

Application for Replacement Naturalization/Citizenship Document

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form N-565 OMB No. 1615-0091 Expires 05/31/2017

		Returned	Fee S	Stamp	Action Block
		Resubmitted			
		Relocated Sent	DD		
US	or CIS	Relocated Received	UK		
	se nly	☐ Applicant Interviewed☐ Declaration of Intention	Verified by:	Remarks:	
		Citizenship Verified by:		OT	
re	by a BIA	n attorney or Form A-accredited attac		torney State Bar Number	Attorney or Accredited Representative USCIS Online Account Number (if any)
		RT HERE - Type or print in			
		. Information About Y			
1.	Full	Legal Name			
		ily Name (Last Name)	(Given Name (First Name)	Middle Name
		DD/			
2.	Date	of Birth (mm/dd/yyyy)	3. Country of Bir	th	
4.	Certi	ificate Number		5.	Alien Registration Number (A-Number)
					► A-
6.		ing Address	1/1/	$\frac{1}{2}$	116
	In C	are Of Name)/ 	\mathcal{H}
	Stree	et Number and Name			Apt. Ste. Flr.
	City	or Town			State ZIP Code
	Prov	rince	Postal C	ode Country	

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Pa	rt 2	2. T	ype of Application
1.	I he	reby	apply for (select only one box):
	Α.		New Certificate of Citizenship D. New Declaration of Intention
	В.		New Certificate of Naturalization E. Special Certificate of Naturalization to obtain recognition of my
	C. [1	New Certificate of Repatriation U.S. citizenship by a foreign country. (Skip Item Number 2. and complete Part 3. , Part 8. , and Part 9.)
2.	Bas	is fo	r application (Select all applicable boxes):
	Α.		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.)
	В.		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 documents.)
	D.		My name has legally changed. (Complete Part 3., Part 5., and Part 9., and attach the certificate and documents.)
	E.		My date of birth has legally changed due to a court order or other state-issued documents. NOTE: Only applicants applying for a replacement Certificate of Citizenship may select this option. (Complete Part 3. , Part 6. , and Part 9. , and attach the certificate and documents.)
	F.		My gender has legally changed. (Complete Part 3., Part 7., and Part 9., and attach the certificate and documents.)
	G.		Other: Explain (Complete Part 3., Part 4., and Part 9., and attach the documents.)
Dο	rt 3	R D	rocessing Information
l.	Ger	nder Mal	2. Height 3. Marital Status Single Married Divorced Widowed
Мy	last	certi	ificate or Declaration of Intention was issued to me by:
1.	US	CIS	Office or Name of Court 5. Date (mm/dd/yyyy)
5.	Nar	ne in	n Which the Document Was Issued
7.	Oth	ner N	James I Have Used (if none, type or print "None")
	Fan	nily l	Name (Last Name) Given Name (First Name) Middle Name
3.	Sine	ce be	ecoming a citizen, have you lost or renounced your citizenship in any manner? Yes (attach an explanation) No

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Part	t 4. (Complete If Applying To Correct You	r Do	cument		
•		pplying for a new certificate or Declaration of Ir copies of any documents supporting your request		on because your current one	e is incor	rect, explain why it is incorrect
Part	+5 (Complete If Applying for a New Docum	ment	Recause of a Name (hange	
		ged because of (select only one box):		A H	Juange	
A	. [Marriage or divorce on (Attach a copy of marr	riage o	or divorce certificate)	(mm	/dd/yyyy)
В		Court Order (Attach a certified copy of the do	cumer	nt)	(mm	/dd/yyyy)
Part	t 6. (Complete If Applying for a New Certif	ficate	e of Citizenship Becau	ise of a	Date of Birth Change
Date	of birt	h changed by:				
A	. [Court Order (Attach a certified copy of the do	cumer	nt)	(mm	/dd/yyyy)
В	•	State-issued document (For example, birth certificate of birth abroad, or oby the child's state of residence.)			(mm/	/dd/yyyy)
Part	t 7. (Complete If Applying for a New Docum	ment	Because of a Change	in Ge	nder
Evide	nce of	f official recognition of gender change recognize	ed by (select all applicable boxes	s):	
A	. 🗖	Court Order (Attach a certified copy of the do	cumer	nt)		\bigcirc R T
В	. [Amended birth certificate (Attach a certified c	opy o	f the document)		
C	. [Other official documentation recognizing the passport or driver's license.	new g	ender by U.S. state, local ju	ırisdictio	on, or foreign state, such as a
D		Medical certification by a licensed physician (docto	r of medicine (M.D.) or do	ctor of os	steopathy (D.O.)
		Complete If Applying for a Special Ce ernment of a Foreign Country	rtific	rate of Recognition as	a Citiz	zen of the United States by
1. N	Vame o	of Foreign Country				U
Inform	nation	about official of the country who has requested	this c	ertificate (if known)		
		Name (Last Name)		n Name (First Name)		Middle Name
C	Officia	l Title		Name of Government Age	ency	

