

Application for Citizenship and Issuance of Certificate Under Section 322

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form N-600KOMB No. 1615-0087
Expires 09/30/2022

Fo USC Us On	CIS se ly	R	eceipt		Action Block
	Remarks				
	To be completed by an Attorney or Accredited Representative.	Select this box if Form G-28 is attached.	Attorney State Bar <mark>Numbe</mark>		or Accredited Representative S Online Account Number
> 5	START HERE - Type or	print in black ink.			
1	NOTE: The applicant on t	this form is the child's pare	ent, grandparent, or legal gu		
Par	t 1. Information Abo	out the Child's Eligib	oility		ild's A-Number:
1.	The application is being f (select only one box):	iled for a child. The child	is under 18 years of age and	JK	A-
	☐ The BIOLOGICAL of	child of a qualifying U.S. o	eitizen (USC) parent filing tl	nis application.	
	☐ The ADOPTED child	d of a qualifying USC pare	ent filing this application.		
	The grandchild of a c five years of the deat		nt or the child ward of a USO	C legal guardia	n filing this application within
Par	t 2. Information Abo	out the Child (for wh	om this application is b	eing filed)	
1.	Current Legal Name (do 1	not provide a nickname)			
	Family Name (Last Name		Given Name (First Name		Middle Name
2.	Name Exactly As It Appe	ears on the Permanent Resi	dent Card		
	Family Name (Last Name	e)	Given Name (First Name	Middle Name	
3.	Other Names Used Provide all other names e	ver used including nickna	mes, maiden name, and alia	Ses	
	Family Name (Last Name	_	Given Name (First Name		Middle Name
		,		•	
4.	U.S. Social Security Num	iber 5.	USCIS Online Account N	umber	
	>		>		
6.	Date of Birth (mm/dd/yyy	yy) 7. Country of	of Birth		

	t 2. Information About the Child (for whom this application is being filed) A- Intinued)
	Country of Citizenship or Nationality 9. Gender Male Female Feet Inches
	Mailing Address (USPS ZIP Code Lookup) In Care Of Name
	Street Number and Name Apt. Ste. Flr. Number
	City or Town State ZIP Code
	Province Postal Code Country
2.	Physical Address (Do not provide a PO Box in this space unless it is the ONLY address.) Street Number and Name Apt. Ste. Flr. Number
	City or Town State ZIP Code
	Province Postal Code Country
3.	Marital Status Single, Never Married Divorced Widowed Separated Marriage Annulled Other (Explain):
	Information About the Child's Admission Into the United States and Current Immigration Status
	NOTE: Do NOT complete this section. The USCIS officer will complete it during the interview. A. Arrived in the following manner: Port-of-Entry Date of Entry (mm/dd/yyyy)
	Exact Name Used at Time of Entry Family Name (Last Name) Given Name (First Name) Middle Name
	B. Current Immigration Status
5.	Was there any prior application for citizenship or for a U.S. passport? Yes No

	rt 2. Information About the Ch	ild (for whom th	is app	lication is b	oeing filed	l) A-			
16.	Was the child adopted?							Yes	☐ No
	A. Date of Adoption (mm/dd/yyyy)	B. Date Legal C (mm/dd/yyyy		Began		Physical Cu /dd/yyyy)	stody Begar	ı	
17.	Were the child's parents married to each	ch other when the ch	ild was	born (or ado	pted)?			Yes	☐ No
Pai	rt 3. Information About the Ch	ild's U.S. Citize	n Biol	ogical or A	doptive 1	Parent			
	ΓE: Provide information about the U. at the child's U.S. citizen parent in the								
1.	Current Legal Name of U.S. Citizen Pa	arent							
	Family Name (Last Name)	Give	en Nam	e (First Name	e)	Middle	e Name		
2.	Date of Birth (mm/dd/yyyy) 3.	Country of Birth			7[
4.	U.S. Social Security Number ▶	UI			J				
5.	Physical Address								
	Street Number and Name (Do not prov	ride a PO Box in this	space	unless it is yo	ur ONLY a	ddress.) Ap	ot. Ste. Fl	lr. <u>N</u> ı	umber
		11 11							
	City or Town					State	ZIP Co	ode	
	Province	Postal Code		C	Country				
			7						
6.	Daytime Telephone Number		7.	Work Telep	phone Numb	ber			
8.	Evening Telephone Number		9.	Mobile Tele	ephone Nun	nber			
10.	Email Address								

