

**Part 1. Information About You** *(Person applying for a Northern Mariana Card)*

Family Name	Given Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address - Street Number and Name		Apt. #
<input type="text"/>		<input type="text"/>
City	State or Province	
<input type="text"/>	<input type="text"/>	
Zip/Postal Code	Country	
<input type="text"/>	<input type="text"/>	
Mailing Address - Street Number and Name		Apt./Suite #
<input type="text"/>		<input type="text"/>
C/O <i>(In care of)</i> :		
<input type="text"/>		
City	State or Province	
<input type="text"/>	<input type="text"/>	
Zip/Postal Code	Country	
<input type="text"/>	<input type="text"/>	
Daytime Phone # <i>(Area/Country Code)</i>	Gender	
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth <i>(mm/dd/yyyy)</i>	Place of Birth <i>(City/Town and Country)</i>	
<input type="text"/>	<input type="text"/>	
A-Number <i>(If any)</i>	U.S. Social Security # <i>(If any)</i>	
<input type="text"/>	<input type="text"/>	
Father's First Name	Mother's First Name	
<input type="text"/>	<input type="text"/>	

**FOR USCIS USE ONLY**

<b>Returned</b>	<b>Receipt</b>
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	
<input type="checkbox"/> Applicant Interviewed on _____	
<b>A-Number</b>	
<b>Remarks</b>	
<b>Action</b>	
<b>To Be Completed by</b> <i>Attorney or Representative, if any.</i>	
<input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.	
ATTY State License #	

**Part 2. Requested Action**

Check the classification that best describes your eligibility. *(Check one box)*

- A.  My Northern Mariana Card was lost or destroyed.
- B.  My Northern Mariana Card was stolen. *(You must attach a copy of the police report.)*
- C.  My Northern Mariana Card was damaged. *(You must attach the damaged card.)*

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**Part 3. Additional Information**

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1. List all absences from the Commonwealth of the Northern Mariana Islands or the United States (List absences from the present to the last)

From (mm/dd/yyyy)	To (mm/dd/yyyy)
	Present

From (mm/dd/yyyy)	To (mm/dd/yyyy)
	Present

2. At what address(es) have you lived for the last ten years? (List present address first)

Street Address (Number and Name)	City, State	From (mm/dd/yyyy)	To (mm/dd/yyyy)
			present

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

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I certify, under penalty of perjury of the laws of the United States of America, that my 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 my eligibility for the benefit I am seeking.

Signature

Daytime Phone Number (with area code)      Date (mm/dd/yyyy)

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

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**Part 5. Signature of Person Preparing Form, If Other than Above** (Sign below)

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

Signature

Print or Type Your Name

Firm Name and Address

Date (mm/dd/yyyy)

E-Mail

Fax Number

Daytime Phone Number (with area code)