

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?<br><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 |
|                          |                            | a. <input type="checkbox"/> Living   |
|                          |                            | b. <input type="checkbox"/> Deceased |
|                          |                            | a. <input type="checkbox"/> Living   |
|                          |                            | b. <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 |
|                          |                            | a. <input type="checkbox"/> Living   |
|                          |                            | b. <input type="checkbox"/> Deceased |
|                          |                            | a. <input type="checkbox"/> Living   |
|                          |                            | b. <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 |
|                 |             |           |      |           |        |       |