

Department of Homeland Security
U.S. Citizenship and Immigration Services

**N-644, Application for
Posthumous Citizenship**

For USCIS Only

Fee Stamp

Part 1. Information About the Applicant *(To be completed by the applicant only)*

<p>1. Name (Last/First/Middle)</p> <p>_____</p> <p>2. Address (Street Name and Number)</p> <p>_____</p> <p>(Town/City, State/Country, Zip/Postal Code)</p> <p>_____</p> <p>3. If Abroad, City/Country of Nearest U.S. Embassy or Consulate</p> <p>_____</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding-right: 5px;">4. Date of Birth</td> <td style="padding-left: 5px;">5. A-Number, if applicable</td> </tr> <tr> <td style="border-right: 1px solid black; height: 40px;"> </td> <td> </td> </tr> </table> <p>6. Total Number of Authorization Affidavits Attached (See instructions)</p> <p>_____</p> <p>7. Telephone Number (Include Area/Country Code)</p> <p>()</p>	4. Date of Birth	5. A-Number, if applicable			<p>8. Your Relationship to Decedent at Time of His/Her Death (Check one)</p> <p>Next-of-Kin</p> <p>a. <input type="checkbox"/> Spouse</p> <p>b. <input type="checkbox"/> Parent</p> <p>c. <input type="checkbox"/> Son/Daughter</p> <p>d. <input type="checkbox"/> Brother/Sister</p> <p>Representative</p> <p>e. <input type="checkbox"/> Executor or Administrator of Decedent's Estate</p> <p>f. <input type="checkbox"/> Guardian, Conservator, or Committee of Decedent's Next-of-Kin</p> <p>g. <input type="checkbox"/> VA Recognized Service Organization (Name below) (Name of Service Organization)</p> <p>_____</p> <p>9. E-mail Address</p> <p>_____</p>
4. Date of Birth	5. A-Number, if applicable				

B. Information About the Decedent

<p>1. Name Used During Active Service (Last/First/Middle)</p> <p>_____</p> <p>2. Other Names Used</p> <p>_____</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding-right: 5px;">3. Date of Birth (mm/dd/yyyy)</td> <td style="padding-left: 5px;">4. Place of Birth (City/State/Country)</td> </tr> <tr> <td style="border-right: 1px solid black; height: 40px;"> </td> <td> </td> </tr> <tr> <td style="border-right: 1px solid black; padding-right: 5px;">5. Date of Death (mm/dd/yyyy)</td> <td style="padding-left: 5px;">6. Place of Death (City/State/Country)</td> </tr> <tr> <td style="border-right: 1px solid black; height: 40px;"> </td> <td> </td> </tr> </table>	3. Date of Birth (mm/dd/yyyy)	4. Place of Birth (City/State/Country)			5. Date of Death (mm/dd/yyyy)	6. Place of Death (City/State/Country)			<p>7. Immigration Status at Time of Death (Permanent Resident, Student, Visitor, etc.)</p> <p>_____</p> <p>_____</p> <p>8. A-Number or Other USCIS File Number</p> <p>_____</p> <p>9. U.S. Social Security Number (If any)</p> <p>_____</p>
3. Date of Birth (mm/dd/yyyy)	4. Place of Birth (City/State/Country)								
5. Date of Death (mm/dd/yyyy)	6. Place of Death (City/State/Country)								

B. Information About the Decedent *(Continued)*

10. Father's Full Name Living
 Deceased

11. Mother's Maiden Name Living
 Deceased

12. Marital Status at Time of Death
 a. Married c. Widowed
 b. Divorced d. Single

13. Military Service Serial Number (If different from Social Security #)

14. Date Entered Active Duty Service (mm/dd/yyyy)

15. Place Entered Active Duty Service (City/State/Country)

16. Date Released From Active Duty Service (mm/dd/yyyy)

17. Branch of Service	18. Type of Discharge
19. Military Rank at Time of Discharge	20. Retired From Military? <input type="checkbox"/> Yes <input type="checkbox"/> No

