

Instructions

Complete only Part 1 of this application. Do not write in Parts II, III or IV.

General Information.

Public Law 101-249, as amended, provides that an alien or non-citizen national of the United States who dies as a result of injury or disease incurred by active duty with the U.S. Armed Forces during specified periods of military hostilities may be granted U.S. citizenship.

If the application is approved, a Certificate of Citizenship (N-645) will be issued in the name of the decedent (the deceased veteran).

The certificate establishes that the decedent is considered a citizen of the United States as of the date of his or her death. Posthumous citizenship is an honorary status commemorating the bravery and sacrifices of the veteran; it conveys no benefit under the immigration and nationality laws to any relative of the decedent.

Who Is Eligible for Posthumous Citizenship?

To qualify for Posthumous Citizenship, the decedent must have been an alien or non-citizen national of the United States who:

1. Served honorably in an active-duty status in the military, air or naval forces of the United States during:
 - a. 04/06/1917- 11/11/1918 (World War I); or
 - b. 09/01/1939 - 12/31/1946 (World War II); or
 - c. 06/25/1950 - 07/01/1955 (Korean Hostilities); or
 - d. 02/28/1961 - 10/15/1978 (Vietnam Hostilities); or
 - e. 08/02/1990 - 04/11/1991 (Persian Gulf Conflict); or
 - f. From 09/11/2001 until terminated by Executive Order of the President (Iraq Hostilities); or
 - g. Any other period of military hostilities designated by Executive Order of the President for the purpose of naturalization benefits; or
 - h. A period of at least five years following enlistment or reenlistment in the U.S. Army under the Lodge Act of June 30, 1950: and who:
 2. Died because of injury or disease incurred in or aggravated by that service; and
 3. Met one of the following enlistment requirements:
 - a. Was enlisted, reenlisted, or inducted in the United States, Panama Canal Zone, American Samoa or Swain's Island; or
 - b. Was admitted to the United States as a lawful permanent resident at any time; or
 - c. If a person described in (1)(f) above, entered the United States, Panama Canal Zone, American Samoa or Swain's Island pursuant to military orders at some time during such service.

When Must the Application Be Filed?

The application must be filed no later than:

Two years after the date of the decedent's death.

Who Can File?

You may file this form only if your relationship to the decedent was:

- a. Spouse; or
 - b. Father/Mother; or
 - c. Son/Daughter; or
 - d. Brother/Sister; or
- You are the decedent's representative, defined as:
- e. Executor or Administrator of decedent's estate; or
 - f. Guardian, Conservator, or Committee of decedent's next-of-kin; or
 - g. Service organization recognized by the Department of Veterans Affairs.

NOTE: Once a certificate of Posthumous Citizenship has been issued for a veteran, U.S. Citizenship and Immigration Services (USCIS) will **not** approve any later application on his or her behalf, except in the case of an application to replace a certificate that was lost, mutilated or destroyed.

What Documents Need to Be Submitted?

Authorization documents:

- a. Unless you are the spouse of the decedent or the executor or administrator of the decedent's estate, you must obtain authorization from all living next-of-kin above you in the order of succession.

For example, if you are the decedent's brother, you would have to obtain authorization from all living relatives in classes (a), (b) and (c) in the **Who Can File?** section on **Page 1** of these instructions.

The authorization must be in the form of an affidavit stating the affiant's name, address and relationship to the decedent and authorizing you to apply for posthumous U.S. Citizenship on behalf of the decedent. If the affidavit is in a language other than English, it must be accompanied by a certified English translator.

- b. If you are in category (e) or (f) of the section, **Who Can File?**, you must submit a certified copy of your letter of appointment as the executor or administrator of the decedent's estate, or as the guardian, conservator or committee of the decedent's next-of-kin.
- c. If you are in group (g) of the section, **Who Can File?**, you must submit evidence of recognition of your organization by the Department of Veterans Affairs.

