TABLE OF CHANGES – FORM FORM N-565

Application for Replacement Naturalization/Citizenship Document OMB Number: 1615-0091 Submission Date: 04/06/2015

Reason for Revision: Remove hanging indents from all sub-headers, update standard language

Current Section and Page Number	Current Text	Proposed Text
For USCIS Use Only	[] Declaration of Intention Verified by:	[] Citizenship Verified by:
To Be Completed By An Attorney or BIA-	To Be Completed By An Attorney or BIA-Accredited Representative, if any.	To be completed by an attorney or BIA-accredited representative, if any.
Accredited Representative (if any)	Attorney State Bar Number	Attorney State Bar Number (if applicable)
		Attorney or Accredited Representative USCIS ELIS Account Number (if any)
Page 1, Part 1	Part 1. Information about you.	Part 1. Information About You.
		1. Full Legal Name
	Family Name Given Name	Family Name (Last Name) Given Name (First Name)
		2. Date of Birth (mm/dd/yyyy)
		3. Country of Birth
		4. Certificate Number
	A-Number	5. Alien Registration Number (A-Number)
		6. Mailing Address [sub-header]
	Address – In care of: Street Number and Name Apt. Number City or Town State or Province Country Zip or Postal Code	In Care Of Name: Street Number and Name Apt. Ste. Flr City or Town State ZIP Code Province Postal Code Country
Page 1, Part 2	Part 2. Type of application	Part 2. Type of Application
	1. I hereby apply for: (check one)	1. I hereby apply for: (select only one box)

	 a. New Certificate of Citizenship b. New Certificate of Naturalization c. New Certificate of Repatriation d. New Declaration of Intention e. Special Certificate of Naturalization to obtain recognition of my U.S. citizenship by a foreign country. (Skip Number 2 and go to Part 3) 	A. [No change] B. [No change] C. [No change] D. [No change] E. Special Certificate of Naturalization to obtain recognition of my U.S. citizenship by a foreign country. (Skip Item Number 2 and complete Part 3., Part 8., and Part 9.)
	2. Basis for application:	2. Basis for application. Select all that apply:
	 a. [] My certificate is/was lost, stolen or destroyed (attach a copy of the certificate if you have one). Explain when, where and how b. [] My certificate is mutilated (attach the certificate). c. [] My name has been changed (attach the certificate). d. [] My certificate or declaration is incorrect (attach the documents(s)). 	 A. [] My certificate was lost, stolen, or destroyed. Explain when, where, and how. (Complete Part 3. and Part 9., and attach a copy of the certificate (if any), police report, or sworn statement.) B. [] My certificate is mutilated. (Complete Part 3., Part 9., and attach the certificate) C. [] My certification or declaration is incorrect due to typographical/clerical error. (Complete Part 3., Part 4., and Part 9., and attach the document(s)). D. [] My name has legally changed (Complete Part 3., Part 5., and Part 9., and attach the certificate and document(s)). E. [] My date of birth has legally changed due to a court order or other state-issued documents (Complete Part 3., Part 6., and Part 9., and attach the certificate and document(s)). NOTE: Only applicants applying for a replacement Certificate of Citizenship may select this option. F. My gender has legally changed (Complete Part 3., Part 7., and Part 9., and attach the certificate and document(s)). G. Other (Explain)(Complete Part 3., Part 4., and Part 9., and attach the document(s)).
Page 1, Part 3	Part 3. Processing information	Part 3. Processing Information
	Height	Height Feet Inches
	8. Since becoming a citizen, have you lost your citizenship in any manner?	8. Since becoming a citizen, have you lost or renounced your citizenship in any manner?
Page 1, Part 4	Part 4. Complete if applying for a new document because of a name change	Part 4. Complete If Applying To Correct Your Document

