

# **Application for Certificate of Citizenship**

**Department of Homeland Security** 

USCIS Form N-600 OMB No. 1615-0057 Expires 12/31/2018

U.S. Citizenship and Immigration Services

|             | Date Stamp   |   | Receipt   |                        | Action Block                                       |  |  |
|-------------|--|---|---|------------------------|--|--|--|
| For         |  |   |   |                        |  |  |  |
| USC.<br>Use |  |   |   |                        |  |  |  |
| Onl         |  |   |   |                        |  |  |  |
|             |  |   |   |                        |  |  |  |
| Atto        | To be completed by an Attorney or Accredited Representative (if any).       Select this box if Form G-28.       Attorney State Bar Number (if applicable)       Attorney or Accredited Representative USCIS Online Account Number (if any) |   |   |                        |  |  |  |
| ► S         | TART HERE - Type or  | print in black ink.                       | RAF   | -                      |  |  |  |
| Part        | 1. Information Abo   | out Your Eligibility                      | 7   |                        | ter Your 9 Digit A-Number:                         |  |  |
| 1.          | This application is being f  | filed based on the fact th                | at: (Select <b>only one</b> box)                                    |                        | A-   |  |  |
|             | I am a BIOLOGICAI  | child of a U.S. citizen                   | parent. 🔲 I am an ADOP  | TED child of a         | U.S. citizen parent.                               |  |  |
|             | Other (Explain fully)  | :   |   | JK                     |  |  |  |
|             | NOTE: If you need extra  | a space to complete this                  | section, use the space provide                                      | d in <b>Part 11. A</b> | dditional Information.                             |  |  |
| _           |  |   |   |                        |  |  |  |
| Part        | 2. Information Abo   | out You                                   |   |                        |  |  |  |
|             |  |   | an applicant applying for the C<br>ng for a Certificate of Citizens |                        | itizenship. <b>Provide information</b> inor child. |  |  |
|             | Current Legal Name (do 1   |   |   |                        |  |  |  |
|             | Family Name (Last Name   | 2)  | Given Name (First Name)   | )                      | Middle Name  |  |  |
|             |  | 110                                       |   |                        |  |  |  |
| 2.          | Your Name Exactly As It  | Appears on Your Perm                      | anent Resident Card (if differe                                     |                        | X  |  |  |
|             | Family Name (Last Name   | ;)  | Given Name (First Name)   |                        | Middle Name  |  |  |
| ••          | Other Names You Have U<br>Provide all other names y  |   | de nicknames, maiden name, a  | and aliases.           |  |  |  |
|             | Family Name (Last Name   | 2)  | Given Name (First Name)   | )                      | Middle Name  |  |  |
|             |  |   |   |                        |  |  |  |
|             |  |   |   |                        |  |  |  |
| 4.          | U.S. Social Security Num   | ber (if any) 5. US( $\blacktriangleright$ | CIS Online Account Number (   | if any)                |  |  |  |
| 6.          | Date of Birth (mm/dd/yyy   | <u>7. Co</u>                              | untry of Birth  |                        |  |  |  |
|             |  |   |   |                        |  |  |  |
| 8.          | Country of Prior Citizensl   | hip or Nationality                        |   | 9.                     | Gender   |  |  |
|             |  |   |   |                        | Male Female  |  |  |

# Part 2. Information About You (continued)

### **10.** Mailing Address

(USPS ZIP Code Lookup)