Documentation of the decedent's service and death:

To facilitate certification of the decedent's military service and service-connected death by the executive departments, you should submit a legible copy of each of the following documents, if available:

- d. Form DD214, Certificate of Release or Discharge from Active Duty; or
- e. Form DD 1300, Report of Casualty/Military Death Certificate; or
- f. Any other military or state issued certificate of the decedent's death.

Failure to submit any of these documents may not automatically result in the denial of your application, but will delay the certification process.

How Should You Prepare This Form?

- a. **Complete only Part I** of this application. **Do not write in Parts II, III or IV**, which are reserved for the use of the executive departments.

- b. Type or print legibly in black ink.
- c. Please read and follow all instructions carefully so that it will not necessitate the return of your application.
- d. Answer all questions fully and accurately. If any items does not apply to the decedent, write "N/A" (meaning "Not Applicable") or "None," as the case requires.

What Is the Fee?

No fee is collected for this application.

Will You Have to Appear for an Interview?

No. However, if the application is approved and you reside outside the United States, you will be required to appear at the nearest American Embassy or Consulate to sign for the Certificate of Citizenship (N-645).

Where Should You File the Application?

Submit your Form N-644 to the following address:

**USCIS California Service Center
P.O. Box 10360
Laguna Niguel, CA 92607**

What Are the Penalties for Submitting False Information?

Title 18, United States Code, Section 1001, states whoever willfully and knowingly falsifies a material fact, makes a false statement or makes use of a false document will be fined up to \$10,000 or imprisoned up to five years or both.

What Is the Authority for Collecting This Information?

We request information on this form to carry out the immigration laws contained in Title 8, United States Code 1225. We need this information to determine your eligibility to file this application, and the decedent's eligibility for posthumous citizenship. The information you provide may also be disclosed to other federal agencies as part of the adjudication of this application. You do not have to give this information. However, if you refuse, your application may be denied.

USCIS Forms and Information.

To order USCIS forms call our toll-free forms line at **1-800-870-3676**. You can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

Use InfoPass for Appointments.

As an alternative to waiting in line for assistance at your local USCIS office, you can now schedule an appointment through our internet-based system, **InfoPass**. To access the system, visit our website at **www.uscis.gov**. Use the **InfoPass** appointment scheduler and follow the screen prompts to set up your appointment. **InfoPass** generates an electronic appointment notice that appears on the screen. Print the notice and take it with you to your appointment. The notice gives the time and date of your appointment, along with the address of USCIS office.

What Is the Reporting Burden?

A person is not required to respond to a collection of information unless it displays a current valid OMB control number. This collection of information is estimated to average 1 hour and 50 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529; OMB No. 1615-0059. **Do not mail your completed application to this address.**

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

**N-644, Application for
Posthumous Citizenship**

For USCIS Only

Fee Stamp

Part 1. Information about the Applicant. (To be completed by the Applicant only.)

1. Name (Last/First/Middle)

2. Address (Street Name and Number)

(Town/City, State/Country, Zip/Postal Code)

3. If abroad, City/Country of nearest American Embassy or Consulate

4. Telephone Number (Include Area/Country Code)

()

5. Total Number of Authorization Affidavits Attached (See instructions.)

6. Your Relationship to Decedent at time of his/her death (Check one.)

Next-of-Kin

- a. Spouse
- b. Parent
- c. Son/Daughter
- d. Brother/Sister

Representative

- e. Executor or Administrator of Decedent's Estate
- f. Guardian, Conservator or Committee of Decedent's Next-of-Kin
- g. VA Recognized Service Organization (Name below.)
(Name of Service Organization)

