

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

N-426, Request for Certification of Military or Naval Service

Alien Registration Number	Date of Request
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NOTE TO CERTIFYING OFFICER: For use in connection with my application for naturalization, please complete the certification of military service on **Pages 2, 4, and 6** of this form and furnish it to the office of U.S. Citizenship and Immigration Services (USCIS) shown in the address block below. The information shown below is furnished to help locate and identify my military records. **(Submit in triplicate, that is, all six pages of this form.)**

NOTE TO APPLICANT: Furnish as much information as possible. If you were issued a Report of Separation, DD Form 214, attach a copy. Fill in the blanks only on Pages 1, 3, and 5 of this form. Please type or print clearly in black ink. All copies must be legible. Do not use pencil. **(Submit in triplicate, that is, all six pages of this form.)**

Name Used During Active Service (<i>Last, First, Middle</i>)	U.S. Social Security Number	Date of Birth	Place of Birth
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For an effective records search, it is important that ALL periods of service be shown below. (Use blank sheet(s) if more space is needed.)

Branch of Service <i>(Show also last organization, if known.)</i>	Date Entered on Active Duty	Date Released From Active Duty	Check Which		Service Number During This Period
			Officer	Enlisted	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Reserve or National Guard Service: → If none, check None

Branch of Service	Check Which		Date Membership Began	Date Membership Ended	Check Which		Service Number During This Period
	Reserve	N. Guard			Officer	Enlisted	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

Are you a Military Retiree or Fleet Reservist? No Yes

Signature (Present Name)	Present Address (Number, Street, City, State and Zip Code)
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Instructions to Certifying Officer

Persons who are serving or have served honorably under specified conditions in the Armed Forces of the United States, inclusive of the reserve components of the Armed Forces of the United States, are granted certain exemptions from the general requirements for naturalization. The law requires such service to be established by a duly authenticated copy of the records of the executive department having custody of the record of service, showing whether the service man or woman served honorably in an active-duty status, reserve-duty status, or both, and whether each separation from the service was under honorable conditions. For that purpose, the certified statement on **Pages 2, 4, and 6** of this form, executed under the seal of your department, is required and should cover not only the period(s) of service shown above, but also any other periods of service (active, reserve, or both) rendered by the service man or woman.

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			Officer	Enlisted	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Reserve or National Guard Service: → If none, check None

Branch of Service	Check Which		Date Membership Began	Date Membership Ended	Check Which		Service Number During This Period
	Reserve	N. Guard			Officer	Enlisted	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

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Applicant: Do not fill out this page

Certification of Military or Naval Service

- Name correctly shown on front of form.
- Name as shown in records:

Active Service

1. Entered Service at (City and State)	2. On	3. Served to	4. Branch of Service	5. State whether serving honorably . If separated, state whether under honorable conditions . If other than honorable, give full details. Always complete item 11.

Reserve or National Guard Service

6. Branch of Service	7. Check Which		8. Began	9. Ended	10. State whether serving honorably . State if Selected Reserve or the Ready Reserve . If separated, state whether under honorable conditions . If other than honorable, give full details. Always complete Item 11.
	Reserve	N. Guard			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

11. Statement Regarding Alienage. *(Complete this item in ALL cases.)*

- Record shows this person **was not** discharged on account of alienage.
- Record shows this person **was** discharged on account of alienage. Details: _____

12. Remarks. Use for continuation of any of the above items. You should also show in the space below any **derogatory information** in your records relating to the person's character, loyalty to the United States, disciplinary actions, convictions, or other matters concerning his or her fitness for citizenship.

Lodge Act Enlistee

Complete this block if subject is a "Lodge Act Enlistee"-64 Stat. 316 (Army). Subsequent to enlistment under the Lodge Act on _____
 subject entered _____ at the port of _____
(the United States, American Samoa, Swains Island or the Panama Canal Zone)
 pursuant to military orders on _____ via _____

I CERTIFY that the information here given concerning the service of the person named on the face of this form is correct according to the records of the _____
(Name of department or organization)

[SEAL, if available]
 (No State-issued notary public seals accepted.)

Date _____, _____

By _____

 (Official Signature)

 (Title)

 Telephone number

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

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Date _____, _____

(Official Signature)

(Title)

Telephone number