A-

|     | In C | Care Of Name (if any)                               |                                    |                      |                 |            |
|-----|------|---|------------------------------------|----------------------|-----------------|------------|
|     | Stre | eet Number and Name                                 |                                    |                      | Apt.Ste. Flr.   | Number     |
|     |      |   |                                    |                      |                 |            |
|     | City | y or Town   |                                    | S                    | tate ZIP (      | Code + 4   |
|     |      |   |                                    |                      |                 | -          |
|     | Pro  | vince (foreign address only) Posta                  | al Code (foreign address only) C   | Country (foreign add | ress only)      |            |
|     |      |   |                                    |                      |                 |            |
| 11. | Phy  | vsical Address                                      |                                    |                      |                 |            |
|     | Stre | eet Number and Name (Do <b>not</b> provide a PC     | Box in this space unless it is you | ur ONLY address.)    | Apt. Ste. Flr.  | Number     |
|     |      |   |                                    |                      |                 |            |
|     | City | y or Town   |                                    | State                | ZIP             | Code + 4   |
|     |      |   |                                    |                      |                 | -          |
|     | Pro  | vince (foreign address only) Posta                  | al Code (foreign address only) C   | ountry (foreign add  | ress only)      |            |
|     |      |   |                                    |                      |                 |            |
| 12. | Cur  | rent Marital Status                                 |                                    |                      |                 |            |
|     |      | Single, Never Married 🗌 Married 🗌                   | Divorced Widowed                   | Separated N          | Marriage Annull | led        |
|     |      | Other (Explain):                                    |                                    |                      |                 |            |
| 13. |      | Armed Forces  |                                    |                      |                 |            |
|     | Are  | you a member or veteran of any branch of            | the U.S. Armed Forces?             |                      |                 | Yes 🗌 No   |
| 14. | Info | ormation About Your Admission into the U            | nited States and Current Immigra   | ation Status         |                 |            |
|     | А.   | I arrived in the following manner:<br>Port-of-Entry | 10/20                              | Da                   | te of Entry (mm | n/dd/yyyy) |
|     |      |   | 10//1                              |                      |                 |            |
|     |      | Exact Name Used at Time of Entry                    |                                    |                      |                 |            |
|     |      | Family Name (Last Name)                             | Given Name (First Name)            | Middle               | Name            |            |
|     |      |   |                                    |                      |                 |            |
|     | B.   | I used the following travel document to be          | admitted to the United States      |                      |                 |            |
|     |      | Passport Travel D                                   | ocument                            |                      |                 |            |
|     |      | Passport Number                                     | Travel Document Number             |                      |                 |            |
|     |      |   |                                    |                      |                 |            |
|     |      | Country of Issuance for Passport or Travel          | Document                           | Date Passport or 7   | Fravel Documer  | nt Issued  |
|     |      | <u>^</u>  |                                    | (mm/dd/yyyy)         |                 |            |

| Part | t <b>2.</b> | Information About You (co  | ontinued) A-   |                                 |
|------|-------------|--|--|---------------------------------|
|      | C.          | My most recent immigration statu                                       | in the United States was:  |                                 |
|      |             | A Lawful Permanent Residen   | (LPR) A Nonimmigrant A Refugee/Asylee  |                                 |
|      |             | Other (Explain):   |  |                                 |
|      |             | <b>NOTE:</b> If you select "Other" and <b>Additional Information</b> . | you need extra space to complete this section, use the space   | provided in Part 11.            |
| -    | D.          | I obtained LPR status through adju                                     | stment of status in the United States or admission as a LPR  | (if applicable).                |
|      |             | Date I became a LPR<br>(mm/dd/yyyy)                                    | U.S. Citizenship and Immigration Services (USCIS) Office '<br>or Location Where I Was Admitted                   | That Granted My LPR Status      |
|      |             |  |  |                                 |
|      |             | • • • • • •  | ificate of Citizenship or U.S. Passport?<br><b>r 15.</b> , provide an explanation below. If you need extra space | e to complete this section use  |
|      |             | space provided in <b>Part 11. Additic</b>                              |  |                                 |
|      |             |  |  |                                 |
|      |             | e you ever abandoned or lost your                                      |  | Yes No                          |
|      |             | ou answered "Yes" to Item Numb<br>space provided in Part 11. Additio   | <b>r 16.</b> , provide an explanation below. If you need extra space   | e to complete this section, use |
|      |             |  |  |                                 |
| 17.  | Wei         | re you adopted?  |  | ☐ Yes ☐ No                      |
|      |             | ou answered "Yes" to Item Numbe  | r 17., complete Items A D.   |                                 |
|      | A.          | Place of Final Adoption  | DIJOTIO  |                                 |
|      |             | City or Town   | State Country  |                                 |
|      |             |  |  |                                 |
| -    | B.          | Date of Adoption<br>(mm/dd/yyyy)                                       | C. Date Legal Custody Began<br>(mm/dd/yyyy) D. Date Physical<br>(mm/dd/yyyy)                                     | Custody Began                   |
|      |             |  |  | )                               |
| 18.  | Did         | you have to be re-adopted in the U                                     | nited States?  | Yes $\square$ No                |
|      |             | ou answered "Yes" to Item Numb   |  |                                 |
|      | A.          | Place of Final Adoption  |  |                                 |
|      |             | City or Town   | State Country  |                                 |
|      |             |  |  |                                 |
| -    | B.          | Date of Final Adoption   | <b>C.</b> Date Legal Custody Began <b>D.</b> Date Physical   |                                 |
|      |             | (mm/dd/yyyy)   | (mm/dd/yyyy) (mm/dd/yyyy)  | )                               |
| 10   | Wa          | no vous poronte momied to each oth                                     | www.en.you.your.hom.com.adomtad)?  |                                 |
| 19.  | wei         | re your parents married to each oth                                    | er when you were born (or adopted)?  | Yes No                          |
| 20.  | Did         | your parents marry after you were                                      | born?  | Yes No                          |
| 21.  | Do          | you regularly reside in the United S                                   | tates in the legal and physical custody of your U.S. citizen   | Yes No                          |