B. Information about the Decedent.

1. Name Used During Active Service (Last/First/Middle)

2. Other Names Used

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

4. Place of Birth (City/State/Country)

5. Date of Death (mm/dd/yyyy)

6. Place of Death (City/State/Country)

7. Immigration Status at Time of Death (Permanent Resident, Student, Visitor, etc.)

8. Alien Registration Number or Other USCIS File Number

9. U.S. Social Security Number (If any.)

10. Father's Full Name

- a. Living
- b. Deceased

11. Mother's Maiden Name

- a. Living
- b. Deceased

12. Marital Status at Time of Death

- a. Married
- b. Widowed
- c. Divorced
- d. Single

13. Military Service Serial Number (If different from Social Security #.)

14. Date of Entered Active Duty Service (mm/dd/yyyy)

15. Place Entered Active Duty Service (City/State/Country)

16. Date Released From Active Duty Service (mm/dd/yyyy)

24. Total Number of Brothers and Sisters (If none, write None.)

17. Branch of Service	18. Type of Discharge
19. Military Rank at Time of Discharge	20. Retired From Military? <input type="checkbox"/> Yes <input type="checkbox"/> No

25. Complete the following for each Brother and Sister.

Name (Last/First/Middle)	Date of Birth (mm/dd/yyyy)	a. <input type="checkbox"/> Living	b. <input type="checkbox"/> Deceased
		<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
		<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
		<input type="checkbox"/> Living	<input type="checkbox"/> Deceased

21. VA Claim Number (If any.)

22. Total Number of Children (If none, write None.)

23. Complete the following for each Child.

Name (Last/First/Middle)	Date of Birth (mm/dd/yyyy)	a. <input type="checkbox"/> Living	b. <input type="checkbox"/> Deceased
		<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
		<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
		<input type="checkbox"/> Living	<input type="checkbox"/> Deceased

Certificate of Applicant.

I certify, under penalty of perjury under the laws of the United States of America, that the information in **Part I** is true and correct.

Signature	Date
Name (Print or Type)	
Address (Street Number and Name, City/Town, State/Province, Country, Zip-Postal Code)	

Part II. To be completed by the applicable Executive Department.

1. No Active Duty Records Found for This Individual

2. No Casualty Records Found for This Individual

3. Name of Decedent Correctly Shown

4. Name of Decedent Different in Records
(List name shown in records)

5. Active Duty Service Records Found
(Complete a through f)

a. Branch of Service

b. Date Entered Active Duty

c. Place Entered Active Duty Service (City/State/Country)

d. Service Number

e. Date Released From Service (mm/dd/yyyy)

f. Honorable Service During a Period of Hostilities
by Yes No

6. Individual Entered Service Under the Lodge Act?
 Yes No Unable to Determine

7. Record of Death Found
(Complete a and b)

a. Date of Death (mm/dd/yyyy)

b. Death resulted from injury or disease incurred in or aggravated by active duty service during a period of military hostilities specified by law?
 Yes No Unable to Determine

8. Certification.

I certify the information given here concerning the

(Check one or both, as appropriate.)

- Service Death

of the individual named on this form is correct according to the records of the (Name below)

(Specify Executive Department)

Signature

Date

Title

Part III. To be completed by the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports.

A. Certification.

Based on the information received from the Department of Veterans Affairs concerning the death of the individual named on this form, I certify that the individual died on:

Date (mm/dd/yyyy)

as a result of injury or disease incurred in or aggravated by service during a period of hostilities specified by law.

Signature

Date

Title

B. Unable to Certify.

Based on the information received from the Department of Veterans Affairs concerning the death of the individual named on this form, I am unable to certify that the individual died as a result of injury or disease incurred in or aggravated by service during a period of hostilities specified by law.

Signature

Date

Title

NOTE: Space below (Part IV) for use by U.S. Citizenship and Immigration Services (Only.)

Part IV. To be completed by U.S. Citizenship and Immigration Services.

Applicant Authorized Next-of-Kin or Representative

Positive Certification Military Service

Positive Certification Service Connected Death

Place of Enlistment Qualifies Under INA Section 329 (a)(1)

Decedent Admitted for Lawful Permanent Residence

Action Block

Cert. #	Date Mailed
A #	Reg. Mail #

Initial Receipt	Resubmitted	Relocated		Completed		
		Rec'd	Sent	App'd	Denied	Ret'd