

**N-470, Application to Preserve
Residence for Naturalization Purposes**

START HERE - Please type or print in black ink.

For USCIS Use Only

Part 1. Information about you. *(Person filing this application)*

Family Name	Given Name	Middle Name
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
A Number <i>(if any)</i>		U.S. Social Security Number <i>(if any)</i>
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>
Home Address - Street Number and Name		Apt. #
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>
City	State/Province	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
Zip/Postal Code	Country	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
Mailing Address - Street Number and Name		Apt. #
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>
C/O <i>(in care of)</i> :		
<input style="width:95%;" type="text"/>		
City	State/Province	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
Zip/Postal Code	Country	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
Daytime Phone # <i>(Area/Country Code)</i>	Date of Birth <i>(mm/dd/yyyy)</i>	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
Country of Birth	Country of Citizenship	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	

Remarks

Part 2. Reason for Request.

My absence from the United States is: *(Check one box)*

- A. On behalf of the U.S. Government.
- B. For the purpose of carrying on scientific research on behalf of an American institution of research.
- C. For the purpose of engaging in the development of foreign trade and commerce of the United States on behalf of an American firm or corporation or a subsidiary thereof.
- D. Necessary for the protection of property rights outside the United States of an American firm or corporation engaged in the development of foreign trade and commerce of the United States.
- E. On behalf of a public international organization of which the United States is a member.
- F. Solely because of my capacity as a clergyman or clergywoman, missionary, brother, nun or sister of a denomination or mission having a bona fide organization in the United States.

Action Block

To Be Completed by
Attorney or Representative, if any.

Fill in box if G-28 is attached to represent the applicant.

ATTY State License #

Part 3. Additional information.

1. Give the date that you obtained lawful permanent resident status.
(mm/dd/yyyy)

2. Since lawful entry as a permanent resident, have you resided in and been physically present in the United States for an uninterrupted period of at least 1 year? Yes No

3. List all you absences from the United States since your admission as a lawful permanent resident. Begin with your most recent trip.

Date of Departure <i>(mm/dd/yyyy)</i>	Date of Return <i>(mm/dd/yyyy)</i>	Port of Entry Into the United States	Purpose of Trip

4. Explain the position of employment that requires your absence from the United States and the intended length of employment.

5. Is the name you provided in **Part 1** different from the name that appears on your Form I-551, Permanent Resident Card? Yes No

If "Yes," note the information that is different. You must provide evidence showing the legal basis for the difference.

6. Since becoming a lawful permanent resident, have you ever filed an income tax return as a nonresident or otherwise claimed or received benefits as a nonresident alien under U.S. federal, state or local income tax laws? Yes No

7. Are other family members who are lawful permanent residents intending to reside outside the United States with you? Yes No

Give the following information about other family members who will reside outside the United States with you.

Name <i>(Last/First/Middle)</i>	Date of Birth <i>(mm/dd/yyyy)</i>	Relationship	A Number <i>(if applicable)</i>

Part 4. Signature. *Read the information on penalties in the instructions before completing this part.*

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.

Signature of Applicant **Daytime Phone Number** *(with area code)* **E-Mail Address** *(if any)* **Date** *(mm/dd/yyyy)*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NOTE: *If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.*

Part 5. Signature of person preparing form, if other than above. *(Sign below)*

I declare that I prepared this application at the request of the applicant and it is based on all information of which I have knowledge.

Signature of Preparer **Print or Type Your Name**

<input type="text"/>	<input type="text"/>
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Firm Name and Address **Date** *(mm/dd/yyyy)*

<input type="text"/>	<input type="text"/>
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Daytime Phone Number *(with area code)* **E-Mail Address** *(if any)* **Fax Number** *(if any)*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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