## Form N-565, Application for Replacement Naturalization/Citizenship Document

| START HERE - Please type   | For USCIS Use Only                   |                                     |                   |                       |
|--|--------------------------------------|-------------------------------------|-------------------|-----------------------|
| Part 1. Information about  | vou.                                 |                                     | Returned          | Receipt               |
| Family Name  | Given Name                           | Middle Name                         |                   |                       |
| Address - In care of:  |                                      |                                     |                   |                       |
| Street Number and Name   |                                      | Apt. Number                         | Resubmitted       |                       |
| City or Town   | State or Province                    |                                     |                   |                       |
| Country  | Zip or                               | Postal Code                         | Reloc Sent        |                       |
| Date of Birth (mm/dd/yyyy)   | Country of Birth                     |                                     |                   |                       |
| Certificate Number A-Number  |                                      |                                     |                   |                       |
| Celephone Number (with area/country codes)  E-Mail Address (if any   |                                      | f any)                              | Reloc Rec'd       |                       |
| Part 2. Type of application  |                                      |                                     |                   |                       |
| 1. I hereby apply for: (check one)   |                                      |                                     |                   |                       |
| <ul> <li>a.  New Certificate of Citizenship</li> <li>b.  New Certificate of Naturalizati</li> <li>c.  New Certificate of Repatriation</li> <li>d.  New Declaration of Intention</li> </ul> | Applicant Interviewed                |                                     |                   |                       |
| e. Special Certificate of Naturaliz foreign country. (Skip Number  | ation to obtain recognition of my    | U.S. citizenship by a               | Declaration of l  | Intention verified by |
| 2. Basis for application: (Refer to the in   | <del>-</del>                         | ion.)                               |                   |                       |
|  | n or destroyed (attach a copy of the | ne certificate if you               | Citizenship ver   | ified by              |
| have one.) Explain when, wher  | e and how.                           |                                     | Remarks           |                       |
| h My contificate is mutilated (att   | solve the contificate)               |                                     |                   |                       |
| <ul><li>b.</li></ul>   |                                      |                                     |                   |                       |
|  | incorrect (attach the document(s)    | ).                                  |                   |                       |
| Part 3. Processing information   |                                      | ,                                   |                   |                       |
| Gender Male Height   | Marital Single                       | Widowed                             |                   |                       |
| Female   | Status Marrie                        | <u>=</u>                            |                   |                       |
| My last certificate or Declaration of In   | tention was issued to me by:         |                                     | Action Block      |                       |
| USCIS Office or Name of Court:   | Date (mm/dd/yyy                      | y):                                 |                   |                       |
| Name in which the document was issued  | :                                    |                                     |                   |                       |
| Other names I have used (if none, so ind   | icate):                              |                                     |                   |                       |
| Since becoming a citizen, have you los   | t your citizenship in any manne      | r?                                  |                   |                       |
| ☐ No ☐ Yes (attach   | an explanation)                      |                                     | To Be (           | Completed by          |
| Part 4. Complete if applying change  | Attorney or Re                       | epresentative, if any.              |                   |                       |
| Name changed to present name by: (ch   | to represent the                     | Form G-28 is attached he applicant. |                   |                       |
| Marriage or divorce on (month (Attach a copy of marriage or decrease)  | VOLAG#                               |                                     |                   |                       |
| Court Decree (month/day/year (Attach a copy of the court dec   | )                                    |                                     | ATTY State Licens | se #                  |

| Part 5.                         | . Complete if applying to correct your document |  |                                    |   |  |  |
|---------------------------------|---|--|------------------------------------|---|--|--|
|                                 | applying for a new<br>uments supporting         |  | cause your current one is incorre  | ect, explain why it is incorrect and attach copies  |  |  |
|                                 |   |  |                                    |   |  |  |
|                                 |   |  |                                    |   |  |  |
|                                 |   |  |                                    |   |  |  |
|                                 | ~   |  |                                    |   |  |  |
| Part 6.                         | -   | applying for a special certific of a foreign country   | ate of recognition as a            | citizen of the U.S. by the  |  |  |
| Name of F                       | Foreign Country                                 |  |                                    |   |  |  |
| Informati                       | on about official o                             | f the country who has requested this ce  | ertificate (if known)              |   |  |  |
| Name                            |   |  | Official Title                     |   |  |  |
| Governme                        | ent Agency:                                     |  |                                    |   |  |  |
| Address: Street Number and Name |   |  |                                    | Suite Number  |  |  |
| City                            |   |  | State/Province                     | I   |  |  |
| Country                         |   |  | l                                  | Zip or Postal Code  |  |  |
| Part 7.                         | Signature                                       | Read the information on penalties in the application at a USCIS office in the Unoffice abroad, sign it in front of a USC               | nited States sign below. If you a  | g this part. If you are going to file this<br>tre going to file this application at a USCIS |  |  |
| and the ev                      | idence submitted w                              | ted States, I swear or affirm, under penalt ith it is all true and correct. I authorize the determine eligibility for the benefit I am | e release of any information from  | ne United States of America, that this application my records which U.S. Citizenship and    |  |  |
| Signatur                        | e   |  |                                    | Date (mm/dd/yyyy)   |  |  |
|                                 | of USCIS<br>lar Official                        |  | Print Your Name                    | Date (mm/dd/yyyy)   |  |  |
| NOTE:                           |   | oletely fill out this form or fail to submit read this application may be denied.  | equired documents listed in the    | instructions, you may not be found eligible   |  |  |
| Part 8.                         | Signature of                                    | person preparing form, if ot   | her than the applicant             |   |  |  |
| I declare t                     | hat I prepared this a                           | application at the request of the applicant  | and it is based on all information | n of which I have knowledge.  |  |  |
| Signature                       | 2   |  | Print Your Name                    | Date (mm/dd/yyyy)   |  |  |
| Firm Name and Address           |   |  | Telephone Number (with area code)  |   |  |  |
|                                 |   |  |                                    | E-Mail Address (if any)   |  |  |