| Par | rt 2. | Information About You (continued) A-  |
|-----|-------|---|
| 22. | Hav   | ve you been absent from the United States since you first arrived?  |
|     |       | mplete the following information <b>only if you are claiming U.S. citizenship at the time of birth if you were born before</b><br><b>tober 10, 1952.</b> If you need extra space to complete this section, use the space provided in <b>Part 11. Additional Information</b> . |
|     | А.    | Date You Left the United States (mm/dd/yyyy)       B. Date You Returned to the United States (mm/dd/yyyy)   |
|     | C.    | Place of Entry Upon Return to the United States   |
|     |       | City or Town State  |
|     |       |   |
|     | D.    | Date You Left the United States       E. Date You Returned to the         (mm/dd/yyyy)       United States (mm/dd/yyyy)   |
|     | F.    | Place of Entry Upon Return to the United States   |
|     |       | City or Town State  |
|     |       | NOTEOD  |
| Pai | rt 3. | Biographic Information  |
| 1.  | Eth   | nicity (Select <b>only one</b> box)<br>Hispanic or Latino Not Hispanic or Latino  |
| 2.  | Rac   | ce (Select all applicable boxes)  |
|     |       | American Indian or Alaska Native Asian Native Hawaiian or Other Pacific Islander  |
|     |       | Black or African American   |
| 3.  | Hei   | ight Feet Inches 4. Weight Pounds   |
| 5.  | Eye   | e color (Select <b>only one</b> box)<br>Black Blue Brown Gray Green Hazel Maroon Pink Unknown/<br>Other   |
| 6.  | Hai   | ir color (Select <b>only one</b> box)<br>Bald Black Blond Brown Gray Red Sandy White Unknown/<br>(No hair)  |

# Part 4. Information About Your U.S. Citizen Biological Father (or Adoptive Father)

**NOTE:** Complete this section if you are claiming citizenship through a U.S. biological father (or adoptive father). **Provide information about yourself** if you are a U.S. citizen father applying for a Certificate of Citizenship on behalf of your minor biological or adopted child.

#### 1. Current Legal Name of U.S. Citizen Father

| Family Name (Last Name) | Given Name (First Name) | Middle Name |  |
|-------------------------|-------------------------|-------------|--|
|                         |                         |             |  |

|    | A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-  |
|----|---|
| 2. | Date of Birth (mm/dd/yyyy)       3.       Country of Birth       4.       Country of Citizenship or Nationality               |
|    |   |
| 5. | Physical Address  |
|    | Street Number and Name (Type or print "Deceased" and the date of death if your father has passed away.) Apt. Ste. Flr. Number |
|    |   |
|    | City or Town State ZIP Code + 4   |
|    |   |
|    | Province (foreign address only) Postal Code (foreign address only) Country (foreign address only)                             |
|    |   |
| 6. | My father is a U.S. citizen by  |
|    | Birth in the United States Acquisition after birth through naturalization of alien parent(s)                                  |
|    | Birth abroad to U.S. citizen parent(s)  |
|    | Certificate of Citizenship Number (if any) Alien Registration Number (A-Number) (if any)                                      |
|    | ► A-  |
|    | Naturalization  |
|    | Place of Naturalization (Name of Court or USCIS Office Location)  |
|    | City or Town State  |
|    |   |
|    | Certificate of Naturalization Number Date of Naturalization (mm/dd/yyyy)  |
|    | ► A-  |
| 7. | Has your father ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship? Yes No              |
|    | If you answered "Yes" to Item Number 7., provide an explanation in Part 11. Additional Information.                           |
| 8. | Marital History   |
|    | A. How many times has your U.S. citizen father been married (including annulled marriages and marriages to the same person)?  |
|    | <b>B.</b> What is your U.S. citizen father's current marital status?  |
|    | Single, Never Married Married Divorced Widowed Separated Marriage Annulled  |
|    | Other (Explain):  |
|    | If you calcuted "Other" movids on explanation. If you need avtra space to complete this section, use the space provided in    |

