

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 re	Receipt		Action Block
	Remarks			
R	To be completed by an Attorney or Accredited depresentative (if any).	Select this box if Form G-28 is attached. Attorney State I (if applicable)		or Accredited Representative nline Account Number (if any)
	START HERE - Type or	-		
		this form is the child's parent, grandparent, out the Child's Eligibility		ild's A-Number:
1.		iled for a child. The child is under 18 year		A-
	☐ The BIOLOGICAL of	child of a qualifying U.S. citizen (USC) pa	rent filing this application.	
	☐ The ADOPTED child	d of a qualifying USC parent filing this app	olication.	
	The grandchild of a c five years of the deat	qualifying USC grandparent or the child who of the USC parent.	ard of a USC legal guardia	n filing this application within
Par	t 2. Information Abo	out the Child (for whom this applied	cation is being filed)	
1.	Current Legal Name (do	not provide a nickname)		
	Family Name (Last Name	Given Name ((First Name)	Middle Name
2.	Name Exactly As It Appe	ears on the Permanent Resident Card (if ap	plicable)	
	Family Name (Last Name	Given Name ((First Name)	Middle Name
3.	Other Names Used (if app Provide all other names e Family Name (Last Name	ver used, including nicknames, maiden na		Middle Name
4.	U.S. Social Security Num	ber (if applicable) 5. USCIS Online	Account Number (if any)	
6.	Date of Birth (mm/dd/yyy	7. Country 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
1.	Mailing Address (USPS ZIP Code Lookup) In Care Of Name (if any)
	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
4.	Other (Explain): Information About the Child's Admission Into the United States and Current Immigration Status
-1.	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

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	Part 2. Information About the Child (for whom this application is being file (continued)	ed) A-
16.	16. Was the child adopted?	Yes No
		re Physical Custody Began m/dd/yyyy)
17.	17. Were the child's parents married to each other when the child was born (or adopted)?	Yes No
Pai	Part 3. Biographic Information	
1.	1. Ethnicity (Select only one box)	
2.	Hispanic or Latino Not Hispanic or Latino Page (Select all applicable boyes)	,
4.	American Indian or Asian Black or African American Native	Hawaiian or Other White
3.	3. Height Feet Inches 4. Weight Pounds	
5.	5. Eye color (Select only one box)	
	Black Blue Brown Gray Green Hazel Maroo	Pink Unknown/Other
6.	6. Hair color (Select only one box)	
	Bald (No hair) Black Blond Brown Gray Red	Sandy White
	Unknown/Other	ion
Pai	Part 4. Information About the Child's U.S. Citizen Biological or Adoptive	Parent
	NOTE: Provide information about the U.S. citizen father or mother applying on behalf of the about the child's U.S. citizen parent in the sections noted if the U.S. citizen grandparent or l	•
1.	1. Current Legal Name of U.S. Citizen Parent	
	Family Name (Last Name) Given Name (First Name)	Middle Name
2.	2. Date of Birth (mm/dd/yyyy) 3. Country of Birth	
4.	4. U.S. Social Security Number (if applicable)	
5.	5. Physical Address	
	Street Number and Name (Do not provide a PO Box in this space unless it is your ONLY	address.) Apt. Ste. Flr. Number
	City or Town	State ZIP Code
	Province Postal Code Country	

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rt 4. Information About the Child's U.S. Citi rent (continued)	zen Biol	ogical or Adoptive	A-
Daytime Telephone Number	7.	Work Telephone Number	r (if any)
Evening Telephone Number	9.	Mobile Telephone Numb	er (if any)
Email Address (if any)			
The parent is a U.S. citizen by:			
☐ Birth in the United States ☐ Acquisi	ition After	Birth Through Naturalizat	ion of Alien Parent(s)
☐ Birth Abroad to U.S. Citizen Parent(s) Certificate of Citizenship Number (if any) Alien R A-	tegistration	n Number (A-Number) (if a	nny)
Naturalization			
Place of Naturalization			
Name of Court or USCIS Office Location	_ 4		
City or Town S	tate		
Certificate of Naturalization Number A-Num	ber		Date of Naturalization (mm/dd/yyyy
► A-			0.70
Has the U.S. citizen father or mother ever lost U.S. citizenship?	zenship or	taken any action that would	d cause Yes No
If you answered "Yes" to Item Number 12., provide a f	ull explana	ation in the space provided	in Part 12. Additional Informatio r
Marital History			
A. How many times has the U.S. citizen father or mot marriages and marriages to the same person)?	her been m	narried (including annulled	70 =
B. What is the U.S. citizen father or mother's current in	narital stat	us?	40
Single, Never Married Married Div	orced [Widowed Separate	ed Marriage Annulled
Other (Explain):			
C. Information About the U.S. Citizen Father's or Mor	ther's Curi	rent Spouse	
Family Name (Last Name)	Given l	Name (First Name)	Middle Name
Date of Birth (mm/dd/yyyy) Country of Birth	 		
Country of Citizenship or Nationality			