		Information About the Child's U (continued)	J.S. Citizen Biological or Ad	optive	A-	
11.	The	parent is a U.S. citizen by:			1	
		Birth in the United States	Acquisition After Birth Through	Naturalizatio	n of Alien Parent(s)	
		Birth Abroad to U.S. Citizen Parent(s)				
		Certificate of Citizenship Number (if any)	Alien Registration Number (A-No	umber) (if an	y)	
			► A-			
		Naturalization				
		Place of Naturalization				
		Name of Court or USCIS Office Location		_		
		City or Town	State			
		Certificate of Naturalization Number	A-Number	Da	te of Naturalization (mm/dd/yyyy)	
		B. I.	► A-			
12.		the U.S. citizen father or mother ever lost of U.S. citizenship?	U.S. citizenship or taken any action	n that would	cause Yes No	
	If y	ou answered "Yes" to Item Number 12., p	provide a full explanation in the space	e provided in	Part 11. Additional Information.	
13.	Maı	rital History				
	A.	How many times has the U.S. citizen fath marriages and marriages to the same pers		ng annulled		
	B.	What is the U.S. citizen father or mother's	s current marital status?			
		Single, Never Married Married	Divorced Widowed	Separated	Marriage Annulled	
		Other (Explain):				
	C.	Information About the U.S. Citizen Father	er's or Mother's Current Spouse	10		
		Family Name (Last Name)	Given Name (First Nam	me)	Middle Name	
		Date of Birth (mm/dd/yyyy) Countr	y of Birth			
		Country of Citizenship or Nationality				
		Spouse's Physical Address				
Street Number and Name (Do not provide a PO Box in this space unless it is your spouse's						
		ONLY address.)			Apt. Ste. Flr. Number	
		C'A The second s		C :		
		City or Town		Sta	ate ZIP Code	
		Province	Postal Code	Country		
		Trovince	1 Ostal Code	Country		

		Information About the Chi (continued)	ld's U.S. C	itizen Biolo	ogical	or Adoptive	A-		
		Date of Marriage (mm/dd/yyyy)							
		Place of Marriage							
		City or Town		State		Country			
		Spouse's Immigration Status			-				
		U.S. Citizen Lawful Perr	nanent Reside	ent	ner (Ex	xplain):			
	D.	Is the U.S. citizen father's or mother	r's current sp	ouse also the	child's	biological (or ad	loptive) parent?		Yes No
14.	Mei	mber of U.S. Armed Forces) -	J /\	-	- 1			
	A.	Is the sponsoring U.S. citizen parer	nt a member o	of the U.S. Ar	med Fo	orces?			Yes No
	В.	If you answered "Yes" to Item A., and reside with the sponsoring U.S							Yes No
		NOTE: If the U.S. citizen biologi presence in the United States, ski					AND has the rec	quired pl	nysical
Par	t 4.	Information About the Chi	ld's Qualif	ying U.S. (Citize	n Grandpare	nt		
citize	enshij h we	Complete this part only if the U.S. cp for the child, and the U.S. citizen pre after 14 years of age. The rent Legal Name of U.S. Citizen Grant Complete the c	parent has no	t been physic	ally pro	esent in the Unit	ed States for five	years; tw	
	Fan	nily Name (Last Name)		Given Name	(First	Name)	Middle Na	me	
2.	Date	e of Birth (mm/dd/yyyy) 3.	Country of	Birth_					
				7 /					
4.	U.S	. Social Security Number		7//			7()		
5.	Phy	sical Address							
	Stre	et Number and Name (Do not provi	de a PO Box	in this space ι	ınless i	t is your ONLY	address.) Apt.	Ste. Flr	. Number
	City	or Town					State	ZIP Cod	de
									-
	Pro	vince	Postal Cod	e		Country			
6.	Day	rtime Telephone Number		7.	Work	Telephone Num	nber		

