**TABLE OF CHANGES – FORM**

**Form N-565, Application for Replacement Naturalization/Citizenship Document**

**OMB Number: 1615-0091**

**11/05/2018**

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| **Reason for Revision:** Comprehensive revision to include standard language updates.Legend for Proposed Text:* Black font = Current text
* Purple font = Standard language
* Red font = Changes
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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1, To be completed by an attorney or BIA-accredited representative** (if any) | **[Page 1]****To be completed by an attorney or BIA-accredited representative** (if any)**Select this box if Form G-28 is attached to represent the applicant****Attorney State Bar Number** (if applicable)**Attorney or Accredited Representative USCIS Online Account Number** (if any) | **[Page 1]****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) |
| **Page 2, Part 3. Processing Information** | **[Page 2]****Part 3. Processing Information****6.** Name in Which the Document Was IssuedMy last certificate or Declaration of Intention was issued to me by:**4.** USCIS Office or Name of Court**5.** Date (mm/dd/yyyy)**1.** GenderMaleFemale**2.** HeightFeetInches**3.** Marital StatusSingleMarriedDivorcedWidowed**7.** Other Names I Have Used (if none, type or print “None”)Family Name (Last Name) [x2]Given Name (First Name) [x2]Middle Name [x2]**8.** Since becoming a citizen, have you lost or renounced your citizenship in any manner?Yes (attach an explanation)No | **[Page 1]****Part 1. Information From Current Certificate or Declaration****1.** Your Full NameProvide your full name exactly as it is printed on the certificate or declaration.Family Name (Last Name)Given Name (First Name)Middle Name**2.** Country of Former Citizenship or Nationality**3.** Certificate or Declaration Number**4.** Alien Registration Number (A-Number)**5.** Certificate or Declaration IssuanceProvide information about who issued your last certificate or declaration along with the date it was issued.U.S. Citizenship and Immigration Services (USCIS) Office or Name of CourtDate (mm/dd/yyyy)**[Deleted]** |
| **Page 1, Part 1. Information About You** | **[Page 1]****Part 1. Information About You****1.** Full Legal NameFamily Name (Last Name)Given Name (First Name)Middle Name**6.** Mailing AddressIn Care of NameStreet Number and NameApt./Ste./Flr.[Fillable field]City or TownStateZIP CodeProvincePostal CodeCountry**2.** Date of Birth (mm/dd/yyyy)**3.** Country of Birth**4.** Certificate Number**5.** Alien Registration Number (A-Number) | **[Page 1]****Part 2. Current Information About You****1.** Your Full Legal NameFamily Name (Last Name)Given Name (First Name)Middle Name**2.** Other Names You Have UsedProvide any other names you have used since birth, for any period of time, including aliases, maiden names, and nicknames. If your answer is “none,” type or print “None.” If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.Family Name (Last Name) [x2]Given Name (First Name) [x2]Middle Name [x2]**[Page 2]****3.** Mailing AddressIn Care of NameStreet Number and NameApt./Ste./Flr.NumberCity or TownStateZIP CodeProvincePostal CodeCountry**4.** Has your marital status changed since your last document was issued? YesNo**NOTE:** If you answered “Yes” to **Item Number 4.**, provide your current marital status in **Item Number 5.** and attach a copy of your marriage certificate, annulment decree, divorce decree, or spouse’s death certificate. **5.** Your Current Marital StatusSingleMarried DivorcedWidowedMarriage Annulled**6.** Since becoming a U.S. citizen, have you lost or renounced your U.S. citizenship in any manner?Yes No**NOTE:** If you answered “Yes” to **Item Number 6.**, provide an explanation in **Part 13. Additional Information** or attach a separate sheet of paper.**[Deleted]** |
| **New** |  | **[Page 2]****Part 3. Biographic Information****1.**  Ethnicity (Select **only one** box)Hispanic or LatinoNot Hispanic or Latino**2.**  Race (Select **all applicable** boxes)American Indian or Alaska NativeAsianBlack or African AmericanNative Hawaiian or Other Pacific IslanderWhite**3.**  Height  Feet\_\_ Inches \_\_**4.**  Weight    Pounds \_ ­\_ \_**5.**  Eye Color (Select **only one** box)BlackBlueBrownGrayGreenHazelMaroonPinkUnknown/Other**6.**  Hair Color (Select **only one** box)Bald (No hair)BlackBlondBrownGrayRedSandyWhiteUnknown/Other |
