T - Not For Pron-426, Request for Certification of Military or Naval Service

Instructions

NOTE: Type or print clearly with black ink. Be sure this form and the complete return address are legible. Do not leave any questions unanswered. When appropriate, insert "None," "Not Applicable," or "N/A." For further assistance, contact the Military Help Line, 1-877-CIS-4MIL (1-877-247-4645) or visit www.uscis.gov/military.

What Is the Purpose of This Form?

This form is for current or former members of the U.S. Armed Forces who are applying for naturalization under the Immigration and Nationality Act. Completion and certification of this form by the applicant and certifying official will serve as an authenticated certification of military service.

Failure to provide the information requested, with the exception of your U.S. Social Security Number (SSN), may delay a final decision or result in denial of your Form N-400, Application for Naturalization. Your application will not be denied for failure to provide your SSN; however, it may prove difficult to verify your military service if you do not provide it since military records are indexed by SSN.

How to File

If you are applying for naturalization under section 328 or 329 of the Immigration and Nationality Act, submit this form along with:

- 1. Form N-400, Application for Naturalization; and
- 2. Copy of Form DD-214, Certificate of Release or Discharge from Active Duty.

Refer to "Where to File?" of the filing instructions for Form N-400

Authority for Collecting This Information

Our authority for collecting the information requested on this form is contained in sections 328 and 329 of the Immigration and Nationality Act (8 U.S.C. 1439 and 1440).

Information solicited that indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, may be referred as a routine use to the appropriate agency, whether Federal, State, local, or foreign, charged with the responsibility of investigating, enforcing, or prosecuting such violations.

All or part of the information solicited may as a matter of routine use be disclosed to courts exercising naturalization jurisdiction and to other Federal, State, local, and foreign law enforcement and regulatory agencies, the Department of Defense, including any component thereof, Selective Service System, Department of State, Department of the Treasury, Central Intelligence Agency, Interpol, and individuals and organizations that process the application for naturalization, or during the courses of investigations, to elicit further information required by USCIS to carry out its functions.

Failure to provide any or all of the solicited information may delay the naturalization process or result in a failure to locate military records or prove qualifying military service.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 20 minutes per response, including the time for reviewing instructions and completing and submitting the form. 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 20529-2210. OMB No. 1615-0053. Do not mail your application to this address.

- Not For Pro N-426, Request for Certification of Military or Naval Service **Department of Homeland Security** U.S. Citizenship and Immigration Services

Persons who are serving or have served under specified conditions in the Armed Forces of the United States are granted certain exemptions from the general requirements for naturalization. To establish eligibility, the law requires the department with custody of the service record to certify whether the service member served honorably, and whether each separation from the service was under honorable conditions. Certification of the service member's military service listed on this form is required. Submit this form with Form N-400, Application for

For USCIS Use Only Date Returned:

	y Help Line, 1-877-CIS-4MIL (1-877-247-4645) or visit www.uscis.gov/militar						<u>у</u> .	Comments:			
Alien Registration	Military Service Number							Date of Request			
Name Used During Active Service (Last			First, Middle) U.S. So		ocia	ocial Security Number		Date of Birth		lace of Birth (Country and City)	
Present Address:							<u> </u>				
Phone Number(s):			E-Mail Address(es):								
		List all	periods of se			tary Service a blank sheet if mo	re sp	ace is needed	!.)		
TO BE COMPLETED BY APPLICANT OR CERTIFYING OF						FICIAL				TO BE COMPLETED BY CERTIFYING OFFICIAL	
Branch of Service	Began	n Date Service Ended			Type of Service (includes all active, reserve, and National Guard Service)			Applicant served honorably or is currently serving honorably?			
						Active Duty Selected Reserve of the Ready Reserve* Other			Yes	s No (give details in Remarks)	
						Active Duty Selected Reserve of th Other	he Re	ady Reserve*	Ye	es No (give details in Remarks)	
						Active Duty Selected Reserve of the Ready Reserve* Other			☐ Ye	No (give details in Remarks)	
training at least 14 days (10 U.S.C. 10143)	each year; or (2)	participate	te in training at	t encampr	ment	ts, maneuvers, outdoor	r targe			ear and serve on active duty for cises at least 15 days each year.	
Where did the applica	int enlist (Coun	itry, State	e, and City w	here the	app	plicant entered service	ce)?				
Has the applicant reenlisted? Yes No						Where did the applicant reenlist?					
Signature of Applica	int										
				Sepa	rati	ion Information					
Is the applicant separated?						Yes		No			
If separated, select discharge type:						Honorable		Other (give details in Rema		in Remarks section)	
Was the applicant discharged on account of alienage?						Yes		No (if "Yes,	," give c	details in Remarks section)	
Remarks											
										ords relating to the service member's nip. (Use a blank sheet if more	
Certification TO BE COMPLETED BY CERTIFYING OFFICIAL											
I am authorized to certif	by that the inform								ect accor	rding to the records of the	
I am aumorized to com	y that the mior	anon 5170	III note concern	ling the c	CIVI	-					
Name of Department						Official Signature					
[SEAL, if available]						Name and Title					
(No State-issued notary Public seals accepted.) Date						Phone Number and E-Mail Address					