If you selected "Other," provide an explanation. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

|           |    | Information About Your U.S. Citizen Biological Father   |
|-----------|----|---|
| (01<br>9. |    | optive Father) (continued)<br>ormation About U.S. Citizen Father's Current Spouse   |
| <i>.</i>  |    | Family Name (Last Name)       Given Name (First Name)       Middle Name   |
|           | А. |   |
|           | B. | Date of Birth (mm/dd/yyyy)   C. Country of Birth  |
|           | D. | Country of Citizenship or Nationality   |
|           | E. | Spouse's Physical Address   |
|           |    | Street Number and Name Apt. Ste. Flr. Number  |
|           |    |   |
|           |    | City or Town State ZIP Code + 4   |
|           |    |   |
|           |    | Province<br>(foreign address only) (foreign address only) (foreign address only)  |
|           | F. | Date of Marriage (mm/dd/yyyy)   |
|           | G. | Place of Marriage City or Town State Country  |
|           | H. | Spouse's Immigration Status   |
|           |    | U.S. Citizen Lawful Permanent Resident  |
|           |    | Other (Explain):  |
|           |    | If you selected "Other," provide an explanation. If you need extra space to complete this section, use the space provided in <b>Part 11. Additional Information</b> . |
|           | I. | Is your U.S. citizen father's current spouse also your biological (or adopted) mother?  |

### Part 5. Information About Your U.S. Citizen Biological Mother (or Adoptive Mother)

**NOTE:** Complete this section if you are claiming citizenship through a U.S. citizen biological mother (or adoptive mother). **Provide information about yourself** if you are a U.S. citizen mother applying for a Certificate of Citizenship on behalf of your minor biological or adopted child.

1. Current Legal Name of U.S. Citizen Mother

|    | Family Name (Last Name)    |    | Given Name (First Name) |           | Middle Name                           |
|----|----------------------------|----|-------------------------|-----------|---------------------------------------|
| 2. | Date of Birth (mm/dd/yyyy) | 3. | Country of Birth        | <b>4.</b> | Country of Citizenship or Nationality |