| **Page 2, Part 2. Type of Application** | **[Page 2]****Part 2. Type of Application****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 **Item Number 2.** and complete **Part 3.**, **Part 8.**, and **Part 9.**)**2.** Basis for application (Select **all applicable** boxes):**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.)[Fillable field]**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 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.)[Fillable field] | **[Page 3]****Part 4. Type of Application****1.** I am applying for a (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**NOTE:** If you selected **Item E.**, skip the **Basis for My Application** section below and go to **Part 9.*****Basis for My Application***Select **all applicable** boxes and provide explanations where requested.**2.** **A.** My certificate or declaration was lost, stolen, or destroyed. **B.** Provide an explanation of when, where, and how this happened. [Fillable field]**NOTE:** If you selected **Item A.** in **Item Number 2.**, go to **Part 10.** and attach a copy of the certificate or declaration (if available), police report, and/or sworn statement.**3.** My certificate or declaration is mutilated. **NOTE:** If you selected **Item Number 3.**, go to **Part 10.** and attach the original certificate or declaration.**4.** My certificate or declaration is incorrect due to a typographical or clerical error by USCIS. **NOTE:** If you selected **Item Number 4.**, go to **Part 5.** and attach the original certificate or declaration.**[Page 3]****5.** My name has legally changed. **NOTE:** If you selected **Item Number 5.**, go to **Part 6.** and attach the original certificate or declaration and evidence of the name change.**6.** My date of birth has legally changed through a court order or U.S. Government-issued document, and I am applying for a replacement Certificate of Citizenship. **NOTE:** If you selected **Item Number 6.**, go to **Part 7.** and attach the original certificate or declaration and evidence of the date of birth change.**7.** I am seeking to change the gender listed on my document. **NOTE:** If you selected **Item Number 7.**, go to **Part 8.** and attach the original certificate or declaration and evidence of the gender change.**8. A.** My reason for applying for a new document is not listed above.**B.** Provide an explanation. [Fillable field]**NOTE:** If you selected **Item A in Item Number 8.**, go to **Part 10.** and attach the original certificate or declaration and any evidence documents. |
| **Page 3, Part 4. Complete If Applying to Correct Your Document** | **[Page 3]****Part 4. Complete If Applying to Correct Your Document**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. | **[Page 3]****Part 5. Complete If Applying to Correct Your Document Due to a USCIS Typographical or Clerical Error****NOTE:** After completing this section, go to **Part 10.****1.** Which information needs correcting? (select **all applicable** boxes)NameDate of BirthGenderOther**2.** Provide an explanation of what is incorrect on your current certificate or declaration and attach copies of any documents supporting your request. |
| **Page 3, Part 5. Complete If Applying for a New Document Because of a Name Change** | **[Page 3]****Part 5. Complete If Applying for a New Document Because of a Name Change**Name changed because of (select **only one** box):**A.** Marriage or divorce on (Attach a copy of marriage or divorce certificate) (mm/dd/yyyy)**B.** Court Order (Attach a certified copy of the document) (mm/dd/yyyy) | **[Page 3]****Part 6. Complete If Applying for a New Document Because of a Name Change****NOTE:** After completing this section, go to **Part 10.** If you are applying to correct your document due to a USCIS error, use **Part 5.****1.** My name changed through (select **only one** box):**A.** Marriage, Divorce, or Annulment Date of Event (mm/dd/yyyy)**B.** Court Order Date of Court Order (mm/dd/yyyy)**NOTE:** If you selected **Item A.**, attach a copy of your marriage certificate, annulment decree, or divorce decree. If you selected **Item B.**, attach a copy of either the original or certified court document.**2.** My new legal name is: Family Name (Last Name)Given Name (First Name)Middle Name |