		Information Abo (continued)	ut the Child's	U.S. C	itizen Biologi	cal or Ad	loptive	A-					
		Spouse's Physical Ad-	dress										
		Street Number and Na ONLY address.)	ame (Do not provi	de a PO	Box in this space	e unless it is	s your spouse	e's	Apt.	Ste.	Flr.	Num	ber
		City or Town					St	ate		ZIP	Code] - [
		Province		Postal	Code		Country					J L	
		Date of Marriage (mn Place of Marriage	n/dd/yyyy)		RA								
		City or Town			State	Country	y						
14.	Mer	Spouse's Immigration U.S. Citizen Is the U.S. citizen fath mber of U.S. Armed Fo Is the sponsoring U.S If you answered "Yes and reside with the sp	Lawful Permaner her's or mother's cu orces citizen parent a m to Item A., then oonsoring U.S. citiz	nember of are there	ouse also the chi of the U.S. Armed e official orders a int who is a memb	d Forces? authorizing to ber of the U	the child to a	ccomporces?	pany	1	Ye	es [] No] No
		NOTE: If the U.S. c presence in the Unite	_	_	_		dication AN	D has	the re	quire	d phys	sical	
Par	t 5.	Information Abo	ut the Child's	Qualif	ying U.S. Cit	zen Grar	ndparent						
citize	nshij	Complete this part only p for the child, and the re after 14 years of age	U.S. citizen paren										of
1.	Cur	rent Legal Name of U.	S. Citizen Grandpa	arent									
	Fan	nily Name (Last Name)		Given Name (F	irst Name)		Mic	idle Na	ame			
2.	Date	e of Birth (mm/dd/yyy	3. Co	ountry of	Birth]					
4.	U.S ▶	S. Social Security Number	ber (if applicable)										

1	Physical Address						
S	treet Number and Name (Do not p	provide a PO Box in this space	unless it is your ONLY address.) Apt. Ste. Flr.	Number			
C	lity or Town		State ZIP Code	; 			
] -			
P	rovince	Postal Code	Country				
	Paytime Telephone Number	7.	Work Telephone Number (if any)				
	vanina Talambana Numban		Mobile Telephone Number (if any)				
	vening Telephone Number	9.	Mobile Telephone Number (II any)				
F	mail Address (if any)						
Ī	man Address (if any)						
T	The grandparent 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)						
	Birth Abroad to U.S. Citizen P	arent(s)					
	Birth Abroad to U.S. Citizen P Certificate of Citizenship Numl		7)				
		ber (if any) A-Number (if any					
	Certificate of Citizenship Numl	ber (if any) A-Number (if any	iction				
	Certificate of Citizenship Numl Naturalization	ber (if any) A-Number (if any • A-	iction				
	Certificate of Citizenship Number of Naturalization Place of Naturalization Name of Court or USCIS Office	ber (if any) A-Number (if any A-Number (if any) A-Lumber (if any) Ce Location	iction				
	Certificate of Citizenship Number 1985 Naturalization Place of Naturalization	ber (if any) A-Number (if any • A-	iction				
	Certificate of Citizenship Number of Naturalization Name of Court or USCIS Office City or Town	ber (if any) A-Number (if any A-Number (if any) A-State	iction 72020				
	Certificate of Citizenship Number of Naturalization Place of Naturalization Name of Court or USCIS Office	ber (if any) A-Number (if any A-Number (if any) A-State	Date of Naturalization (m	m/dd/yy			

		Physical Presence in the N-600K	A-			
not	been j		ed States for five years, to			es. If the U.S. citizen parent has ars of age, then the child must use
1.	Indi	icate whether this information U.S. Citizen Parent U	n relates to the U.S. citizen J.S. Citizen Grandparent	n parent o	or to the qualifying grandp	arent.
2.	Phy	rsical Presence in the United S	States			
	A.	From (mm/dd/yyyy)	Until (mm/dd/yyyy)	E	From (mm/dd/yyyy)	Until (mm/dd/yyyy)
	В.	From (mm/dd/yyyy)	Until (mm/dd/yyyy)	F	From (mm/dd/yyyy)	Until (mm/dd/yyyy)
	C.	From (mm/dd/yyyy)	Until (mm/dd/yyyy)		From (mm/dd/yyyy)	Until (mm/dd/yyyy)
	D.	From (mm/dd/yyyy)	Until (mm/dd/yyyy)	E	From (mm/dd/yyyy)	Until (mm/dd/yyyy)
NO'	ГЕ: 1	If the U.S. citizen biological	adoptive parent is filing	this app	olication, skip Part 7. and	go directly to Part 8.
Pa	rt 7.	Information About the	e Legal Guardian			A-
Con	plete	this part only if the legal gua	ardian is filing this applica	ation on b	ehalf of a deceased U.S. c	itizen parent.
1.	Cur	rent Legal Name of the Lega	l Guardian		- 04-	0.70
	Fan	nily Name (Last Name)	Give	en Name	(First Name)	Middle Name
					ACUL	
2.	Dat	e of Birth (mm/dd/yyyy)	3. Country of Birth	1		٦
4. 5.	•	. Social Security Number (if	applicable)	0	/202	20
	Stre	eet Number and Name (Do no	t provide a PO Box in this	s space ui	nless it is your ONLY add	ress.) Apt. Ste. Flr. Number
	City	y or Town			St	ate ZIP Code
	Pro	vince	Postal Code		Country	
6.	Day	time Telephone Number		7.	Work Telephone Number	(if any)
8.	Eve	ening Telephone Number		9.]	Mobile Telephone Numbe	er (if any)
	1			1	1	

