

## **Application to File Declaration of Intention**

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form N-300

OMB No. 1615-0078 Expires 03/31/2016

	For USCIS Use Only								
	Date Stamp		Receipt		Action Block				
	Remarks	D.	Bar Code	T					
a	ttorney or accredited	Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	•	or Accredited Representative nline Account Number (if any)				
<b>•</b>	START HERE - Type or p	orint in black ink.	1107	En	ter Your 9 Digit A-Number:				
Pa	art 1. Information Abo	ut You			A-				
1.	Your Current Legal Name (	do not provide a nickna	me)						
	Family Name (Last Name)		Given Name (First Name)		Middle Name				
		_							
2.	Other Names Used (if any) List all other names you hav section, use the space provide			knames. If you	need extra space to complete this				
	Family Name (Last Name)		Given Name (First Name)		Middle Name				
3.	U.S. Social Security Number	(if any) 4. USCIS	Online Account Number (if ar	ny) <b>5.</b>	Date of Birth (mm/dd/yyyy)				
6.	Date You Became a Lawful	Permanent Resident	7. Country of Birth						
	(mm/dd/yyyy)								
8.	Country of Citizenship or N	ationality							
9.	Since you were admitted to period of six months or long		awful permanent resident, have	e you been abso	ent for a Yes No				
	If you answered "Yes" to <b>Ite Additional Information</b> .	em Number 9., provide	departure/arrival dates of all	absences in the	e space provided in <b>Part 5.</b>				

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Pa	rt 1. Information About You (continued) ► A	<b>1</b>			
10.	Mailing Address				
	In Care Of Name (if any)				
	Street Number and Name	Apt. Ste.	Flr.	Numb	er
	City or Town	 State	ZIP	Code	
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.	Numb	er
	City or Town	State	ZIP	Code	
Pa	rt 2. Applicant's Statement, Contact Information, Certification, and Signatur	re			
the	TE: Read the Penalties section of the Form N-300 Instructions before completing this part. You will be section of the Form N-300 Instructions before completing this part.	must file For	m N-3	00 wh	ile in
Ap	plicant's Statement				
NO	TE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for It	em 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 ins my answer to every question.	struction on th	nis ap <sub>l</sub>	olicati	on and
	B. The interpreter named in <b>Part 3</b> , read to me every question and instruction on this application.				-
	question in	, a language	in wh	ich I a	ım
	fluent and I understood everything.				
2.	Applicant's Statement Regarding the Preparer  At my request, the preparer named in <b>Part 4.</b> ,				
	prepared this application for me based only upon information I provided or authorized.				,
	propuled this application for the based only apon information 1 provided of authorized.				
Ap	plicant's Contact Information				
3.	Applicant's Daytime Telephone Number  4. Applicant's Mobile Telephone	e Number (if	any)		
			<u> </u>		
5.	Applicant's Email Address (if any)				
- *					

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Part 2. Applicant's Statement, Contact Information Signature (continued)	on, Certification, and
Applicant's Certification	
	of unaltered, original documents, and I understand that USCIS may Furthermore, I authorize the release of any information from any of the immigration benefit I seek.
I further authorize release of information contained in this applic entities and persons where necessary for the administration and e	ation, in supporting documents, and in my USCIS records to other nforcement of U.S. immigration laws.
I understand that USCIS may require me to appear for an appoint signature) and, at that time, if I am required to provide biometric	
1) I reviewed and provided or authorized all of the information	tion in my application;
2) I understood all of the information contained in, and sub	omitted with, my application; and
3) All of this information was complete, true, and correct a	t the time of filing.
I certify, under penalty of perjury, that I provided or authorized a information contained in, and submitted with, my application, an	
Applicant's Signature	
6. Applicant's Signature	Date of Signature (mm/dd/yyyy)
NOTE TO ALL APPLICANTS: If you do not completely fill Instructions, USCIS may deny your application.	out this application or fail to submit required documents listed in the
Part 3. Interpreter's Contact Information, Certific	cation, and Signature
Provide the following information about the interpreter.	//)//1//
Interpreter's Full Name	
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	
3. Street Number and Name	Apt. Ste. Flr. Number
City or Town	State ZIP Code