| **Page 3, Part 6. Complete If Applying for a New Certificate of Citizenship Because of a Date of Birth Change** | **[Page 3]****Part 6. Complete If Applying for a New Certificate of Citizenship Because of a Date of Birth Change**Date of birth changed by: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.) | **[Page 4]****Part 7. Complete If Applying for a New Certificate of Citizenship Because of an Official Date of Birth Change****NOTE:** After completing this section, go to **Part 10.** If you are applying to correct your document due to a USCIS error, use **Part 5.****1.** My date of birth changed through (select **all applicable** boxes):**A.**  Court Order Date of Court Order (mm/dd/yyyy)**B.** U.S. Government-Issued Document Date of U.S. Government-Issued Document (mm/dd/yyyy)**NOTE:** If you selected **Item A.**,attach a copy of either the original or certified court document. If you selected **Item B.**, attach a copy of the document (for example, birth certificate, certificate recognizing the foreign birth, certificate of birth abroad, or other similar vital records issued by the U.S. state where the child resided when the document was issued).**2.** My new date of birth is (as shown in the court order or U.S. Government-issued document): (mm/dd/yyyy) |
| **Page 3, Part 7. Complete If Applying for a New Document Because of a Change in Gender** | **[Page 3]****Part 7. Complete If Applying for a New Document Because of a Change in Gender**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 certificate by a licensed physician (doctor of medicine (M.D.) or doctor of osteopathy (D.O.) | **[Page 4]****Part 8. Complete If Applying for a New Document Because of an Official Change in Gender****NOTE:** After completing this section, go to **Part 10.** If you are applying to correct your document due to a USCIS error, use **Part 5.****1.** My gender officially changed through (select **all applicable** boxes):**A.** Court Order **[Deleted]****B.** Government-Issued Document Reflecting the Gender Change**C.** Licensed Health Care Professional’s Certification of Gender **NOTE:** If you selected **Item A.,** attach a copy of either the original or certified court document. If you selected **Item B.**, attach a copy of the document.If you selected **Item C.**, attach the certification letter.**2.** My current gender designation is:MaleFemale |
| **Page 3 - 4, 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** | **[Page 3]****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****1.** Name of Foreign CountryInformation about official of the country who has requested this certificate (if known)**2.** Family Name (Last Name)Given name (First Name)Middle NameOfficial TitleName of Government Agency**[Page 4]****3.** Address of Foreign OfficialStreet Number and NameApt./Ste./Flr. [Fillable field]City or TownStateZIP CodeProvincePostal CodeCountry***USCIS or Consular Official’s Certification*****4.** USCIS or Consular Official’s SignatureDate of Signature (mm/dd/yyyy) | **[Page 4]****Part 9. Complete If Applying for a Special Certificate of Recognition as a Citizen of the United States to the Government of a Foreign Country****1.** Name of Foreign Country**2.** Information About Foreign OfficialProvide the following information about the official of a foreign country who has requested this certificate (if known).Family Name (Last Name)Given name (First Name)Middle NameOfficial TitleName of Government Agency**3.** Foreign Official’s AddressStreet Number and NameApt./Ste./Flr.NumberCity or TownStateZIP CodeProvincePostal CodeCountry***USCIS or Consular Official’s Certification*****NOTE:** The USCIS or consular official’s certification will be completed after USCIS adjudicates your Form N-565, if it is approved. You **do not** need to obtain this signature before filing this application.**4.** USCIS or Consular Official’s SignatureDate of Signature (mm/dd/yyyy) |
| **Pages 4 - 5, Part 9. Applicant’s Statement, Contact Information, Certification, and Signature** | **[Page 4]****Part 9. Applicant’s Statement, Contact Information, Certification, and Signature****NOTE:** Read 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.** 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 10.** 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 PreparerAt my request, the preparer named in **Part 11.**, [Fillable Field], 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 any)**5.** Applicant’s Email Address (if any)***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.**[Page 5]**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. ***Applicant’s Signature*** **6.** Applicant’s SignatureDate 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 5]****Part 10. Applicant’s Statement, Contact Information, Certification, and Signature** **NOTE:** Read the **Penalties** section of the Form N-565 Instructions before completing this section. By signing this application, you state under penalty of perjury (28 U.S.C. section 1746) that all information and documentation submitted with this application is complete, true, and correct. You also authorize the release of any information from your records that USCIS may need to determine your eligibility for the immigration benefit you are seeking and consent to USCIS verifying such information.The Department of Homeland Security (DHS) has the authority to verify any information you submit to establish eligibility for the immigration benefit you are seeking at any time.  