

**N-300, Application to File Declaration of Intention  
Form Table of Change  
OMB RIN 1615-0078  
03/15/2013**

LOCATION	CURRENT VERSION	PROPOSED VERSION
<b>Page 1 OMB No.</b>	OMB No. 1615-0078	OMB No. 1615-0078; Expires <b>01/31/2012</b>
<b>Page 1</b>	<b>START HERE – please type or print in black ink.</b>	<b>Print or type all your answers fully and accurately in black ink.</b> Write “N/A” if an item is not applicable. Write “None” if the answer is none. Failure to answer all of the questions may delay your Form N-300. <b>NOTE: You must complete all portions of the form (four pages).</b>
<b>Page 1</b>	A # (If any)	<b>Your A-Number:</b>  <i>[move from the middle of the first page and place above the receipt box]</i>
<b>Page 1, For USCIS Use Only</b>	<b>Returned Resubmitted</b> <b>Reloc Sent</b> <b>Relo Rec’d</b> <b>Applicant Interviewed</b>  <b>Receipt Action Block</b>  <b>To be Completed by</b> Attorney or Representative, if any  [text box] Fill in box if G-28 is attached to represent the applicant.  ATTY State License #	<b>[same as N-600K format]</b>  <b>Bar Code</b> [text box]  <b>Date Stamp</b> [text box]  <b>Remarks</b> [text box]  <b>Action</b> [text box]
<b>Page 1, Part 1. Information About You.</b>	<b>Information about you.</b>  Family Name  Given Name	<b>Part 1. Information About You</b>  <b>1. Current Legal Name (do not provide a nickname)</b>  Family Name (last name)

Middle Name	[text box]
<b>Address – C/O</b>	Given Name ( <i>first name</i> ) [text box]
Street Number and Name	Middle Name ( <i>if applicable</i> ) [text box]
Apt. #	<b>2. U.S. Social Security Number</b> (if any) [text box]
City	<b>3. Date of Birth</b> ( <i>mm/dd/yyyy</i> ) [text box]
State or Province	<b>4. Date You Became a Permanent Resident</b> ( <i>mm/dd/yyyy</i> ) [text box]
Country	<b>5. Country of Birth</b> [text box]
Zip/Postal Code	<b>6. Country of Nationality</b> [text box]
Date of Birth ( <i>mm/dd/yyyy</i> )	<b>7. Home Address</b>
Country of Birth	Street Number and Name ( <i>do not write a P.O. Box in this space unless it is your ONLY address.</i> )
Country of Citizenship	Apartment Number [text box]
U.S. Social Security # ( <i>If any</i> )	City [text box]
A# ( <i>If any</i> )	County [text box]
Telephone Number ( )	State [text box]
E-Mail Address ( <i>If any</i> )	ZIP Code [text box]

		<p><b>8. Mailing Address</b></p> <p><i>C/O (in care of name)</i> [text box]</p> <p>Street Number and Name [text box]</p> <p>Apartment Number [text box]</p> <p>City [text box]</p> <p>State [text box]</p> <p>ZIP Code [text box]</p> <p><b>9. Daytime Phone Number</b> [text box]</p> <p><b>Work Phone Number (if any)</b> [text box]</p> <p><b>Evening Phone Number</b> [text box]</p> <p><b>Mobile Phone Number (if any)</b> [text box]</p> <p><b>10. E-Mail Address (if any)</b> [text box]</p>
<p><b>Page 1, Part 2. Processing Information.</b></p>	<p><b>Part 2. Processing Information.</b></p> <p>Date you became a permanent resident (mm/dd/yyyy) [text box]</p> <p>Since you were admitted to the United States as a permanent resident, have you been absent for a period of six months or longer?</p>	<p>[Merge Part 2 into Part 1. and maintain heading of <b>Information About You</b>]</p>
<p><b>Page 1, Part 3.</b></p>	<p><b>Part 3. Signature.</b></p>	<p><b>Part 2. Your Signature (USCIS)</b></p>

<p><b>Signature</b></p>	<p>Read the information on penalties in the instructions before completing this section. You must be in the United State when you file this application. You must sign your name below and also sign your name in the appropriate places (Signature of Applicant on Pages 2 and 3) of this form.</p>	<p>will reject your Form N-300 if it is not signed.)</p> <p>Read the information on penalties in the instructions before completing this section. You must be in the United States when you file this application. You must sign your name below as well as in <b>Part 4 and Part 5.</b></p> <p>***</p> <p><b>Your Signature</b> [text box]</p> <p><b>Date (mm/dd/yyyy)</b> [text box]</p>
<p><b>Page 1, Part 4. Signature of person preparing form, if other than above.</b></p>	<p><b>Part 4. Signature of person preparing form, if other than above.</b></p> <p><b>I declare that I prepared this application at the request of the above person, and it is based on all information of which I have any knowledge</b></p> <p>Signature Date Print Your Name Firm Name Firm Address Telephone Number E-Mail Address (If any)</p>	<p><b>Part 3. Signature of Person Who Prepared This Form N-300 for You (if applicable)</b></p> <p>I declare <b>under the penalty of perjury</b> that I prepared this application at the request of the above person.</p> <p><b>Preparer's Printed Name</b> [text box]</p> <p><b>Preparer's Signature</b> [text box]</p> <p><b>Date (mm/dd/yyyy)</b> [text box]</p> <p>Preparer's Firm or Organization Name (if applicable) [text box]</p> <p>Preparer's Daytime Phone Number [text box]</p> <p><b>Preparer's Address</b></p> <p>Street Number and Name (do not</p>