	Name changed to present name by: (check one)	If you are applying for a new certificate or Declaration of Intention because your current one is incorrect, explain why it is incorrect and attach copies of any documents supporting your request.
	[] Marriage or divorce on (mm/dd/yyy) (Attach a copy of marriage or divorce certificate)	[Delete]
	[] Court Decree (mm/dd/yyy) (Attach a copy of the court decree	[Delete]
Page 2, Part 5	Part 5. Complete if applying to correct your document	Part 5. Complete If applying for a New Document Because of a Name Change
	If you are applying for a new certificate or Declaration of Intention because your current one is incorrect, explain why it is incorrect and attach copies of the document supporting your request.	Name changed because of (select only one box): A. [] Marriage or divorce on (Attach a copy of marriage or divorce certificate)(mm/dd/yyy) B. [] Court Order (Attach a certified copy of the document) (mm/dd/yyy)
Page 2, Part 6	Part 6. Complete if applying for a special certificate of recognition as a citizen of the U.S. by the government of a foreign country	Part 6. Complete If Applying for a New Certificate of Citizenship Because of a Date of Birth Change
	Name of Foreign Country Information about official of the country who has requested this certificate (if known) Name Official Title Government Agency: Address: Street Number and Name Suite Number City State/Province Country Zip or Postal Code	A. [] Court Order (Attach a certified copy of the document.) (mm/dd/yyyy) B. [] State-issued document (For example, birth certificate, certificate recognizing the foreign birth, certificate of birth abroad, or other similar records issued by the child's state of residence.) (mm/dd/yyyy) [Delete] [Delete] [Delete] [Delete] [Delete] [Delete] [Delete]
Page 2, Part 7	Part 7. Signature	Part 7. Complete If Applying for a New Document Because of a Change in Gender
	Read the information on penalties before	

NEW		Part 9. Applicant's Statement, Contact Information,
	Firm Name and Address Telephone Number (with area code) E-mail Address (if any)	3. Address of foreign official Street Number and Name Suite Number City State ZIP Code Province Postal Code Country
	I declare that I prepared this application at the request of the applicant and it is based on all information of which I have knowledge. Signature Print Your Name Date (mm/dd/yyyy)	1. Name of Foreign Country 2. Information about official of the country who has requested this certificate (if known) Name Official Title Government Agency:
Page 2, Part 8	Out Part 8. Signature of person preparing form, if other than the applicant	Part 8. Complete If Applying for a Special Certificate of Recognition as a Citizen of the United States by the Government of a Foreign Country
	(mm/dd/yyyy) Signature of USCIS or Consular Official Print Your Name Date (mm/dd/yyyy) NOTE: If you do not completely fill	
	completing this part. If you are going to file this application at a USCIS office in the United States sign below. If you are going to file this application at a USCIS office abroad, sign it in front of a USCIS or Consular Official. I certify, or if outside the United Stated, I swear or affirm, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records which U.S. Citizenship and Immigration Services to determine eligibility for the benefit I am seeking. Signature Date	Evidence of official recognition of gender change recognized by (select all applicable boxes): a. [] Court Order (Attach a certified copy of the document) b. [] Amended birth certificate (Attach a certified copy of the document) c. [] Other official documentation recognizing the new gender by U.S. State, local jurisdiction, or foreign state, such as a passport or driver's license. d. [] Medical certification by a licensed physician (doctor of medicine (M.D.) or doctor of osteopathy)

Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature

NOTE: Read the information on penalties in the **Penalties** section of the Form N-565 Instructions before completing this part.

Applicant's Statement

NOTE: Select the box for either **Item A.** or **B.** If applicable, select the box for **Item Number 2.**

1. Applicant's Statement Regarding the Interpreter

A. [Check Box] I can read and understand English, and have read and understand every question and instruction on this application, as well as my answer to every question. I have read and understand the Acknowledgement of Appointment at USCIS Application Support Center.

B. [Check Box] The interpreter named in **Part** 10. has read to me every question and instruction on this application, as well as my answer to every question, in [Fillable Field], a language in which I am fluent. I understand every question and instruction on this application as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in **Part 10.** has also read the Acknowledgement of **Appointment at USCIS Application Support Center** to me, in the language in which I am fluent, and I understand this Application Support Center (ASC) Acknowledgement as read to me by my interpreter.

2. Applicant's Statement Regarding the Preparer

[Check Box] I have requested the services of and consented to [Fillable Field], who [checkbox] is [checkbox] is not an attorney or accredited representative, preparing this application for me. This person who assisted me in preparing my application has reviewed the Acknowledgement of Appointment at USCIS Application Support Center with me, and I understand the ASC Acknowledgement.