| Pa  | rt 5. | Information About Your U.S. Citizen Biological Mother   |  |  |  |  |  |  |  |
|-----|-------|---|--|--|--|--|--|--|--|
| (or | Ado   | optive Mother) (continued)  |  |  |  |  |  |  |  |
| 5.  | Phy   | vsical Address  |  |  |  |  |  |  |  |
|     | Stre  | eet Number and Name (Type or print "Deceased" and the date of death if your mother has passed away.) Apt. Ste. Flr. Number  |  |  |  |  |  |  |  |
|     |       |   |  |  |  |  |  |  |  |
|     | City  | y or Town State ZIP Code + 4  |  |  |  |  |  |  |  |
|     |       |   |  |  |  |  |  |  |  |
|     | Pro   | vince (foreign address only) Postal Code (foreign address only) Country (foreign address only)  |  |  |  |  |  |  |  |
|     |       |   |  |  |  |  |  |  |  |
| 6.  | My    | mother is a U.S. citizen by   |  |  |  |  |  |  |  |
|     |       | Birth in the United States Acquisition after birth through naturalization of alien parent(s)  |  |  |  |  |  |  |  |
|     |       | Birth abroad to U.S. citizen parent(s)  |  |  |  |  |  |  |  |
|     |       | Certificate of Citizenship Number (if any) Alien Registration Number (A-Number) (if any)  |  |  |  |  |  |  |  |
|     |       | ► A-  |  |  |  |  |  |  |  |
|     |       | Naturalization  |  |  |  |  |  |  |  |
|     |       | Place of Naturalization (Name of Court or USCIS Office Location)  |  |  |  |  |  |  |  |
|     |       |   |  |  |  |  |  |  |  |
|     |       | City or Town State  |  |  |  |  |  |  |  |
|     |       |   |  |  |  |  |  |  |  |
|     |       | Certificate of Naturalization Number A-Number Date of Naturalization (mm/dd/yyyy)   |  |  |  |  |  |  |  |
|     |       | ► A-  |  |  |  |  |  |  |  |
| 7.  | Has   | s your mother ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship? 🗌 Yes 🗌 No  |  |  |  |  |  |  |  |
|     | If y  | you answered "Yes" to Item Number 7., provide an explanation in Part 11. Additional Information.  |  |  |  |  |  |  |  |
| 8.  | Ma    | rital History   |  |  |  |  |  |  |  |
|     | A.    | How many times has your U.S. citizen mother been married (including annulled marriages and marriages to the same person)?   |  |  |  |  |  |  |  |
|     | B.    |   |  |  |  |  |  |  |  |
|     |       | Single, Never Married Married Divorced Widowed Separated Marriage Annulled  |  |  |  |  |  |  |  |
|     |       | Other (Explain):  |  |  |  |  |  |  |  |
|     |       | If you selected "Other," provide an explanation. If you need extra space to complete this section, use the space provided in <b>Part 11. Additional Information</b> . |  |  |  |  |  |  |  |
| 9.  | Info  | ormation About U.S. Citizen Mother's Current Spouse   |  |  |  |  |  |  |  |
|     | A.    | Family Name (Last Name)     Given Name (First Name)     Middle Name   |  |  |  |  |  |  |  |
|     |       |   |  |  |  |  |  |  |  |
|     | B.    | Date of Birth (mm/dd/yyyy)   C. Country of Birth  |  |  |  |  |  |  |  |
|     |       |   |  |  |  |  |  |  |  |

|      |      | Information About Your U.S. Citizen Biological Mother A-   |
|------|------|--|
|      |      | Country of Citizenship or Nationality  |
|      | E.   | Spouse's Physical Address  |
|      |      | Street Number and Name Apt. Ste. Flr. Number   |
|      |      |  |
|      |      | City or Town State ZIP Code + 4  |
|      |      |  |
|      |      | Province Postal Code Country<br>(foreign address only) (foreign address only) (foreign address only)   |
|      |      |  |
|      | F.   | Date of Marriage (mm/dd/yyyy)  |
|      | G.   | Place of Marriage  |
|      |      | City or Town State Country   |
|      |      |  |
|      | тт   | Secure Lumientien Status   |
|      | п.   | Spouse's Immigration Status U.S. Citizen Lawful Permanent Resident   |
|      |      | Other  |
|      |      | If you selected "Other," provide an explanation. If you need extra space to complete this section, use the space provided in   |
|      |      | Part 11. Additional Information.   |
|      | I.   | Is your U.S. citizen mother's current spouse also your biological (or adopted) father?   |
| Part | 6    | Physical Presence in the United States From Birth Until Filing of Form N-600   |
|      |      |  |
| when | you  | Only applicants born outside the United States claiming to have been born U.S. citizens are required to provide all the dates r U.S. citizen biological father or U.S. citizen biological mother resided in the United States. <b>Include all dates from your il the date you file your Form N-600</b> . |
| 1.   | Indi | cate whether this information relates to your U.S. citizen father or mother  |
|      |      | U.S. Citizen Father U.S. Citizen Mother  |