		Information About the	e Child's Qualifying	U.S. Ci	tizen Grandparent	A-				
8.		ening Telephone Number		9. I	Mobile Telephone Num	ber				
10.	Em	ail Address		L						
11.	The	e grandparent is a U.S. citizen	bv:							
		Birth in the United States	•	n After Bi	rth Through Naturaliza	tion of .	Alien Parer	nt(s)		
		Birth Abroad to U.S. Citizen	Parent(s)		_					
	_	Certificate of Citizenship Nu	mber A-Number							
	Naturalization									
	Place of Naturalization									
	Name of Court or USCIS Office Location									
			107							
	City or Town State									
		Certificate of Naturalization	Number A-Number			Date of	Naturalizat	tion (mr	n/dd/saaas)	
			► A-				Tvaturanzat	JOH (IIII)		
12.	Has	s the grandparent ever lost U.S	S. citizenship or taken any	action th	at would cause loss of U	J.S. citi	zenship?	Ye	es No	
	-	ou answered "Yes" to Item N ditional Information.	Number 12., provide a full	l explanat	ion in the space provide	d in Pa	rt 11.			
Pai	rt 5.	Physical Presence in the	he United States Fro	m Birth	Until Filing of Fo	rm N-	-600K			
		Provide the dates that the U.S								
		physically present in the Unit cal presence of the U.S. citize		vo years o	of which were after 14 y	ears of	age, then th	ne child	must use	
1.	•	icate whether this information	<i>]</i> / · / /	n parent o	to the qualifying grand	Inarent				
			J.S. Citizen Grandparent	parent of	to the qualitying grane	.purem.				
2.	Phy	vsical Presence in the United S	States							
		From (mm/dd/yyyy)	Until (mm/dd/yyyy)	E.	From (mm/dd/yyyy)		Until (mn	n/dd/yyy	yy)	
	В.	From (mm/dd/yyyy)	Until (mm/dd/yyyy)	F.	From (mm/dd/yyyy)		Until (mn	ı/dd/yyy	уу)	
	C.	From (mm/dd/yyyy)	Until (mm/dd/yyyy)	G.	From (mm/dd/yyyy)		Until (mn	ı/dd/yyy	уу)	
	D.	From (mm/dd/yyyy)	Until (mm/dd/yyyy)	H	From (mm/dd/yyyy)		Until (mn	ı/dd/yyy	yy)	

NOTE: If the U.S. citizen biological/adoptive parent is filing this application, skip Part 6. and go directly to Part 7.