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Government of a Foreign Country (continued)							
Address of Foreign Official							
Street Number and Name	Apt. Ste. Flr.						
City or Town	State ZIP Code						
Province Postal Code Country							
SCIS or Consular Official's Certification							
	Date of Signature						
	(mm/dd/yyyy)						
rt 9. Applicant's Statement, Contact Information, Certification, an	d Signature						
ΓΕ: Read the Penalties section of the Form N-565 Instructions before completing this	s part.						
plicant's Statement							
ΓΕ: Select the box for either Item A. or B. in Item Number 1. If applicable, select t	he box for Item Number 2.						
Applicant's Statement Regarding the Interpreter							
A. I can read and understand English, and I have read and understand every questing answer to every question.	tion and instruction on this application and						
B. The interpreter named in Part 10. read to me every question and instruction on this application and my answer to every							
question in , a language in which I am fluent, and I							
	,						
prepared this application for me based only upon information I provided or authorized	rrized.						
plicant's Contact Information							
Applicant's Daytime Telephone Number 4. Applicant's Mob	ile Telephone Number (if any)						
	10 7						
Applicant's Email Address (if any)							
nlicant's Cartification							
	Address of Foreign Official Street Number and Name City or Town Province Postal Code Country CITY CONSULT Official's Certification USCIS or Consular Official's Signature TE: Read the Penalties section of the Form N-565 Instructions before completing this plicant's Statement TE: Select the box for either Item A. or B. in Item Number 1. If applicable, select to Applicant's Statement Regarding the Interpreter A.						

Part 8. Complete If Applying for a Special Certificate of Recognition as a Citizen of the United States by

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. immigration laws.

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Part 9. Applicant's Statement, Contact Information, Certification, and Signature (continued)

I understand that USCIS may require me to 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 oath reaffirming that:

- 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.

Ap	oplicant's Signature
6.	Applicant's Signature Date of Signature
	(mm/dd/yyyy)
Inst	TE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the tructions, USCIS may deny your application.
Pa	art 10. Interpreter's Contact Information, Certification, and Signature
Pro	vide the following information about the interpreter.
In	terpreter'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)
In	terpreter's Mailing Address
3.	Street Number and Name Apt. Ste. Flr. Number
	City or Town State ZIP Code
	Province Postal Code Country
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)

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Par	t 10. Interpreter's Contact Information, Certification, and Signature (continued)
Inte	erpreter's Certification
I cert	tify, under penalty of perjury, that:
Item appli	fluent in English and , which is the same language specified in Part 9. , B. in Item Number 1. , and I have read to this applicant in the identified language every question and instruction on this cation and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, answer on the application, including the Applicant's Certification , and has verified the accuracy of every answer.
Inte	erpreter's Signature
7. [Interpreter's Signature Date of Signature (mm/dd/yyyy)
	et 11. Contact Information, Declaration, and Signature of the Person Preparing this Application, if ner Than the Applicant
Prov	ide the following information about the preparer.
Pre	parer's Full Name
1.	Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2.]	Preparer's Business or Organization Name (if any)
L	
Pre	parer's Mailing Address
3.	Street Number and Name Apt. Ste. Flr. Number
[City or Town State ZIP Code
]	Province Postal Code Country
Pre	parer's Contact Information
4.]	Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)
6.]	Preparer's Email Address (if any)

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Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)

Pre	parer	's Si	taten	nent

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.
	В.	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, 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

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.

reparer s signature	Preparer'	's Signat	ure
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8.	Signature of Preparer			Date of Signatu	ure
				(mm/dd/yyyy)	

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