

## 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			Fe	ee Stamp			Action Block
	Resubmitted	Resubmitted						
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Fo US	Includated incective	Relocated Received						
U: Or	Applicant inte	☐ Applicant Interviewed ☐ Declaration of Intention			Remarks:			
	☐ Citizenship Vo	erified by:						
	To be completed by an attorney or BIA-accredited presentative (if any)	Forn	ct this box if n G-28 is ched to repres applicant.	sent	Attorney State Ba	ar Numb		or Accredited Representative Online Account Number (if any)
►S'	TART HERE - Type	or print in	ı black ink.					
Pai	rt 1. Information	About Y	Zou Zou					
	Full Legal Name Family Name (Last Na	ame)			Given Name (Fi	rst Name)	)	Middle Name
2.	Date of Birth (mm/dd/	уууу)	3. Count	try of	Birth			
4.	Certificate Number					5.	Alien Registra  ► A-	ntion Number (A-Number)
6.	Mailing Address							
	In Care Of Name							
	Street Number and Nar	ne					Apt. Ste.	Flr.
ı	City or Town						State	ZIP Code
	Province			Posta	ll Code	Country		

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Pa	art 2. Type of Application								
1.	I hereby apply for (select <b>only one</b> box):								
	A. New Certificate of Citizenship	<b>D.</b> New Declaration of Intention							
	<b>B.</b> New Certificate of Naturalization	E. Special Certificate of Naturalization to obtain recognition of my							
	C.   New Certificate of Repatriation	U.S. citizenship by a foreign country. (Skip <b>Item Number 2.</b> and complete <b>Part 3.</b> , <b>Part 8.</b> , and <b>Part 9.</b> )							
2.	Basis for application (Select all applicable	boxes):							
	A. My certificate was lost, stolen, or a copy of the certificate (if any), p	destroyed. Explain when, where, and how. (Complete <b>Part 3.</b> and <b>Part 9.</b> , and attach olice report, or sworn statement.)							
	<u> </u>	plete Part 3., Part 9., and attach the certificate.)							
	C. My certification or declaration is i and attach the documents.)	ncorrect due to typographical/clerical error. (Complete Part 3., Part 4., and Part 9.,							
	<b>D.</b> My name has legally changed. (C	omplete Part 3., Part 5., and Part 9., and attach the certificate and documents.)							
	applying for a replacement Certific	My date of birth has legally changed due to a court order or other state-issued documents. <b>NOTE:</b> Only applicants applying for a replacement Certificate of Citizenship may select this option. (Complete <b>Part 3., Part 6.,</b> and <b>Part 9.,</b> and attach the certificate and documents.)							
	F.	Complete Part 3., Part 7., and Part 9., and attach the certificate and documents.)							
	G. Other: Explain (Complete Part 3.	Other: Explain (Complete Part 3., Part 4., and Part 9., and attach the documents.)							
Pa	art 3. Processing Information								
l <b>.</b>	Gender 2. Height	3. Marital Status							
	Male Female Feet	Inches Single Married Divorced Widowed							
Иy	y last certificate or Declaration of Intention w	vas issued to me by:							
١.	USCIS Office or Name of Court	5. Date (mm/dd/yyyy)							
<b>5.</b>	Name in Which the Document Was Issued								
7.	Other Names I Have Used (if none, type or	print "None")							
	Family Name (Last Name)	Given Name (First Name) Middle Name							
	,								
)	Since becoming a citizen, have you lost or	renounced your citizenship in any manner? Yes (attach an explanation) No							

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Par	t 4.	<b>Complete If Applying To Correct You</b>	r Do	cument					
-	f 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.								
Par	t 5.	Complete If Applying for a New Docu	ment	Because of a Name C	hange				
		nged because of (select <b>only one</b> box):							
A	۱. [	Marriage or divorce on (Attach a copy of marr	riage o	or divorce certificate)	(mm/	/dd/yyyy)			
E	<b>3.</b> [	Court Order (Attach a certified copy of the do	cumei	nt)	(mm/	/dd/yyyy)			
Par	t 6.	Complete If Applying for a New Certi	ficate	e of Citizenship Becau	se of a	Date of Birth Change			
Date	of bir	rth changed by:							
A	۱. [	Court Order (Attach a certified copy of the do	cumei	nt)	(mm/	/dd/yyyy)			
E	<b>3.</b> [	State-issued document (For example, birth cert the foreign birth, certificate of birth abroad, or by the child's state of residence.)			(mm/	/dd/yyyy)			
Par	t 7.	Complete If Applying for a New Docu	ment	Because of a Change	in Ger	nder			
Evide	ence o	of official recognition of gender change recognize	ed by	select all applicable boxes	):				
A	<b>.</b> [	Court Order (Attach a certified copy of the do	cumei	nt)					
F	<b>3.</b> [	Amended birth certificate (Attach a certified c	ору о	f the document)					
(	C. [	Other official documentation recognizing the passport or driver's license.	new g	ender by U.S. state, local ju	risdictio	n, or foreign state, such as a			
Ι	<b>).</b> [	Medical certification by a licensed physician (	docto	r of medicine (M.D.) or doc	tor of os	steopathy (D.O.)			
		Complete If Applying for a Special Ce ernment of a Foreign Country	rtific	eate of Recognition as	a Citiz	zen of the United States by			
1. i	Name	of Foreign Country							
Infor	matio	on about official of the country who has requested	this c	ertificate (if known)					
2. I	Famil	y Name (Last Name)	Give	n Name (First Name)		Middle Name			
[ [	Offici	al Title		Name of Government Ager	ncy				