Par	rt 6.	Information About the Legal Guard	ian					۱-[
Com	plete t	his part only if the legal guardian is filing this	appl	lication on l	ehalf of a	deceased U	S. citiz	zen	paren	t.		
1.	Curre	ent Legal Name of the Legal Guardian										
	Fami	ily Name (Last Name)	G	iven Name	(First Na	me)		Mic	ldle N	ame		
2.	Date	of Birth (mm/dd/yyyy) 3. Country	of Bi	irth								
4.	U.S.	Social Security Number										
_	Di											
5.	-	ical Address at Number and Name (Do not provide a PO Bo	y in	this space u	nlogg it ig	wour ONI V	addrag	.)	A nt	Sto	El.	Number
	Suee	a Number and Name (Do not provide a PO Bo	X III (uns space u	illess it is	your ONL1	addres	5.)	Αрι.		ГII.	Number
	City	or Town					State			ZII	Code	<u> </u>
		0.10,10										
	Provi	ince Postal Co	ode	_		Country						
6.	Dayt	ime Telephone Number		7.	Work Te	lephone Nun	nber					
8.	Even	ing Telephone Number		9.	Mobile T	elephone Nu	ımber					
										Ш		
10.	Emai	il Address	Ш	Ь П		-				\mathbb{N}		
										V		
11.		legal guardian is a U.S. citizen by:										
			quisi	ition After I	Birth Thro	ugh Naturali	ization	of A	Alien 1	Parent	(s)	
	· · · · · · · · · · · · · · · · · · ·	Birth Abroad to U.S. Citizen Parent(s)	N.T.	.//	(1)							
	[Certificate of Citizenship Number A-	Num A-	ber								
	ן □	Naturalization	(
		Place of Naturalization										
		Name of Court or USCIS Office Location										
	(City or Town	St	tate								
	(Certificate of Naturalization Number A-	Num	ber			Date	of	Natur	alizati	on (m	m/dd/yyyy)
			A-									

Pai	rt 6. Information About th	e Legal	Guardian (continued)		A-					
12.	Date of Legal Guardianship (mm/dd/yyyy)	13.	Name of Authority that Granto Legal Guardianship	ed						
14.	Address of Authority that Grant	•	-							
	Street Number and Name (Do no	t provide	a PO Box in this space unless it	is your ONLY a	ddress.)	Apt.	Ste.	Flr.	Num	nber
							Ш	Ш		
	City or Town				State		$\neg \square$	Code	1 [
] - [
	Province]	Postal Code	Country						
Pai	rt 7. Preferred Location a	nd Date	for Interview							
1.	USCIS Office Location			-						
	City or Town		OTE		State					
2.	Preferred Date (mm/dd/yyyy)	711								
]								
	USCIS will attempt to accommo	date the r	equested preferences.							
	NOTE: The interview date sh			m N-600K and b	efore th	e child	l's 18t	h birt	hdav	·-
	PRI						\mathbf{N}		٠	
Pai	rt 8. Applicant's Statemen	t, Certif	ication, and Signature							
NO.	ΓE: Read the Penalties section of	the Form	N-600K Instructions before co	mpleting this sec	tion.					
App	olicant's Statement									
NO.	FE: Select the box for either Iten	A. or B.	in Item Number 1. If applicab	le, select the box	for Item	Num	ber 2.			
1.	Applicant's Statement Regarding		11							
	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 question in	n Part 9.	read to me every question and i	nstruction on this guage in which I			•			•
2.	Applicant's Statement Regarding	g the Prepa	arer							
	At my request, the preparer						, p	orepare	ed thi	S
	application for me based on	ly upon in	formation I provided or authori	zed.						

Par	rt 8. Applicant's Statement, Certification, and Signature (continued) A-
App	plicant's Certification
requi	es of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may ire that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any all of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.
	ther authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other ies and persons where necessary for the administration and enforcement of U.S. immigration law.
autho	tify, under penalty of perjury, that all of the information in my application, and any document submitted with it were provided or orized by me, that I reviewed and understand all of the information contained in, and submitted with, my application, and that all is information is complete, true, and correct.
App	olicant's Signature
3.	Applicant's Signature Date of Signature (mm/dd/yyyy)
\Rightarrow	
	TE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the actions, USCIS may deny your application.
Par	t 9. Interpreter's Contact Information, Certification, and Signature
Provi	ide the following information about the interpreter.
Inte	erpreter'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)
Inta	erpreter's Mailing Address
3.	Street Number and Name Apt. Ste. Flr. Number
	City or Town State ZIP Code -
	Province Postal Code Country
Inte	erpreter's Contact Information
4.	Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any)
•	
6.	Interpreter's Email Address (if any)