**2.** Physical Presence in the United States

| A. | From (mm/dd/yyyy) | To (mm/dd/yyyy) | B. | From (mm/dd/yyyy) | To (mm/dd/yyyy) |
|----|-------------------|-----------------|----|-------------------|-----------------|
| C. | From (mm/dd/yyyy) | To (mm/dd/yyyy) | D. | From (mm/dd/yyyy) | To (mm/dd/yyyy) |
| E. | From (mm/dd/yyyy) | To (mm/dd/yyyy) | F. | From (mm/dd/yyyy) | To (mm/dd/yyyy) |
| G. | From (mm/dd/yyyy) | To (mm/dd/yyyy) | H. | From (mm/dd/yyyy) | To (mm/dd/yyyy) |

| Part | t 7. Information About Military Service of U. S. Citizen Parents  |
|------|---|
|      | E: Complete this only if you are an applicant claiming U.S. citizenship at time of birth abroad.  |
| 1.   | Has your U.S. citizen parent served in the U.S. Armed Forces?   |
| 2.   | If you answered "Yes" to <b>Item Number 1.</b> , which parent served in the U.S. Armed Forces?  |
|      | U.S. Citizen Father U.S. Citizen Mother   |
| 3.   | Dates of Service (mm/dd/yyyy) (If time of service fulfills any of the required physical presence, submit evidence of the service.)  |
|      | A. From (mm/dd/yyyy)To (mm/dd/yyyy)B. From (mm/dd/yyyy)To (mm/dd/yyyy)  |
|      |   |
| 4.   | Type of Discharge   |
|      | Honorable Other than Honorable Dishonorable   |
| Par  | t 8. Applicant's Statement, Contact Information, Certification, and Signature   |
| NOT  | E: Read the <b>Penalties</b> section of the Form N-600 Instructions before completing this section.   |
| App  | licant's Statement  |
|      | E: 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 9. 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 understood everything. |
| 2.   | Applicant's Statement Regarding the Preparer  |
|      | At my request, the preparer named in <b>Part 10.</b> , prepared this application for me based only upon information I provided or authorized.   |
| App  | licant'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 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.

# **Part 8. 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:

A-

- 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 Signature (sign in ink) |   | Λ |  | Date of Signature (mm/dd/yyyy) |
|----|-------------------------------------|---|---|--|--------------------------------|
|    |                                     | R |   |  |                                |

**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.

## Part 9. 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 Name Number Apt.Ste. Flr. City or Town State ZIP Code + 4Postal Code Province Country

#### Interpreter's Contact Information

- 4. Interpreter's Daytime Telephone Number
  6. Interpreter's Email Address (if any)
- Form N-600 02/13/17

| Part 9. Interpreter's Contact Information, | <b>Certification, and Signature</b> |
|--|-------------------------------------|
| (continued)                                |                                     |

|       | ,<br>,   |  |
|-------|--|--|
| Int   | terpreter's Certification  |  |
| I cer | ertify, under penalty of perjury, that:  |  |
| I am  | n fluent in English and  | , which is the same language specified in <b>Part 8.</b> ,             |
| appl  | <b>m B.</b> in <b>Item Number 1.</b> , and I have read to this applicant in polication and his or her answer to every question. The applicat answer on the application, including the <b>Applicant's Certifi</b> | nt informed me that he or she understands every instruction, question, |
| Int   | terpreter's Signature  |  |
| 7.    | Interpreter's Signature (sign in ink)  | Date of Signature (mm/dd/yyyy)   |
|       | art 10. Contact Information, Declaration, and Si<br>ther Than the Applicant  | gnature of the Person Preparing this Application, if                   |
| Prov  | wide the following information about the preparer.   |  |
| Pre   | eparer'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)  | <b>JCTION</b>  |
| Pre   | reparer's Mailing Address  |  |
| 3.    | Street Number and Name   | Apt.Ste. Flr. Number   |
|       | 11/00  |  |
|       | City or Town   | State         ZIP Code + 4   |
|       | Province Postal Co   | ode Country  |
|       |  |  |
| Pre   | eparer's Contact Information   |  |
| 4.    | Preparer's Daytime Telephone Number  | <b>5.</b> Preparer's Mobile Telephone Number (if any)                  |

A-

6. Preparer's Email Address (if any)

| <b>Part 10.</b> | Contact Information. Declaration, and Signature of the Person |
|-----------------|---|
| Preparin        | ng this Application, if Other Than the Applicant (continued)  |

|  | <b>A-</b> |  |  |  |  |  |  |  |  |  |
|--|-----------|--|--|--|--|--|--|--|--|--|
|--|-----------|--|--|--|--|--|--|--|--|--|

#### **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 need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application. Members of the Armed Forces applying outside the United States for a Certificate of Citizenship under INA section 320 may file Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States with this application, if applicable.