		<p><i>provide a P.O. Box in this space)</i>  ***  City  [text box]</p> <p>County  [text box]</p> <p>State  [text box]</p> <p>ZIP Code  [text box]</p> <p>Preparer's E-Mail Address  [text box]</p> <p>Preparer's Fax Number  [text box]</p> <p>.</p>
<p><b>Page 2</b></p>	<p><b>Original to be retained by USCIS  – Duplicate to be given to:</b></p> <p>Family Name</p> <p>Given Name</p> <p>Middle Name</p> <p><b>Address – C/O</b></p> <p>Street Number and Name</p> <p>Apt. #</p> <p>City</p> <p>State or Province</p> <p>Country</p> <p>Zip/Postal Code</p> <p>Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>Country of Birth</p>	<p><b>Part 4. Declaration of Intent</b></p> <p><b>1. Current Legal Name (<i>do not provide a nickname</i>)</b></p> <p>Family Name (<i>last name</i>)  [text box]</p> <p>Given Name (<i>first name</i>)  [text box]</p> <p>Middle Name (<i>if applicable</i>)  [text box]</p> <p><b>2. U.S. Social Security Number (if any)</b>  [text box]</p> <p><b>3. Date of Birth (<i>mm/dd/yyyy</i>)</b>  [text box]</p> <p><b>4. Country of Birth</b>  [text box]</p> <p><b>5. Date You Became a Permanent Resident (<i>mm/dd/yyyy</i>)</b></p>

	<p>Country of Citizenship</p> <p>U.S. Social Security # <i>(If any)</i></p> <p>A# <i>(If any)</i></p> <p>Telephone Number ( )</p> <p>E-Mail Address <i>(If any)</i></p> <p>I am over the age of 18 years, have been lawfully admitted to the United States as a permanent resident, and am now residing in the United States pursuant to such admission. ***</p> <p>_____ <b>Signature of Applicant</b></p> <p>_____ <b>Signature of Authorizing Official</b></p> <p>_____ <b>Date</b></p> <p>_____ <b>Date</b></p>	<p>[text box]</p> <p><b>6. Country of Nationality</b> [text box]</p> <p><b>7. Home Address</b></p> <p>Street Number Street Name <i>(do not provide a P.O. Box in this space)</i></p> <p>Apartment Number [text box]</p> <p>City [text box]</p> <p>County [text box]</p> <p>State [text box]</p> <p>ZIP Code [text box]</p> <p><b>8. Mailing Address</b></p> <p>C/O <i>(in care of name)</i> [text box]</p> <p>Street Number and Name [text box]</p> <p>Apartment Number [text box]</p> <p>City [text box]</p> <p>State [text box]</p> <p>ZIP Code [text box]</p> <p><b>9. Daytime Phone Number</b></p>
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		<p>[text box]</p> <p><b>Work Phone Number (if any)</b> [text box]</p> <p><b>Evening Phone Number</b> [text box]</p> <p><b>Mobile Phone Number (if any)</b> [text box]</p> <p><b>10. E-Mail Address (if any)</b> [text box]</p> <p>I am over the age of 18 years, have been admitted to the United States as a permanent resident, and am now residing in the United States based on such admission. ***</p> <p><b>Your Signature (USCIS will reject your Form N-300 if it is not signed.)</b> [text box]</p> <p><b>Date (mm/dd/yyyy)</b> [text box]</p> <p><b>USCIS Officer's Signature</b> [text box]</p> <p><b>Date (mm/dd/yyyy)</b> [text box]</p>
<p><b>Page 2, bottom of the page</b></p>	<p><b>Original Copy/Retained by USCIS</b></p>	
<p><b>Page 3</b></p>	<p><b>Original to be retained by USCIS – Duplicate to be given to:</b></p> <p>Family Name</p> <p>Given Name</p> <p>Middle Name</p>	

	<p><b>Address – C/O</b></p> <p>Street Number and Name</p> <p>Apt. #</p> <p>City</p> <p>State or Province</p> <p>Country</p> <p>Zip/Postal Code</p> <p>Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>Country of Birth</p> <p>Country of Citizenship</p> <p>U.S. Social Security # (<i>If any</i>)</p> <p>A# (<i>If any</i>)</p> <p>Telephone Number ( )</p> <p>E-Mail Address (<i>If any</i>)</p> <p>I am over the age of 18 years, have been lawfully admitted to the United States as a permanent resident, and am now residing in the United States pursuant to such admission. ***</p> <p>_____ <b>Signature of Applicant</b></p> <p>_____ <b>Signature of Authorizing Official</b></p> <p>_____ <b>Date</b></p>	
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	<hr/> <b>Date</b>	
<b>Page 3, bottom of the page</b>	<b>Duplicate Copy</b> /Given to Applicant	<b>Original Mailed to Applicant</b> /Copy to File