

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 Naturalization.** For further assistance, contact the Military Help Line, 1-877-CIS-4MIL (1-877-247-4645) or visit www.uscis.gov/military.

For USCIS Use Only

Date Returned:
To:
Initials:
Comments:

Name Used During Military Service <i>(Last, First, Middle)</i>	Date of Birth	Place of Birth <i>(Country and City)</i>	

Military Service
List all periods of service. (attach an additional sheet(s) if you need to provide more information.)

TO BE COMPLETED BY APPLICANT OR CERTIFYING OFFICIAL				TO BE COMPLETED BY CERTIFYING OFFICIAL
			<input type="checkbox"/> Active Duty <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No (give details in Remarks)
			<input type="checkbox"/> Active Duty <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No (give details in Remarks)
			<input type="checkbox"/> Active Duty <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No (give details in Remarks)

<input type="checkbox"/> Yes <input type="checkbox"/> No	

Is the applicant separated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If separated, select discharge type:	<input type="checkbox"/> Honorable	<input type="checkbox"/> Other (give details in Remarks section)	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No (if "Yes," give details in Remarks section)	

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Certification
TO BE COMPLETED BY CERTIFYING OFFICIAL

	_____ Official Signature _____
[SEAL, if available] (No State-issued notary Public seals accepted.)	Name and Title _____
Date _____, _____	Phone Number and E-Mail Address _____