide the information below. If you need extra space, attach the names of the other groups on additional sheets of paper and provide any evidence to support your answers.

Name of the Group	Purpose of the Group	Dates of Membership	
		From (mm/dd/yyyy)	To (mm/dd/yyyy)

10. Have you **EVER** been a member of, or in any way associated (either directly or indirectly) with:
- A. The Communist Party? ☐ Yes ☐ No
- B. Any other totalitarian party? ☐ Yes ☐ No
- C. A terrorist organization? ☐ Yes ☐ No
11. Have you **EVER** advocated (either directly or indirectly) the overthrow of any government by force or violence? ☐ Yes ☐ No
12. Have you **EVER** persecuted (either directly or indirectly) any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☐ No
13. Between March 23, 1933 and May 8, 1945, did you work for or associate in any way (either directly or indirectly) with:
- A. The Nazi government of Germany? ☐ Yes ☐ No
- B. Any government in any area occupied by, allied with, or established with the help of the Nazi government of Germany? ☐ Yes ☐ No
- C. Any German, Nazi, or S.S. military unit, paramilitary unit, self-defense unit, vigilante unit, citizen unit, police unit, government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, or transit camp? ☐ Yes ☐ No



**A-**

[illegible]

-

**Part 12. Additional Information About You (Person Applying for Naturalization) (continued)**

A-

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

19. Did you **EVER** receive any type of military, paramilitary (a group of people who act like a military group but are not part of the official military), or weapons training? ☐ Yes ☐ No
20. Did you **EVER** recruit (ask), enlist (sign up), conscript (require), or use any person under 15 years of age to serve in or help an armed force or group? ☐ Yes ☐ No
21. Did you **EVER** use any person under 15 years of age to do anything that helped or supported people in combat? ☐ Yes ☐ No

**If any of Item Numbers 22. - 28. apply to you, you must answer "Yes" even if your records have been sealed, expunged, or otherwise cleared.** You must disclose this information even if someone, including a judge, law enforcement officer, or attorney, told you that it no longer constitutes a record or told you that you do not have to disclose the information.

22. Have you **EVER** committed, assisted in committing, or attempted to commit, a crime or offense for which you were **NOT** arrested? ☐ Yes ☐ No
23. Have you **EVER** been arrested, cited, or detained by any law enforcement officer (including any immigration official or any official of the U.S. armed forces) for any reason? ☐ Yes ☐ No
24. Have you **EVER** been charged with committing, attempting to commit, or assisting in committing a crime or offense? ☐ Yes ☐ No
25. Have you **EVER** been convicted of a crime or offense? ☐ Yes ☐ No
26. Have you **EVER** been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)? ☐ Yes ☐ No
27. A. Have you **EVER** received a suspended sentence, been placed on probation, or been paroled? ☐ Yes ☐ No  
B. If you answered "Yes," have you completed the probation or parole? ☐ Yes ☐ No
28. A. Have you **EVER** been in jail or prison? ☐ Yes ☐ No  
B. If you answered "Yes," how long were you in jail or prison? Years  Months  Days
29. If you answered "No" to **ALL** questions in **Item Numbers 23. - 28.**, then skip this item and go to **Item Number 30.**

If you answered "Yes" to any question in **Item Numbers 23. - 28.**, then complete this table. If you need extra space, use additional sheets of paper and provide any evidence to support your answers.

Why were you arrested, cited, detained, or charged?	Date arrested, cited, detained, or charged. (mm/dd/yyyy)	Where were you arrested, cited, detained, or charged? (City or Town, State, Country)	Outcome or disposition of the arrest, citation, detention, or charge (no charges filed, charges dismissed, jail, probation, etc.)



**A-**

[illegible]

**30. Have you EVER:**

- Form N-400 Edition 09/17/19



[illegible]

45. Do you support the Constitution and form of Government of the United States? ☐ Yes ☐ No
46. Do you understand the full Oath of Allegiance to the United States? ☐ Yes ☐ No
47. Are you willing to take the full Oath of Allegiance to the United States? ☐ Yes ☐ No
48. If the law requires it, are you willing to bear arms on behalf of the United States? ☐ Yes ☐ No
49. If the law requires it, are you willing to perform noncombatant services in the U.S. armed forces? ☐ Yes ☐ No
50. If the law requires it, are you willing to perform work of national importance under civilian direction? ☐ Yes ☐ No



**Part 13. Applicant's Statement, Certification, and Signature (continued)**

A-

--	--	--	--	--	--	--	--	--	--

***Applicant's Certification***

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I further authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

***Applicant's Signature***

3. Applicant's Signature



Date of Signature (mm/dd/yyyy)

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

**Part 14. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

***Interpreter's Full Name***

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

***Interpreter's Mailing Address***

3. Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code + 4

 - 

Province

Postal Code

Country



**Part 14. Interpreter's Contact Information, Certification, and Signature**  
(continued)

A- 

--	--	--	--	--	--	--	--	--	--

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 13., Item B.** in **Item Number 1.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question and answer on the application, including the **Applicant's Certification** and has verified the accuracy of every answer.

**Interpreter's Signature**

7. Interpreter's Signature



Date of Signature (mm/dd/yyyy)

**Part 15. Contact Information, Declaration, and Signature of the Person Preparing This Application, if Other Than the Applicant**

Provide the following information about the preparer.

**Preparer's Full Name**

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

3. Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code + 4

-

Province

Postal Code

Country





**A-**

Page 20 of 20