Par	t 7.	Information About the Legal Guardian (continued)	A-							
10.	Ema	ail Address (if any)								
11.	The	e legal guardian is a U.S. citizen by:								
		Birth in the United States Acquisition After Birth Through Naturalization	of.	Alie	n Par	rent(s)			
		Birth Abroad to U.S. Citizen Parent(s)								
		Certificate of Citizenship Number (if any) A-Number (if any)								
		► A-								
		Naturalization								
		Place of Naturalization								
		Name of Court or USCIS Office Location								
		City or Town State								
			e of	Nat	urali	zatio	on (m	m/d	d/yy	уу)
		► A-								
12.		e of Legal Guardianship 13. Name of Authority that Granted Legal Guardianship								
	(11111	Eegal Gualdiansiiip								
14.	Add	dress of Authority that Granted Legal Guardianship								
		eet Number and Name (Do not provide a PO Box in this space unless it is your ONLY address	ss.)	Ar	ot. S	ste.	Flr.	Νι	ımbe	r
		Production	Ź	ľ						
	City	y or Town State	e	4	U	ZIP	Code	<u> </u>		
								٦.		
	Prov	vince Postal Code Country						_		
				1						
Par	t 8.	Preferred Location and Date for Interview								
1.	USC	CIS Office Location								
	City	y or Town Stat	e			1				
2.	Pref	ferred Date (mm/dd/yyyy)								
	USC	CIS will attempt to accommodate the requested preferences.								
	NO'	TF. The interview date should be at least 90 days after filing Form N-600K and befor	o th	o ch	ild'e	184	h hi⊷	thd	3.87	

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Pai	rt 9. Applicant's Statement, Certification, and Signature
NOT	TE: Read the Penalties section of the Form N-600K Instructions before completing this section.
App	plicant's Statement
NO	TE: 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 , 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 11., application for me based only upon information I provided or authorized.
Apj	plicant's Certification
requ	ies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may are 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 ties and persons where necessary for the administration and enforcement of U.S. immigration law.
auth	rtify, under penalty of perjury, that all of the information in my application, and any document submitted with it were provided or norized by me, that I reviewed and understand all of the information contained in, and submitted with, my application, and that all his information is complete, true, and correct.
App	plicant'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 ructions, USCIS may deny your application.

Pa	rt 10. Interpreter's Contact Information, Certification, and Signature A-
Prov	vide the following information about the interpreter.
Int	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)
Int	erpreter's Mailing Address
3.	Street Number and Name Apt. Ste. Flr. Number
	City or Town State ZIP Code -
	Province Postal Code Country
Int	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)
Int	erpreter's Certification
I am Iten appl	rtify, under penalty of perjury, that: a fluent in English and , which is the same language specified in Part 9. , a 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 11. Contact Information, Declaration, and Signature of the Person eparing this Application, if Other Than 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)					
Pre	eparer's Statement					
7.						
Pre	eparer's Certification					
revi	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 application based only on information that the applicant provided to me or authorized me to obtain or use.					
Pre	eparer's Signature					
8.	Preparer's Signature Date of Signature (mm/dd/yyyy)					

	2. Additional Information	1:6	A-
n wh it the	at is provided, make copies of this p	age to complete and file with this applic) at the top of each sheet; indicate the Pa	a, use the space below. If you need more space ation or attach a separate sheet of paper. Type or age Number, Part Number, and Item Number
Fa	amily Name (Last Name)	Given Name (First Name)	Middle Name
A	-Number (if any) A -		
A	Page Number B. Part Number	er C. Item Number	
D		DRAI	
A	Page Number B. Part Number	er C. Item Number	
D		Notf	or
A	. Page Number B. Part Number	er C. Item Number	4
D		roduc	etion
A	Page Number B. Part Number	er C. Item Number	000
D	· U.	5/20/2	1020
A	. Page Number B. Part Number	er C. Item Number	
D			

Part 13. 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 the attached supplementary pages number to inclusive, that the same are true and co and that corrections number to were made by me or at my request.	nis application signed by me, and
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	, grandparent, or legal guardian) on
at .	
Date (mm/dd/yyyy) (Location)	
Interviewing USCIS Officer's Name Interviewing USCIS Officer's	s Title
Interviewing USCIS Officer's Signature	Date of Signature (mm/dd/yyyy)
Part 14. USCIS Officer Report and Recommendation	
On the basis of the documents, records and the testimony of person examined, and the identification upon personal appearance of the underage beneficiary, I find that all the facts and conclusions set forth under oath in this application are: 1.	
B.	20
Issue Certificate of Citizenship in the Name of	
-	e Name
USCIS Officer's Printed Name USCIS Officer's Title	
USCIS Officer's Signature Dat	e 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 Dat	e of Signature (mm/dd/yyyy)