USCIS’ legal authority to verify this information is in 8 U.S.C. sections 1103 and 1454 and 8 CFR parts 103 and 338. To ensure compliance with applicable laws and authorities, USCIS may verify information before or after your case is decided.***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 11.** 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 12.**, [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 any)**5.** Applicant’s Email Address (if any)***Applicant’s Declaration and 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 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 law.I understand that USCIS will require me to appear for an appointment to take my biometrics and, at that time, 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 all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and 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*****6.** Applicant’s SignatureDate 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. |
| **Pages 5 - 6, Part 10. Interpreter’s Contact Information, Certification, and Signature** | **[Page 5]****Part 10. Interpreter’s Contact Information, Certification, and Signature**Provide the following information about the interpreter.***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 NameApt./Ste./Flr. [Fillable field]City or Town StateZIP CodeProvincePostal CodeCountry***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)**[Page 6]*****Interpreter’s Certification*** I certify, under penalty of perjury, that:I am fluent in English and [Fillable Field], which is the same language specified in **Part 9.**, **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 SignatureDate of Signature (mm/dd/yyyy) | **[Page 6]****Part 11. Interpreter’s Contact Information, Certification, and Signature**Provide the following information about the interpreter.***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 NameApt./Ste./Flr. Number City or Town StateZIP CodeProvincePostal CodeCountry***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 specified in **Part 10.**, **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 SignatureDate of Signature (mm/dd/yyyy) |
| **Pages 6 - 7, Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**  | **[Page 6]****Part 11. 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*** **1.** Preparer’s Family Name (Last Name)Preparer’s Given Name (First Name)**2.** Preparer’s Business or Organization Name (if any)***Preparer’s Mailing Address*** **3.** Street Number and NameApt./Ste./Flr. [Fillable field]City or TownStateZIP CodeProvincePostal CodeCountry***Preparer’s Contact Information*** **4.** Preparer’s Daytime Telephone Number**5.** Preparer’s Mobile Telephone Number (if any)**6.** Preparer’s Email Address (if any)**[Page 7]*****Preparer’s Statement*** **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, 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. ***Preparer’s Signature*** **8.** Preparer’s SignatureDate of Signature (mm/dd/yyyy) | **[Page 7]****Part 12. 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*****1.** Preparer’s Family Name (Last Name)Preparer’s Given Name (First Name)**2.** Preparer’s Business or Organization Name (if any)***Preparer’s Mailing Address*****3.** Street Number and NameApt./Ste./Flr. NumberCity or TownStateZIP CodeProvincePostal CodeCountry***Preparer’s Contact Information*****4.** Preparer’s Daytime Telephone Number**5.** Preparer’s Mobile Telephone Number (if any)**6.** Preparer’s Email Address (if any)***Preparer’s Statement*****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 extendbeyond the preparation of this application. **NOTE:** If you are an attorney or accredited representative, you may need 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. ***Preparer’s Signature*****8.** Preparer’s SignatureDate of Signature (mm/dd/yyyy) |
| **New** |  | **[Page 8]****Part 13. 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) [Auto-populated field]Given Name (First Name) [Auto-populated field]Middle Name [Auto-populated field]**2.** A-Number (if any) [Auto-populated 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]**5. A.** Page Number **B.** Part Number **C.** Item Number**D.** [Fillable field]**6. A.** Page Number **B.** Part Number **C.** Item Number**D.** [Fillable field] |