#### **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 Signature (sign in ink) Date of Signature (mm/dd/yyyy)

# PRODUCTION 11/08/2018

# Part 11. 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.

A-

| 1. | Family Name (Last Name)          | Given Name (First Name) Middle Name |
|----|----------------------------------|-------------------------------------|
|    |                                  |                                     |
| 2. | A-Number (if any) ► A-           |                                     |
| 3. | A. Page Number B. Part Number    | C. Item Number                      |
|    | D.                               | DRAFT                               |
| 4. | A. Page Number B. Part Number D. | C. Item Number                      |
|    |                                  |                                     |
| _  |                                  |                                     |
| 5. | A. Page Number B. Part Number D. | C. Item Number                      |
|    |                                  |                                     |
|    |                                  | 08/2018                             |
| 6. | A. Page Number B. Part Number    | C. Item Number                      |
|    | D                                |                                     |
|    |                                  |                                     |
|    |                                  |                                     |
|    |                                  |                                     |
|    |                                  |                                     |

# NOTE: Do not complete Parts 12. and 13. unless the USCIS officer instructs you to do so at the interview.

| Part 12. Affidavit (do NOT complete this part unless instructed to do so AT THE INTERVIEW)   | A-                             |
|--|--------------------------------|
| I, the (applicant, parent, or legal guardian)  | do swear or affirm, under      |
| penalty of perjury under the laws of the United States, that I know and understand the contents of the attached supplementary pages number to inclusive, that the same are true and control and that corrections number to were made by me or at my request.   |                                |
| Applicant's, Parent's, or Legal Guardian's Signature (Sign in ink)   | Date of Signature (mm/dd/yyyy) |
| Subscribed and sworn or affirmed before me upon examination of the applicant (parent or legal gua  | ardian) on                     |
| at (Location)  | Date (mm/dd/yyyy)              |
| USCIS Officer's Printed Name USCIS Officer's Title   |                                |
|  |                                |
| USCIS Officer's Signature (Sign in ink)  | Date of Signature (mm/dd/yyyy) |
| Part 13. Officer Report and Recommendation on Application for Certificate (for USCIS use ONLY)   |                                |
| On the basis of the documents, records, the testimony of persons examined, and the identification u underage beneficiary, I find that all the facts and conclusions set forth under oath in this application   |                                |
| 1. True and correct  |                                |
| 2. The applicant derived or acquired U.S. citizenship on   |                                |
| Date (mm/dd/yyyy)         3.          The applicant derived or acquired U.S. citizenship through (Select the box next to the application of law is not reflected, type or print the applicable section of law in the space next to the applicabl |                                |
| A. INA Section 301   |                                |
| <b>B.</b> INA Section 309  |                                |
| C. INA Section 320   |                                |
| <b>D.</b> INA Section 321  |                                |
| E. Other   |                                |
| <b>4.</b> The applicant has not been expatriated since that time   |                                |

| Part 13. Officer Report and Recomme<br>Certificate of Citizenship (for USCIS us             |                       |                     | A        | -           |            |         |       |
|---|-----------------------|---------------------|----------|-------------|------------|---------|-------|
| I recommend that this Form N-600 be: Ap   | proved 🗌 Denied       |                     |          |             |            |         |       |
| Issue Certificate of Citizenship in the name of   |                       |                     |          |             |            |         |       |
| Family Name (Last Name)   | Given Name (First Nam | ne)                 | Middle   | e Name      |            |         |       |
| USCIS Officer's Printed Name  | US                    | CIS Officer's Title |          |             |            |         |       |
| USCIS Officer's Signature (Sign in ink)   |                       |                     | I        | Date of Sig | nature (n  | nm/dd/y | /vvv) |
|   |                       |                     |          | <u> </u>    |            |         |       |
| I do do not concur with the USCIS Office USCIS District Director's or Field Office Director |                       |                     | <b>R</b> | Date of Sig | gnature (n | nm/dd/y | yyyy) |
| PRO   | DU(                   | CTI                 | C        |             |            |         |       |
| 11/   | 08/                   | 20                  | 1        | 8           |            |         |       |