



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 10/31/2021

For USCIS Use Only	Returned	Fee Stamp	Action Block
	Resubmitted		
	Relocated Sent		
	Relocated Received		
	<input type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Declaration of Intention Verified by: _____ <input type="checkbox"/> Citizenship Verified by: _____		
Remarks			

To Be Completed by an Attorney or Accredited Representative.	<input type="checkbox"/> Select this box if Form G-28 is attached	Attorney State Bar Number <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number <input type="text"/>
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▶ **START HERE** - Type or print in black ink.

Part 1. Information From Current Certificate or Declaration

1. Your Full Name

Provide your full name exactly as it is printed on the certificate or declaration.

Family Name (Last Name) <input type="text"/>	Given Name (First Name) <input type="text"/>	Middle Name <input type="text"/>
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2. Country of Former Citizenship or Nationality <input type="text"/>	3. Certificate or Declaration Number <input type="text"/>	4. Alien Registration Number (A-Number) ▶ A- <input type="text"/>
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5. Certificate or Declaration Issuance

Provide 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 Court <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/>
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Part 2. Current Information About You

1. Your Full Legal Name

Family Name (Last Name) <input type="text"/>	Given Name (First Name) <input type="text"/>	Middle Name <input type="text"/>
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2. Other Names You Have Used

Provide 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) <input type="text"/>	Given Name (First Name) <input type="text"/>	Middle Name <input type="text"/>
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Part 2. Current Information About You (continued)

[\(USPS ZIP Code Lookup\)](#)

3. Mailing Address

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

4. Has your marital status changed since your last document was issued?

Yes No

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 Status

Single Married Divorced Widowed Marriage 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.

Part 3. Biographic Information

1. Ethnicity (Select only one box)

Hispanic or Latino Not Hispanic or Latino

2. Race (Select all applicable boxes)

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

3. Height

Feet Inches

4. Weight

Pounds

5. Eye Color (Select only one box)

Black Blue Brown Gray Green Hazel
 Maroon Pink Unknown/Other

6. Hair Color (Select only one box)

Bald (No hair) Black Blond Brown Gray Red
 Sandy White Unknown/Other

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.

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.

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.

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.

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)
 Name Date of Birth Gender Other
2. Provide an explanation of what is incorrect on your current certificate or declaration and attach copies of any documents supporting your request.

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 **B.** Court Order
Date of Event (mm/dd/yyyy) 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

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 **B.** U.S. Government-Issued Document
Date of Court Order (mm/dd/yyyy) 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)

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 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: Male Female

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 Official

Provide 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 Name

Official Title

Name of Government Agency

3. Foreign Official's Address

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

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 Certification

USCIS or Consular Official's Signature

Date of Signature (mm/dd/yyyy)

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 , 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.**, , 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.

Part 10. Applicant's Statement, Contact Information, Certification, and Signature (continued)

Applicant's Signature

6. Applicant's Signature Date of Signature (mm/dd/yyyy)
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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 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 Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

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 , 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 Signature Date of Signature (mm/dd/yyyy)

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 Name Apt. Ste. Flr. Number
- City or Town State ZIP Code
- Province Postal Code Country

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 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.

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. Signature of Preparer Date of Signature (mm/dd/yyyy)

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** 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) Given Name (First Name) Middle Name

2. **A-Number** ▶ **A-**

3. **A.** Page Number **B.** Part Number **C.** Item Number

D.

4. **A.** Page Number **B.** Part Number **C.** Item Number

D.

5. **A.** Page Number **B.** Part Number **C.** Item Number

D.

6. **A.** Page Number **B.** Part Number **C.** Item Number

D.

