

Part 2. Enlistment Information

1. Where did you enlist?

Country	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Province (if applicable)		
<input type="text"/>		

2. Where did you reside when you enlisted?

Country	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Province (if applicable)		
<input type="text"/>		

3. Have you reenlisted? Yes No

4. Where did you reenlist?

Country	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Province (if applicable)		
<input type="text"/>		

5. Where did you reside when you reenlisted?

Country	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Province (if applicable)		
<input type="text"/>		

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

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

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

Military Service	Branch of Service	Service Start Date (mm/dd/yyyy)	Service End Date (mm/dd/yyyy)	Type of Service (include all active, reserve, and National Guard Service)
Military Service 1				<input type="checkbox"/> Active Duty <input type="checkbox"/> Selected Reserve of the Ready Reserve
Military Service 2				<input type="checkbox"/> Active Duty <input type="checkbox"/> Selected Reserve of the Ready Reserve
Military Service 3				<input type="checkbox"/> Active Duty <input type="checkbox"/> Selected Reserve of the Ready Reserve

Part 4. Requestor's Contact Information, Certification, and Signature

Requestor's Contact Information

1. Requestor's Daytime Telephone Number

2. Requestor's Mobile Telephone Number (if any)

3. Requestor's Email Address (if any)

Requestor's Certification

I authorize release of information contained in this request, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that all of the information in my request and any document submitted with it were provided by me and are complete, true, and correct.

Requestor's Signature

4. Requestor's Signature

Date of Signature (mm/dd/yyyy)

NOTE TO ALL REQUESTORS: USCIS may reject or deny your Form N-400 if you do not complete this Form N-426, or if you do not submit all required documents listed in the Instructions.

Part 5. Character of Service (To be completed by certifying official)

NOTE: For armed forces members currently serving, the certifying official **MUST** complete **AND** certify Form N-426 in **Parts 5. - 8.** Veterans who are no longer serving may leave **Parts 5. - 8.** blank, but **MUST** provide copies of their DD Form 214 or NGB Form 22 that include the character of service upon separation from service for all periods of service.

For this character of service section, the certifying official must indicate whether the requestor served honorably or is currently serving honorably for each period of military service the requestor served (refer to **Part 3. Periods of Military Service**). For any "No" responses, provide details in **Part 7. Remarks**.

1. Honorable Period of Military Service 1

Yes No

2. Honorable Period of Military Service 2

Yes No N/A

3. Honorable Period of Military Service 3

Yes No N/A

Part 6. Separation Information

1. Is the requestor separated?

Yes No

2. If separated, select discharge type:

Honorable Other (provide details in **Part 7. Remarks**)

3. Was the requestor discharged on account of alienage?

Yes No

If you answer "Yes," provide details in **Part 7. Remarks**.

Part 7. Remarks

Provide any **derogatory information** in your records relating to the service member's character, loyalty to the United States, disciplinary action, convictions, other than honorable discharges, or other matters concerning his or her fitness for citizenship. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

Part 8. Certification (To be completed by certifying official)

I, , , ,
Full Name Rank Title

certify that I am duly authorized under the laws, regulations and policies of the Department of Defense to certify the requestor's honorable service. I have personally reviewed the requestor's service record. The information provided herein is a reflection of my findings. I certify that the information given here concerning the service of the person named on this request is correct according to the records of the .

Branch of Service Component Rank

Title Full Name

Work Telephone Number Military Email Address

Official Signature (**NOTE:** An original ink signature or a copy of an original ink signature is acceptable. A digital signature is **not** acceptable.) Date (mm/dd/yyyy)

Part 9. Additional Information

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this request or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. 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.

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.
