

Request for Certification of Military or Naval Service

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form N-426
OMB No. 1615-0053
Expires 07/31/2019

USCIS requests certification of the service member's military service. Persons who are serving or have served under specified conditions in the U.S. Armed Forces are granted certain exemptions from the general requirements for naturalization. To establish eligibility, the law requires the executive department under which such person served to certify whether the service member served honorably, and whether the service member's separation from the service was under honorable conditions pursuant to Department of Defense (DoD) policy and guidelines. Recruiters are **not** authorized to certify this request.

NOTE: Requestors must complete **Parts 1. - 4**. Certifying officials must complete **Parts 5. - 8**. All applicants must submit a completed Form N-426; however, only applicants currently serving are required to obtain certification of Form N-426. Submit this request with Form N-400, Application for Naturalization. USCIS may reject your application if this request is not completely and properly filled out.

NOTE: ONLY military personnel (serving in pay grade O-6 or above) and equivalent civilian personnel (GS-15 or above) with proper authorization may certify this request.

Pa	art 1. Information About You		
1.	Alien Registration Number (A-Number) (if an ▶ A-	ny) 2. Military Service Number	
3.	Full Legal Name		
	Family Name (Last Name)	Given Name (First Name)	Middle Name
4.	Other Names Used		
	List all other names you have used, including space provided in Part 9. Additional Inform		xtra space to complete this section, use the
	Family Name (Last Name)	Given Name (First Name)	Middle Name
	110/	10/31	
5.	U.S. Social Security Number (if any) 6. U.	SCIS Online Account Number (if any)	7. Date of Birth (mm/dd/yyyy)
8.	Place of Birth		
	City	Country	
9.	Country of Citizenship	10. Country of Nationa	ality
11.	Physical Address		(USPS ZIP Code Lookup)
	Street Number and Name		Apt. Ste. Flr. Number
	City or Town	County	State ZIP Code + 4
	Province or Region (foreign address only)	Country (foreign address only)	Postal Code (foreign address only)

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Pa	rt 2. Enlistment Information		
1.	Where did you enlist?		
	Country	City	State
	Province (if applicable)		
	Province (if applicable)		
2.	Where did you reside when you enlisted? Country	City	State
	Province (if applicable)		
 4. 	Have you reenlisted? Yes No Where did you reenlist?	ttor	
4.	Country	City I U I	State
	Province (if applicable)	1 4	
5.	Where did you reside when you reenlisted?	inction	
	Country	City	State
	Province (if applicable)	2/2.018	

Part 3. Periods of Military Service (To be completed by requestor)

Provide all periods of service. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

NOTE: If you have multiple periods of military service and are separated from service, you must provide your most current DD Form 214 or NGB Form 22.

Military Service	Branch of Service	Service Start Date (mm/dd/yyyy)	Service End Date (mm/dd/yyyy)	Type of Service (include all active, reserve, and National Guard Service)			
Military Service 1				Active Duty			
wintary Service 1				Selected Reserve of the Ready Reserve			
Military Service 2				Active Duty			
Willitary Service 2				Selected Reserve of the Ready Reserve			
Military Convice 2				Active Duty			
Military Service 3				Selected Reserve of the Ready Reserve			

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Pa	art 4. Requestor's Contact Information, Certific	ation	, and Signa	ature					
R	equestor's Contact Information								
1.	Requestor's Daytime Telephone Number	2.	Requestor's	Mobile Telephor	ne Numbe	er (if any)			
3.	Requestor's Email Address (if any)	7							
Re	equestor's Certification								
	uthorize release of information contained in this request, in sursons where necessary for the administration and enforcement		_	•	IS record	s to other	entitio	es an	d
	ertify, under penalty of perjury, that all of the information in nel are complete, true, and correct.	ny req	uest and any o	document submit	ted with i	t were pro	vided	l by 1	ne
Re	equestor's Signature								
4.	Requestor's Signature	<u></u>	I		Date of	Signature	(mm/	dd/y	ууу)
	not submit all required documents listed in the Instructions. art 5. Character of Service (To be completed by c	ertify	ving official		n				
Ve	OTE: For armed forces members currently serving, the certify terans who are no longer serving may leave Parts 5 8. blank t include the character of service upon separation from service	k, but l	MUST provid	de copies of their					
hor	r this character of service section, the certifying official must incorably for each period of military service the requestor served ponses, provide details in Part 7. Remarks .								ving
1.	Honorable Period of Military Service 1					Yes 🔲 1	No		
2.	Honorable Period of Military Service 2					Yes 🔲 1	No		N/A
3.	Honorable Period of Military Service 3					Yes 🗌 1	No		N/A
Pa	art 6. Separation Information								
1.	Is the requestor separated?						Yes		— No
2.	If separated, select discharge type:		Honorable	Other (pro	vide detai	ls in Part	7. Re	mar	ks)
3.	Was the requestor discharged on account of alienage?						Yes		No
	If you answer "Yes" provide details in Part 7 Remarks							_	

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Part 7. Remarks
Provide any derogatory information in your records relating to the service member's character, loyalty to the United States, disciplinary action, convictions, other than honorable discharges, or other matters concerning his or her fitness for citizenship. If you need extra space to complete this section, use the space provided in Part 9. Additional Information .
Part 8. Certification (To be completed by certifying official)
I, Full Name Rank Title certify that I am duly authorized under the laws, regulations and policies of the Department of Defense to certify the requestor's honorable service. I have personally reviewed the requestor's service record. The information provided herein is a reflection of my findings. I certify that the information given here concerning the service of the person named on this request is correct according to
the records of the Branch of Service Component Rank
Title Full Name
Work Telephone Number Military Email Address
Official Signature (NOTE: An original ink signature or a copy of an original ink signature is acceptable. A digital signature is not acceptable.)

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Part 9. Additional Information

If you need extra space to provide any additional information within this request, 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 request or attach a separate sheet of paper. Include 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.	Fan	nily Name (Last N	ame)		Giv	ven Name (First Name)		Middle Name	
2.	A-N	Number (if any)	• A-						
3.		Page Number	В.	Part Number	C.	Item Number	1		
	D.								
						4 fo	10		
4.	A.	Page Number	В.	Part Number	C.	Item Number			
	D.					4			
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5.	A. D.	Page Number	B.	Part Number	C.	Item Number	12	8	
6.	Α.	Page Number	В.	Part Number	C.	Item Number			
	D.								
		,							

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