Posthumous Citizenship

N-644, Application for

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

For USCIS Only

Fee Stamp	
Part 1. Information about the Applicant. (To be c	ompleted by the Applicant only.)
1. Name (Last/First/Middle)	6. Your Relationship to Decedent at time of his/her death (Check one.)
	Next-of-Kin
2. Address (Street Name and Number)	a. Spouse
	b. Parent
(Town/City, State/Country, Zip/Postal Code)	c. Son/Daughter
	d. Drother/Sister
3. If abroad, City/Country of nearest American Embassy or Consulate	Representative
A Talankara Number (Irabida Asar/Caustra Cada)	e. Executor or Administrator of Decedent's Estate
4. Telephone Number (Include Area/Country Code)	f. Guardian, Conservator or Committee of Decedent's Next-of-Kin
5. Total Number of Authorization Affidavits Attached (See instructions.)	g. VA Recognized Service Organization (Name below.)
5. Foral Number of Autorization Arnuavits Autoricu (See instructions.)	(Name of Service Organization)

B. Information about the Decedent.

1. Name Used During Active Service (Last/First/Middle)		10. Father's Full Name	a. 🗌 Living		
			b. Deceased		
2. Other Names Used		11. Mother's Maiden Name	a. \Box Living		
3. Date of Birth (mm/dd/yyyy)	4. Place of Birth (City/State/Country)		b. Deceased		
		12. Marital Status at Time of Death	a. 🗌 Married		
5. Date of Death (mm/dd/yyyy)	6. Place of Death (City/State/Country)		b. Widowed		
			c. Divorced		
7. Immigration Status at Time of	Death (Permanent Resident, Student,		d. 🗌 Single		
Visitor, etc.)		13. Military Service Serial Number (If differen	tt from Social Security #.)		
8. Alien Registration Number or	Other USCIS File Number	14. Date of Entered Active Duty Service (mm/dd/yyyy)			
9. U.S. Social Security Number (If any.)		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.)

19. Military Rank at Time of Discharge 20. Retired From Military? Date of Birth (mm/dd/yyyy) 19. Military Rank at Time of Discharge 20. Retired From Military? Date of Birth (mm/dd/yyyy) 21. VA Claim Number of Children (If none, write None.) a. Living 22. Total Number of Children (If none, write None.) b. Deceased 23. Complete the following for each Child. Certificate of Applicant. I Living Name (Last/First/Middle) Date of Birth (mm/dd/yyyy) 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. a. a. Living Name (Print or Type) Date b. Deceased Signature Date a. Living 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 d. Service Number 2. No Casualty Records Found for This Individual e. Date Released From Service (mm/dd/yyyy) 3. Name of Decedent Correctly Shown Name of Decedent Correctly Shown I Strippen Service (mm/dd/yyyy)	4 - D 1 20 1							
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	c. Place Entered Active Duty Service	Yes	s 🗌 N	o 🗌 U	nable to Determine			

8. Certification.	Signature	Date		
I certify the information given here concerning the				
(Check one or both, as appropriate.)	Title			
Service Death				
of the individual named on this form is correct according to the records of the (Name below)				
(Specify Executive Department)				
Part III. To be completed by the Department of Defense. Directorate for Information Operations and Reports.	Washington Headquarters Services	8,		
A. Certification.	B. Unable to Certify.			
<i>A. Certification.</i> 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:	Based on the inform of Veterans Affairs individual named o the individual died	nation received from the Department concerning the death of the n this form, I am unable to certify that as a result of injury or disease wated by service during a period of by law.		
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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.

Title

	Applicant Authorized Ne	xt-of-Kin or Representative			Actio	on Block					
	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										
Cert. #		Date Mailed									
• //		D M. 1 //	_	Initial Receip		Resubmitted	Relocated		Completed		
A #		Reg. Mail #					Rec'd	Sent	App'd	Denied	Ret'd