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Country

Postal Code

Province

	art 3. Interpreter's Contact Information, Certification, and Signature ontinued)
In	terpreter's Contact Information
4.	Interpreter's Daytime Telephone Number  5. Interpreter's Mobile Telephone Number (if any)
6.	Interpreter's Email Address (if any)
In	terpreter's Certification
I ce	ertify, under penalty of perjury, that:
	n fluent in English and , which is the same language provided in <b>Part 2.</b> ,
	<b>n B.</b> , in <b>Item Number 1.</b> ; and I have read to this applicant in the identified language every question and instruction on this lication 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 <b>Applicant's Certification</b> , and has verified the accuracy of every answer.
In	terpreter's Signature
7.	Interpreter's Signature Date of Signature (mm/dd/yyyy)
	ort 4. Contact Information, Declaration, and Signature of the Person Who Prepared This Application, Other Than the Applicant
Pro	vide the following information about the preparer.
Pr	eparer's Full Name
1.	Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)
	02/21/2010
2.	Preparer's Business or Organization Name (if any)
Du	eparer's Mailing Address
3.	Street Number and Name  Apt. Ste. Flr. Number
	City or Town State ZIP Code
	State Zir Code
	Province Postal Code Country

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th	art 4. Contact Information, Statement, Certification, and Signature of e Person Who Prepared This Application, if Other Than the Applicant ontinued)
Pı	reparer's Contact Information
4.	Preparer's Daytime Telephone Number  5. Preparer's Mobile Telephone Number (if any)
6.	Preparer's Email Address (if any)
Pr	reparer's Statement
7.	<b>A.</b> 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.
	<b>NOTE:</b> 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.
Pr	reparer's Certification
rev wit	my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then iewed this completed application and informed me that he or she understands all of the information contained in, and submitted h, his or her application, including the <b>Applicant's Certification</b> , and that all of this information is complete, true, and correct. I applied this application based only on information that the applicant provided to me or authorized me to obtain or use.
Pr	reparer's Signature
8.	Preparer's Signature (mm/dd/yyyy)

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Part 5. Additional Information	► A-					
If you need extra space to provide any additional information within this application, use the span what is provided, you may make copies of this page to complete and file with this applicate Type or print your name and A-Number (if any) at the top of each sheet; indicate the <b>Page NurNumber</b> to which your answer refers; and sign and date each sheet.	tion or atta	ich a se	eparate	she	et of	
Family Name (Last Name) Given Name (First Name)	Middle	Name				
2. A. Page Number B. Part Number C. Item Number D.						
B. Part Number C. Item Number D.	7					
PRODUCTI	0		V			
D. Page Number B. Part Number C. Item Number D.	1/	4				
<u> </u>						
D. B. Part Number C. Item Number D.						

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Pa	rt 6. Declaration of Intent	A-	
1.	Your Current Legal Name (do not provide a nickname)		
	Family Name (Last Name) Given Name (First Name)	Middle Name	
2.	U.S. Social Security Number (if any)  3. USCIS Online Account Number (if any)    Description   Descr		
4.	Date of Birth (mm/dd/yyyy)  5. Date You Became a Lawful Permanent Resident (mm/dd/yyyy)		
6.	Country of Birth  7. Country of Citizenship or N	ationality	
8.	Mailing Address		
	In Care Of Name (if any)		
	Street Number and Name	Apt. Ste. Flr.	Number
	City or Town	State	ZIP Code
9.	Physical Address	76	
	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	State	ZIP Code
	$\square$		
10.	Daytime Telephone Number 11. Work Telephone Number (i	f any)	
12.	Evening Telephone Number  13. Mobile Telephone Number	(if any)	
14.	Email Address (if any)		

Part 6. Declaration of Intent (continued)	► A-				
				1.	.1

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 photographs 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.

Applicant's and	USCIS Officer's Sig	nature			
15. Applicant's Signa	ature (USCIS will reject	your Form N-300 if	t is not signed)	Date	of Signature (mm/dd/yyyy)
Location Location 16. USCIS Officer's	Signature			Date	of Signature (mm/dd/yyyy)
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F	PRO	11 ) [	ograph	10	N
	02/	124	lere	16	

applied below.