Applicant's Contact Information

- **3.** Applicant's Daytime Telephone Number
- **4.** Applicant's Mobile Telephone Number (if any)
- **5.** Applicant's Email Address (if any)

Acknowledgement of Appointment at USCIS Application Support Center [sub-header]

I, [*Auto-populate Field with Applicant Full Name*], understand that the purpose of a USCIS ASC appointment is for me to provide fingerprints, photograph, and/or signature and to re-affirm that all of the information in my application is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment:

By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will re-affirming that I willingly submit this application; I have reviewed the contents of this application; all of the information in my application are complete, true, and correct; and if I was assisted in completing this application, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** with me.

Applicant's Certification [Sub-header]

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize

	the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.
	I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.
	I certify, under penalty of perjury, that the information in my application and any document submitted with my application were provided by me and are complete, true and correct.
	Applicant's Signature
	1. Applicant's Signature
	Date of Signature (mm/dd/yyyy)
	NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the instructions, USCIS may deny your application.
NEW	Part 10. Interpreter's Contact
	Information, Certification, and Signature
	Provide the following information concerning the interpreter.
	Interpreter's Full Name [Sub-header]
	1. Interpreter's Family Name (Last Name)
	Interpreter's Given Name (First Name)
	2. Interpreter's Business or Organization Name (if any)
	Interpreter's Mailing Address [Subheader]
	3. Street Number and Name
	Apt. Ste. Flr.
	City or Town

	State
	ZIP Code
	Province
	Postal Code
	Country
	Interpreter's Contact Information [Subheader]
	4. Interpreter's Daytime Telephone Number
	5. Interpreter's Email Address (if any)
	Interpreter's Certification [Sub-header]
	I certify that:
	I am fluent in English and [Fillable Field] which is the same language provided in Part 9., Item B. in Item Number 1.;
	I have read to this applicant every question and instruction on this application, as well as the answer to every question, in the language provided in Part 9. , Item B. in Item Number 1. ; and
	I have read the Acknowledgement of Appointment at USCIS Application Support Center to the applicant in the same language provided in Part 9. , Item B. in Item Number 1.
	The applicant has informed me that he or she understands every instruction and question on the application, as well as the answer to every question, and the applicant verified the accuracy of every answer; and
	The applicant has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photograph, and/or signature, he or she is re-affirming that the contents of this application and all supporting documentation are complete, true, and correct.
	Interpreter's Signature
	6. Interpreter's Signature
	Date of Signature (mm/dd/yyyy)
NEW	Part 11. Contact Information, Statement, Certification, and

Signature of the Person Preparing this Application, If Other Than the Applicant
Provide the following information concerning the preparer.
Preparer's Full Name
1. Preparer's Family Name (Last Name)
Preparer's Given Name (First Name)
2. Preparer's Business or Organization (if any)
Preparer's Mailing Address [Subheader]
3. Street Number and Name
Apt. Ste. Flr.
City or Town
State
ZIP Code
Province
Postal Code
Country
Preparer's Contact Information [Subheader]
4. Preparer's Daytime Telephone Number
5. Preparer's Fax Number
6. Preparer's Email Address (if any)
7.A. [Check Box] I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
7.B. [<i>Check Box</i>] I am an attorney or accredited representative and my representation of the applicant in this case [<i>Check Box</i>] extends [<i>Check Box</i>] does not extend beyond the preparation of this application.
NOTE: If you are an attorney or accredited

8. Signature of Preparer Date of Signature (mm/dd/yyyy)
Preparer's Signature
informed me that he or she understands the ASC Acknowledgement.
Center to the applicant and the applicant has
Appointment at USCIS Application Support
have also read the Acknowledgement of
application, I recorded it on the application. I
information concerning a question on the
application. If the applicant supplied additional
of the applicant's responses with the applicant, who agreed with every answer on the
completing the application, I reviewed it and all
responses the applicant provided to me. After
completed this application based only on
with the express consent of the applicant. I
application on behalf of, at the request of, and
By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this
Preparer's Certification [Sub-header]
Representative, with this application.
of Appearance as Attorney or Accredited
submit a completed Form G-28, Notice of Entry
beyond preparation of this application, you must
representative whose representation extends