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**Part 5. Complete if applying to correct your document**

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If you are applying for a new certificate or Declaration of Intention because your current one is incorrect, explain why it is incorrect and attach copies of the documents supporting your request.

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**Part 6. Complete if applying for a special certificate of recognition as a citizen of the U.S. by the government of a foreign country**

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Name of Foreign Country \_\_\_\_\_

**Information about official of the country who has requested this certificate (if known)**

Name \_\_\_\_\_ Official Title \_\_\_\_\_

Government Agency: \_\_\_\_\_

Address: Street Number and Name \_\_\_\_\_ Suite Number \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Zip or Postal Code \_\_\_\_\_

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**Part 7. Signature** *Read the information on penalties in the instructions before completing this part. If you are going to file this application at a USCIS office in the United States sign below. If you are going to file this application at a USCIS office abroad, sign it in front of a USCIS or Consular Official.*

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I certify, or if outside the United States, I swear or affirm, 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 which U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

**Signature** \_\_\_\_\_ **Date (mm/dd/yyyy)** \_\_\_\_\_

Signature of USCIS or Consular Official \_\_\_\_\_ Print Your Name \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

**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 a certificate and this application may be denied.*

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**Part 8. Signature of person preparing form, if other than the applicant**

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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** \_\_\_\_\_ **Print Your Name** \_\_\_\_\_ **Date (mm/dd/yyyy)** \_\_\_\_\_

Firm Name and Address \_\_\_\_\_ Telephone Number (with area code) \_\_\_\_\_

E-Mail Address (if any) \_\_\_\_\_