START HERE - Please type	For USCIS Use Only					
Part 1. Information about you. (NOTE: Applicant must complete all three pages of this form.)					Returned	Receipt
Family Name	Given	Name		Middle Name		
Address - C/O				<u> </u>	Resubmitted	
Street Number and Name				Apt. #		
City		State or Pro	vince		Reloc Sent	
Country			Zip/Pos	tal Code		
Date of Birth (mm/dd/yyyy) Country of Birth		Country of Citizenship		Reloc Rec'd		
U.S. Social Security # (If any)		A# (If any)				
Telephone Number		E-Mail Add	lress (If any)		
() Part 2. Processing Information	ation				Applicant Interviewed	
Date you became a permanent resident		vv)				
Since you were admitted to the United period of six months or longer?		-		you been absent for a re/arrival dates of all	Action Block	
completing file this app	g this section. Y in the approfithis form. The a citizent of A citizent	ou must sign popriate places of the United America, that the release of an	be in the U your name (Signature d States. I c this applica ny informati	below and also sign of Applicant on Pages certify, under penalty tion and the evidence ion from my records		
Signature			Date			
Part 4. Signature of person (Sign below.)	prepari	ing form, i	if other 1	than above.		
I declare that I prepared this application information of which I have any knowl		est of the abo	ove person a	and it is based on all		
Signature			Date			
Print Your Name						ompleted by
Firm Name					Attorney or Rep	presentative, if any
Firm Address					Fill in box if G-represent the ap	28 is attached to oplicant.
					ATTY State License	:#
Telephone Number		E-Mail Add	lress (If any)		

Family Name	Given Name	Middle Name		
Address - C/O				
Street Number and Name		Apt. #	Affix Photograph	
City	State or Pr	rovince		
Country	·	Zip/Postal Code		
Date of Birth (mm/dd/yyyy) Countr	y of Birth	Country of Citizenship	Here	
U.S. Social Security # (If any)	A# (If any)		
Telephone Number	E-Mail Ac	ldress (If any)		
am over the age of 18 years, have ermanent resident and am now dmission.	•		Not valid unless DHS Seal applied below.	
hereby declare my intention in good certify that the photographs afform and were signed by me.				
do swear (or affirm) that the sta expressed in this declaration of in mowledge and belief.				
Signature of .		Sion	ature of Authorizing Official	

Date

Date

Family Name	Given Name	P	Middle Name	
Address - C/O	I			
Street Number and Name		Apt. #	Affix	
City	State	State or Province		
Country		Zip/Postal Code		Photograph
Date of Birth (mm/dd/yyyy) Country of Birth		Country of	Citizenship	Here
U.S. Social Security # (If any)	A# ((If any)		
Telephone Number	E-M	Tail Address (If any)		
Telephone Number () I am over the age of 18 year permanent resident and am admission.	s, have been lawfully ac	dmitted to the United		Not valid unless DHS S applied below.

I hereby declare my intention in good faith to become a citizen of the United States and I certify that the photographs affixed to the original and duplicate hereof are a likeness

I do swear (or affirm) that the statements I have made and the intentions I have expressed in this declaration of intention subscribed by me are true to the best of my

of me and were signed by me.

knowledge and belief.