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th	e Government of a Foreign Country (continued)		
3.	Address of Foreign Official		
	Street Number and Name	Apt. Ste. Flr.	
	City or Town	State	ZIP Code
	Province Postal Code Country		
$U_{s}^{s}$	SCIS or Consular Official's Certification		
4.	USCIS or Consular Official's Signature	Date of Sig	gnature
		(mm/dd/yy	
Pa	art 9. Applicant's Statement, Contact Information, Certification, and	d Signature	
NO	OTE: Read the Penalties section of the Form N-565 Instructions before completing this	s part.	
4			
АĮ	oplicant's Statement		
NO	OTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the	he box for <b>Item</b>	Number 2.
1.	Applicant's Statement Regarding the Interpreter		
	<b>A.</b> I can read and understand English, and I have read and understand every quest my answer to every question.	ion and instruc	tion on this application and
	<b>B.</b> The interpreter named in <b>Part 10.</b> read to me every question and instruction or	n this application	on and my answer to every
	-	inguage in whic	ch I am fluent, and I
	understood everything.		
2.	Applicant's Statement Regarding the Preparer		
	At my request, the preparer named in <b>Part 11.</b> ,		
	prepared this application for me based only upon information I provided or author	rized.	
AĮ	oplicant's Contact Information		
3.	Applicant's Daytime Telephone Number 4. Applicant's Mob	ile Telephone N	Number (if any)
5.	Applicant's Email Address (if any)		
4 *	onlicant's Certification		

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

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	pplicant's Signature									
6.	Applicant's Signature						Date of Signature			
						(mm/dd/yy	уу)			
Ins	TTE TO ALL APPLICANTS: If you do not completely fill of tructions, USCIS may deny your application.						ired documents listed in the			
	art 10. Interpreter's Contact Information, Certification	icatio	on, a	and Si	gnatu	re				
Pro	vide the following information about the interpreter.									
In	terpreter's Full Name									
1.	Interpreter's Family Name (Last Name)	In	terpr	eter's G	iven Na	ame (First Nam	ne)			
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			Countr	ту					
In	terpreter's Contact Information									
4.	Interpreter's Daytime Telephone Number	5.	Int	terprete	r's Mob	ile Telephone	Number (if any)			
6.	Interpreter's Email Address (if any)									

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Pa	Part 10. Interpreter's Contact Information, Certification, and Signature (continued)								
In	Interpreter's Certification								
I ce	rtify, under penalty of perjury, that:								
I an	n fluent in English and			, whic	h is the same la	anguage specified in Part 9.,			
	<b>n B.</b> in <b>Item Number 1.</b> , and I have read to this applicant in the								
	lication and his or her answer to every question. The applicant answer on the application, including the <b>Applicant's Certific</b>								
In	Interpreter's Signature								
7.	Interpreter's Signature				Date of Sign	nature			
					(mm/dd/yyy				
	rt 11. Contact Information, Declaration, and Signer Than the Applicant	na	ture	of the Perso	on Preparin	g this Application, if			
Pro	vide the following information about the preparer.								
Pr	eparer's Full Name								
1.	Preparer's Family Name (Last Name)	]	Prepar	er's Given Nan	ne (First Name	)			
2.	Preparer's Business or Organization Name (if any)								
Pr	eparer's Mailing Address								
3.	Street Number and Name				Apt. Ste. Flr.	Number			
	City or Town				State	ZIP Code			
	Province Postal Code		1	Country					
Pr	eparer's Contact Information								
4.	Preparer's Daytime Telephone Number	1	5.	Preparer's Mo	bile Telephone	Number (if any)			
6.	Preparer's Email Address (if any)	I							

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O	Other Than the Applicant (continued)						
Pr	ера	rer's	Statement				
7.	A.		I am not an attorney or accredited representative but have prepared this applicate the applicant and with the applicant's consent.	ation on behalf of			
	В.		I am an attorney or accredited representative and my representation of the appl extends does not extend beyond the preparation of this application.	licant in this case			
			<b>NOTE:</b> If you are an attorney or accredited representative, you may be oblige completed Form G-28, Notice of Entry of Appearance as Attorney or Accredit with this application.				
Pr	ераг	rer's	Certification				
rev wit	iewe h, his	d this s or he	ure, I certify, under penalty of perjury, that I prepared this application at the requirement of application and informed me that he or she understands all of the information, including the <b>Applicant's Certification</b> , and that all of this information based only on information that the applicant provided to me or autism.	formation contained in, and submitted mation is complete, true, and correct. I			
Pr	ера	rer's	Signature				
8. Signature of Preparer Date of Signature				Date of Signature			
				(mm/dd/yyyy)			

Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Application, if

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