

Application to Preserve Residence for Naturalization Purposes

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form N-470OMB No. 1615-0056
Expires 09/30/2022

	For USCIS Use Only							
	Barcode]	Date Stamp	Action Block				
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	o de combieteu dy an -	elect this box if orm G-28 is	Attorney State Bar Numb (if applicable)		Attorney or Accredited Representative USCIS Online Account Number (if any)			
	epresentative (if any).	tached.						
>	START HERE - Type or print	in black ink.		·	-			
	TE: Type or print "N/A" if an it		le. Type or print "None" if th	e answer is none.	. Failure to answer all of the			
que	stions may delay your Form N-4'	70.		Enter	Your 9 Digit A-Number:			
Pa	rt 1. Information About	Your Eligibility	y	► A-				
Му	absence from the United States i	s on behalf of (Sel	ect only one box):					
1.	The U.S. Government (emp	loyed by, or are ur	nder contract with, the U.S. G	overnment).				
2.	An American institution of	research to perform	m scientific research.					
3.	An American firm or corpo United States.	ration, or a subsidi	ary thereof, to engage in the	development of fo	oreign trade and commerce of the			
4.		-	e property rights outside the V nd commerce of the United S		hat American firm or corporation			
5.	A public international organ admission as a lawful perm		he United States is a member	. (Your employn	nent must have started after your			
6.			e organization in the United S n or clergywoman, missionar		erform ministerial or priestly or sister.			
Pa	ert 2. Information About	You						
1.	Your Current Legal Name (do n	ot provide a nickn	ame)					
	Family Name (Last Name)		Given Name (First Name))	Middle Name			
2.	Other Names Used (if any)							
	List all other names you have exsection, use the space provided in			cknames. If you	need extra space to complete this			
	Family Name (Last Name)		Given Name (First Name))	Middle Name			

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Pa	rt 2. Information	n About You (cont	inued)			\	A-				
3.	Your name exactly a	s it appears on your Pe	rmanent Residen	t Card		_					
	Family Name (Last I	Name)	Given	Name (F	irst Name)		M	iddle	Name		
4.	USCIS Online Accor	unt Number (if any)	5. U.S. So	cial Secu	rity Number (if ar	ny) 6	. Da	ate of	Birth (mn	n/dd/yyy	y)
	>		▶								-
7.	Country of Birth			8.	Country of Citize	- nship o	r Nati	onalit	y		
9.	Physical Address (do	not provide a PO Box	in this space un	less it is y	our only address))	(USI	PS ZII	P Code Lo	ookup)	
	Street Number and N	Vame				Apt.	Ste.	Flr.	Number		
	City or Town					State			ZIP Cod	e	
	Province		Postal Code		Country			_			
10.	Mailing Address (if o	different from the addre	ess above)				(USP	S ZIP (Code Lookup)	
	In Care Of Name (if	any)									
	Street Number and N	Vame				Apt.	Ste.	Flr.	Number		
	City or Town					State			ZIP Cod	e	
	Province		Postal Code		Country						
11.	Date You Became a	Lawful Permanent Res	ident (mm/dd/yy	vy)							
		and been physically pro			for an uninterrunt	ed perio	nd of	at lead	et 🗆	Yes [No
121	one year since your	admission as a lawful	permanent resi	dent? (It	f you answer "No.				,	105] 110
	explanation in the sp	ace provided in Part 7	. Additional Info	ormation	ı.)						
13.		nited States (include t	•								
	_	of 24 hours or more that in your most recent trip. tion.	•			-			-	•	
	Date You Left the	Date You Returned	Did Trip Last							Total	Davs
	United States	to the United States	Six Months or		Countries Yo	u Trav	eled '	То		Outsid	le the
	(mm/dd/yyyy)	(mm/dd/yyyy)	More? Yes No							United	States
			Yes No								