	rt 9. Interpreter's Contact Information, Certification, and Signature ontinued)
Int	erpreter's Certification
I cer	rtify, under penalty of perjury, that:
I am	a fluent in English and , which is the same language specified in Part 8. ,
appl	B. in Item Number 1. , and I have read to this applicant in the identified language every question and instruction on this ication and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, answer on the application, including the Applicant's Certification , and has verified the accuracy of every answer.
Int	erpreter's Signature
7.	Interpreter's Signature Date of Signature (mm/dd/yyyy)
	rt 10. Contact Information, Declaration, and Signature of the Person Preparing this Application, if her Than the Applicant
Prov	vide 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)
Pre	eparer's Mailing Address
3.	Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code
	Province Postal Code Country
Pre	eparer's Contact Information
4.	Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)
6.	Preparer's Email Address (if any)

	rt 10. Contact Information, Declaration, and Signature of the Person eparing this Application, if Other Than the Applicant (continued)								
Pre	eparer's Statement								
' .	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, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this application.								
Pre	eparer's Certification								
evie	my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then ewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, or her application, including the Applicant's Certification , and that all of this information is complete, true, and correct. I applied this application based only on information that the applicant provided to me or authorized me to obtain or use.								
Pre	eparer's Signature								
3.	Preparer's Signature Date of Signature (mm/dd/yyyy)								
	PRODUCTION								
	06/17/2020								

Par	t 11	. Additional Information		A-							
than print the a	what the c nswe	is provided, make copies of this page child's name and A-Number at the top or refers; and sign and date each sheet.	I information within this application, use the space to complete and file with this application or attact of each sheet; indicate the Page Number , Part N	h a sepa umber ,	arate sheet of paper. Typ, and Item Number to w	pe or					
1.	Fan	nily Name (Last Name)	Given Name (First Name) N	Aiddle N	dle Name						
2.	A-N	Number									
3.	A.	Page Number B. Part Number	C. Item Number								
	D.		PAFT								
1 .	A.	Page Number B. Part Number	C. Item Number								
	D.		OTFOR								
5.		Page Number B. Part Number	C. Item Number		NI						
	D.	PRU	DUCH								
6.	A.	Page Number B. Part Number	C. Item Number) (7						
	D.	UO/	1//2/02	_							
7.	A.	Page Number B. Part Number	C. Item Number								
	D.										

Part 12. Affidavit (At the time of Interview)	A-
I, the parent/grandparent/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 this the attached supplementary pages number to inclusive, that the same are true and content and that corrections number to were made by me or at my request.	
Parent's, Grandparent's, or Legal Guardian's Signature	Date of Signature (mm/dd/yyyy)
Subscribed and sworn or affirmed before me upon examination of the applicant (U.S. citizen parent, g	grandparent, or legal guardian) on
Date (mm/dd/yyyy) (Location)	
Interviewing USCIS Officer's Name Interviewing USCIS Officer's 7	Γitle
Interviewing USCIS Officer's Signature	Date of Signature (mm/dd/yyyy)
Part 13. USCIS Officer Report and Recommendation	
On the basis of the documents, records and the testimony of person examined, and the identification underage beneficiary, I find that all the facts and conclusions set forth under oath in this application a	
1. True and correct;	
 The applicant derived or acquired U.S. citizenship on	
A. INA Section 322(a)(2)(A) of the (Parent residence);	,
B. INA Section 322(a)(2)(B) of the (Grandparent residence); or	
C. Other	
I recommend that this Form N-600K be: Approved Denied	
Issue Certificate of Citizenship in the Name of Family Name (Last Name) Given Name (First Name) Middle I	Name
Taming Name (East Name) Given Name (First Name) Ividude 1	Name
USCIS Officer's Printed Name USCIS Officer's Title	
HISCHE OFF and Singuisting	- C C' - m - (m - m / 11/)
USCIS Officer's Signature Date	of Signature (mm/dd/yyyy)
☐ I do ☐ do not concur with the USCIS officer's recommendation of the Form N-600K.	
USCIS Field Office Director's Signature Date	of Signature (mm/dd/yyyy)