TABLE OF CHANGES – FORM Form N-300, Application to File Declaration of Intention OMB Number: 1615-0078 2/29/2016

Reason for Revision: Incorporate standard language and ELIS data collection

Current Page Number and Section	Current Text	Proposed Text
Page 1, To be completed by		[Page 1]
an attorney or accredited representative (if any).	[new]	To be completed by an attorney or accredited representative (if any).
		[] Select this box if Form G-28 is attached
		Attorney State Bar Number (if applicable)
		Attorney or Accredited Representative USCIS Online Account Number (if any)
		START HERE – Type or print in black ink.
Page 1, Part 1. Information About You		[Page 1]
Tabult 100		Part 1. Information About You
	Print or type all your answers fully and accurately in black ink. 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.	[Delete]
	NOTE: You must complete all portions of the form (three pages)	[Delete]
	Part 1. Information About You	[No change]
	Current Legal Name (do not provide a nickname)	1. Your Current Legal Name (do not provide a nickname)
	Family Name (last name) Given Name (first name) Middle Name (if applicable)	Family Name (Last Name) Given Name (First Name) Middle Name
	[new]	2. Other Names Used (if any)
		List all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 5. Additional Information .
		Family Name (Last Name) [2 boxes] Given Name (First Name) [2 boxes] Middle Name [2 boxes]
	2. U.S. Social Security Number (if any)	3. U.S. Social Security Number (if any)
		4. USCIS Online Account Number (if any)

3. Date of Birth (mm/dd/yyyy)

[moved up]

4. Country of Birth

5. Date You Became a Permanent Resident (*mm/dd/yyyy*)

6. Country of Nationality

Since you were admitted to the United States as a permanent resident, have you been absent for a period of six months or longer?

No/Yes Attach a list of departure/arrival dates of all absences

8. Mailing Address

C/O (in care of name)
Street Number and Name
Apartment Number
City
State
ZIP Code

7. Home Address

Street Number and Name (do not provide a P.O. Box in this space unless it is your **ONLY** address.)

Apartment Number
City

State ZIP Code Country

9. Daytime Phone Number Work Phone Number (if any) Evening Phone Number Mobile Phone Number (if any)

10. E-mail Address (if any)

5. Date of Birth (mm/dd/yyyy)

6. Date You Became a Lawful Permanent Resident (mm/dd/yyyy)

7. Country of Birth

[moved up]

8. Country of Citizenship or Nationality

9. Since you were admitted to the United States as a lawful permanent resident, have you been absent for a period of six months or longer?

Yes/No

If you answered "Yes" to **Item Number 9.**, provide the departure/arrival dates of all absences in the space provided in **Part 5. Additional Information**.

[Page2]

10. Mailing Address
In Care Of Name (if any)
[No change]
Apt. Ste. Flr. Number
City or Town
[No change]
[No change]

11. Physical Address

Street Number and Name (do not provide a PO Box in this space unless it is your **ONLY** address)

Apt. Ste. Flr. Number City or Town [No change] [No change] [Delete]

[Delete]

Page 2, Part 2. Your Signature

Part 2. Your Signature (USCIS will reject your Form N-300 if it is not signed.)

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 in **Part 4.**

[Page 2]

Part 2. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the Penalties section of the Form N-300 Instructions before completing this part. You must file Form N-300 while in the United States.

[new] Applicant's Statement **NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2**. **1.** Applicant's Statement Regarding the Interpreter **A.** I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question. **B.** The interpreter named in **Part 3.** read to me every question and instruction on this application and my answer to every question in [Fillable Field], a language in which I am fluent and I understood everything. 2. Applicant's Statement Regarding the Preparer At my request, the preparer named in **Part 4.**, [Fillable Filed], prepared this application for me based only upon information I provided or authorized. **Applicant's Contact Information 3.** Applicant's Daytime Telephone Number **4.** Applicant's Mobile Telephone Number (if **5.** Applicant's Email Address (if any) [page 3] **Applicant's Certification** 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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek. I further 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.

> appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an

I understand that USCIS may require me to

immigration laws.

	oath reaffirming that:
I desire to declare my intention to become a citizen of the United States. I certify, 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 release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.	1) I reviewed and provided or authorized all of the information in my application; 2) I understood all of the information contained in, and submitted with, my application; and 3) All of this information was complete, true, and correct at the time of filing. I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.
	Applicant's Signature
Your Signature Date (mm/dd/yyyy)	6. 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.
	[Page 3]
[new]	Part 3. Interpreter's Contact Information, Certification, and Signature
	Provide the following information about the interpreter.
	Interpreter's Full Name
	 Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) Interpreter's Business or Organization Name (if any)
	Interpreter's Mailing Address
	3. Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code Province Postal Code Country
	[page 4]
	Interpreter's Contact Information
	4. Interpreter's Daytime Telephone Number

		5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any) Interpreter's Certification I certify, under penalty of perjury, that: I am fluent in English and [Fillable Field], which is the same language provided in Part 2., Item B. in Item Number 1., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Certification, and has verified the accuracy of every answer. Interpreter's Signature
		7. Interpreter's Signature Date of Signature (mm/dd/yyyy)
Page 2, Part 3. Signature of		[Page 4]
Person Who Prepared This Form for You (if applicable)	Part 3. Signature of Person Who Prepared This Form for You (if applicable)	Part 4. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant
		Provide the following information about the preparer.
		Preparer's Full Name
	Preparer's Firm or Organization Name (if applicable)	 Preparer's Family Name (Last Name) Preparer's Given Name (First Name) Preparer's Business or Organization Name (if any)
	Preparer's Address	Preparer's Mailing Address
	Street Number and Name City Country State ZIP Code	3. Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code Province Postal Code Country
		[page 5]
		Preparer's Contact Information
	Preparer's Daytime Phone Number Preparer's Fax Number Preparer's E-mail Address (if any)	4. Preparer's Daytime Telephone Number5. Preparer's Mobile Telephone Number6. Preparer's Email Address (if any)
		Preparer's Statement
	5	