21. VA Claim Number (If any)

22. Total Number of Children (If none, write "None")

23. Complete the Following for Each Child

A. Living Deceased
Name (Last/First/Middle) Date of Birth (mm/dd/yyyy)

B. Living Deceased
Name (Last/First/Middle) Date of Birth (mm/dd/yyyy)

C. Living Deceased
Name (Last/First/Middle) Date of Birth (mm/dd/yyyy)

D. Living Deceased
Name (Last/First/Middle) Date of Birth (mm/dd/yyyy)

E. Living Deceased
Name (Last/First/Middle) Date of Birth (mm/dd/yyyy)

24. Total Number of Brothers and Sisters (If none, write "None")

25. Complete the Following for Each Brother and Sister

A. Living Deceased
Name (Last/First/Middle) Date of Birth (mm/dd/yyyy)

B. Living Deceased
Name (Last/First/Middle) Date of Birth (mm/dd/yyyy)

C. Living Deceased
Name (Last/First/Middle) Date of Birth (mm/dd/yyyy)

D. Living Deceased
Name (Last/First/Middle) Date of Birth (mm/dd/yyyy)

B. Information About the Decedent *(Continued)*

E. Living Deceased

Name (Last/First/Middle) _____ Date of Birth (mm/dd/yyyy) _____

F. Living Deceased

Name (Last/First/Middle) _____ Date of Birth (mm/dd/yyyy) _____

G. Living Deceased

Name (Last/First/Middle) _____ Date of Birth (mm/dd/yyyy) _____

Certificate of Applicant

I certify, under penalty of perjury under the laws of the United States of America, that the information in **Part I** is true and correct.

Signature _____

Date _____

Name (Print or Type)

Address (Street Number and Name, City/Town, State/Province, Country, Zip-Postal Code)

Part II. To Be Completed by the Applicable Executive Department

1. No Active Duty Records Found for This Individual

2. No Casualty Records Found for This Individual

3. Name of Decedent Correctly Shown

4. Name of Decedent Different in Records

(List name shown in records)

5. Active Duty Service Records Found
(Complete **a** through **f**)

a. Branch of Service

b. Date Entered Active Duty

c. Place Entered Active Duty Service (City/State/Country)

d. Service Number

e. Date Released From Service (mm/dd/yyyy)

f. Honorable Service During a Period of Hostilities
(If no is checked, please provide an explanation)

Yes No _____

6. Individual Entered Service Under the Lodge Act?

Yes No Unable to Determine

7. Record of Death Found
(Complete **a** and **b**)

a. Date of Death (mm/dd/yyyy)

b. Death resulted from injury or disease incurred in or aggravated by active duty service during a period of military hostilities specified by law?

Yes No Unable to Determine

8. Certification

I certify the information given here concerning the
(Check one or both, as appropriate)

Service Death

of the individual named on this form is correct according to the records of the (name below).

(Specify Executive Department)

Signature

Date

Title

Phone number

E-mail address

Part III. To Be Completed by the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports

A. Certification

Based on the information received from the Department of Veterans Affairs concerning the death of the individual named on this form, I certify that the individual died on:

_____ Date (mm/dd/yyyy)

as a result of injury or disease incurred in or aggravated by service during a period of hostilities specified by law.

Signature

Date

Title

B. Unable to Certify

Based on the information received from the Department of Veterans Affairs concerning the death of the individual named on this form, I am unable to certify that the individual died as a result of injury or disease incurred in or aggravated by service during a period of hostilities specified by law.

Signature

Date

Title

NOTE: Space below (Part IV) for use by U.S. Citizenship and Immigration Services Only

Part IV. To be Completed by U.S. Citizenship and Immigration Services

- Applicant Authorized Next-of-Kin or Representative
- Positive Certification Military Service
- Positive Certification Service Connected Death
- Place of Enlistment Qualifies Under INA Section 329 (a)(1)
- Decedent Admitted for Lawful Permanent Residence

Action Block

Cert. #	Date Mailed
A #	Reg. Mail #

Initial Receipt	Resubmitted	Relocated		Completed		
		Rec'd	Sent	App'd	Denied	Ret'd