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	7.A. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
	B. I am an attorney or accredited representative and my representation of the applicant in this case extends/does not extend beyond the preparation of this application.
	NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.
	Preparer's Certification
I declare under penalty of perjury that I prepared this form at the request of the above person, and it is based on all information of which I have any knowledge.	By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.
	Preparer's Signature
Preparer's Printed Name Preparer's Signature Date (mm/dd/yyyy)	[Deleted] 8. Preparer's Signature Date of Signature (mm/dd/yyyy)
	[Page 6]
[new]	Part 5. Additional Information
	If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number , Part Number , and Item Number to which your answer refers; and sign and date each sheet.
	1. Family Name (Last Name) Given Name (First Name) Middle Name
	2. A. Page Number
6	

B. Part Number C. Item Number D. [Fillable field] 3. A. Page Number B. Part Number C. Item Number D. [Fillable field] 4. A. Page Number B. Part Number C. Item Number D. [Fillable field]	
3. A. Page Number B. Part Number C. Item Number D. [Fillable field] 4. A. Page Number B. Part Number C. Item Number D. [Fillable field]	
B. Part Number C. Item Number D. [Fillable field] 4. A. Page Number B. Part Number C. Item Number D. [Fillable field]	
B. Part Number C. Item Number D. [Fillable field] 4. A. Page Number B. Part Number C. Item Number D. [Fillable field]	
C. Item Number D. [Fillable field] 4. A. Page Number B. Part Number C. Item Number D. [Fillable field]	
 D. [Fillable field] 4. A. Page Number B. Part Number C. Item Number D. [Fillable field] 	
4. A. Page Number B. Part Number C. Item Number D. [Fillable field]	
B. Part Number C. Item Number D. [Fillable field]	
B. Part Number C. Item Number D. [Fillable field]	
C. Item Number D. [Fillable field]	
D. [Fillable field]	
5. A. Page Number	
B. Part Number	
C. Item Number	
D. [Fillable field]	
Page 3, Part 4. Declaration of [Page 7]	
Part 4. Declaration of Intent Part 6. Declaration of Intent	
1. Current Legal Name (do not provide a nickname) 1. Your Current Legal Name (do not provide a nickname)	ovide a
Family Name (last name) Family Name (Last Name)	
Given Name (first name) Given Name (First Name)	
Middle Name (if applicable) Middle Name	
2. U.S. Social Security Number (if any) 2. U.S. Social Security Number (if any)	
3. USCIS Online Account Number (if a	ny)
3. Date of Birth (mm/dd/yyyy) 4. Date of Birth (mm/dd/yyyy)	
5. Date You Became a Permanent Resident 5. Date You Became a Lawful Permane	nt
(mm/dd/yyyy) Resident (mm/dd/yyyy)	iic
4. Country of Birth 6. Country of Birth	
6. Country of Nationality 7. Country of Citizenship or Nationality	
7. Home Address [moved down]	
Street Number and Name (do not provide a	
P.O. Box in this space)	
Apartment Number	
City	
Country	
State	
ZIP Code	
8. Mailing Address 8. Mailing Address	
C/O (in care of name) Crown in Care Of Name (if any)	
Street Number and Name Street Number and Name	
Apt. Steet Number and Name Apt. Ste. Flr. Number	
City	
State State	
ZIP Code ZIP Code	
7	

[moved down]

9. Daytime Phone Number Work Phone Number (if any) Evening Phone Number Mobile Phone Number (if any)

10. E-mail Address (if any)

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 based on such admission.

I hereby declare my intention in good faith to become a citizen of the United States and I certify that the photograph affixed to the original and duplicate hereof are a likeness of me and were signed by me.

I do swear (or affirm) that the statements I have made and the intentions I have expressed in this declaration of intention subscribed by me are true to the best of my knowledge and belief.

Your Signature (USCIS will reject your Form N-300 if it is not signed)

Date (mm/dd/yyyy)

USCIS Officer's Signature

Date (mm/dd/yyyy)

9. Physical Address

Street Number and Name (Do not provide a PO

Box in this space)

Apt. Ste. Flr. Number

City or Town

[Delete]

State ZIP Code

10. Daytime Telephone Number

- **11.** Work Telephone Number (if any)
- **12.** Evening Telephone Number
- **13.** Mobile Telephone Number (if any)
- 14. Email Address (if any)

[Page 8]

I am over 18 years of age, have been lawfully admitted to the United States as a lawful permanent resident, and am now residing in the United States based on such admission.

I hereby declare my intention in good faith to become a citizen of the United States and I certify that the photograph affixed to the original and duplicate hereof are a likeness of me and were signed by me.

I do swear (or affirm) that the statements I have made and the intentions I have expressed in this declaration of intention subscribed by me are true to the best of my knowledge and belief.

15. Applicant's Signature (USCIS will reject your Form N-300 if it is not signed)

Date of Signature (mm/dd/yyyy)

16. USCIS Officer's Signature

Date of Signature (mm/dd/yyyy)

[Affix Photo Here]