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Pa	rt 2	2. Information About You	(continued)			A-			
14.	Exp	olain your employment position re	equiring your abser	nce from the United State	es and the in	tended	l length o	f employm	ent.
15.	non	ve you ever filed an income tax re resident alien under U.S. Federal, manent resident?					ts as a	☐ Ye	es No
Pa	rt 3	3. Information About Fam	ily Members V	Vho Reside With Y	ou				
1.	Do	you have lawful permanent reside	ent family member	s who reside with you in	side the Uni	ted Sta	ates?	☐ Ye	es 🗌 No
2.	If y	ou answered "Yes" to Item Num letes?	ber 1., will those fa	amily members reside w	ith you outsi	de the	United	Ye	es No
	witl	ou answered "Yes," provide the in h you outside the United States. I prmation.							_
	A.	Family Name (Last Name)		Given Name (First Nar	me)		Middle N	Vame (if ap	oplicable)
		Date of Birth (mm/dd/yyyy)	Relationship to Y	You		A-Num	ber		
					P	• A-			
	B.	Family Name (Last Name)		Given Name (First Nar	me)		Middle N	Vame (if ap	oplicable)
		Date of Birth (mm/dd/yyyy)	Relationship to Y	You	A	A-Num	ber		
					, , , , , , , , , , , , , , , , , , ,	• A-			
	C.	Family Name (Last Name)		Given Name (First Nar	me)		Middle N	Vame (if ap	oplicable)
		Date of Birth (mm/dd/yyyy)	Relationship to Y	You	<i>A</i>	A-Nun	ber		
						• A-			
D.	.4.4	L. A P 41. C4. 4	7. 4. 4 T. C.	- 4° 6° - 4°	1.0	4			
		l. Applicant's Statement, (·	, 0	natui	re		
		Read the Penalties section of the	e Form N-470 Inst	ructions before completi	ng this part.				
Ap	plic	cant's Statement							
NO	TE:	Select the box for either Item A	or B. in Item Nu	mber 1. If applicable, se	elect the box	for It	em Numl	oer 2.	
1.	App	plicant's Statement Regarding the	_						
	A.	I can read and understand E my answer to every question	-	read and understand ever	ry question a	ınd ins	struction o	n this app	lication and
	B.	The interpreter named in Pa	rt 5. has read to m				_	-	
		every question, in		,	a language i	n whic	ch I am flu	ent and I u	ınderstood
•		everything.	D						
2.	Ap _l	plicant's Statement Regarding the At my request, the preparer nam	ed in Part 6.	nformation I provided or	authorized				,

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	ort 4. Applicant's Statement, Contact Information, gnature (continued)	Ce	ertification, and A-
Ap	plicant's Contact Information		
3.	Applicant's Daytime Telephone Number	4.	Applicant's Mobile Telephone Number (if any)
5.	Applicant's Email Address (if any)		
Ap	pplicant's Certification		
requ	bies of any documents I have submitted are exact photocopies of uire that I submit original documents to USCIS at a later date. Fur records that USCIS may need to determine my eligibility for the	urthe	hermore, I authorize the release of any information from any of
	rther authorize release of information contained in this application ties and persons where necessary for the administration and enfo		
	rtify, under penalty of perjury, that I provided or authorized all or prmation contained in, and submitted with, my application, and the		
Ap	plicant's Signature		
6.	Applicant's Signature		Date of Signature (mm/dd/yyyy)
-			
	TE TO ALL APPLICANTS: If you do not completely fill out ructions, USCIS may deny your application.	this	s application or fail to submit required documents listed in the
Pa	rt 5. Interpreter's Contact Information, Certificat	ion	n, and Signature
Pro	vide the following information about the interpreter.		
In	terpreter's Full Name		
1.	Interpreter's Family Name (Last Name)	In	Interpreter's Given Name (First Name)
•	Interpretade Divines of Opening tion Name (if any)		
2.	Interpreter's Business or Organization Name (if any)		
In	terpreter's Mailing Address		
3.	Street Number and Name		Apt. Ste. Flr. Number
	City or Town		State ZIP Code
	Province Postal Code		Country
	Postal Code		Country

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	ort 5. Interpreter's Contact Information, Certifica ontinued)	tion	n, and Signature A-
In	terpreter's Contact Information		
4.	Interpreter's Daytime Telephone Number	5.	Interpreter's Mobile Telephone Number (if any)
6.	Interpreter's Email Address (if any)		
In	terpreter's Certification		
I ce	rtify, under penalty of perjury, that:		
I an	n fluent in English and		, which is the same language specified in Part 4. ,
app	n B. , in Item Number 1. ; and I have read to this applicant in the lication and his or her answer to every question. The applicant answer on the application, including the Applicant's Certification .	inforı	ormed me that he or she understands every instruction, question,
In	terpreter's Signature		
7.	Interpreter's Signature		Date of Signature (mm/dd/yyyy)
	rt 6. Contact Information, Declaration, and Signa ther Than the Applicant	atur	re of the Person Preparing this Application, if
Pro	vide the following information about the preparer.		
Pr	eparer's Full Name		
1.	Preparer's Family Name (Last Name)	Pr	Preparer's Given Name (First Name)
2.	Preparer's Business or Organization Name (if any)		
Pr	eparer's Mailing Address		
3.	Street Number and Name		Apt. Ste. Flr. Number
	City or Town		State ZIP Code
	Part in the second seco		
	Province Postal Code		Country

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	rt 6. Contact Information, Declaration, and Signature of the Person eparing this Application, if Other Than the Applicant (continued)
Pr	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)
Pr	eparer'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 whose representation extends beyond preparation of this application, you may be obliged to submit a completed Form G-28, Notice of Attorney or Accredited Representative, with this application.
Pr	eparer's Certification
revi witl	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 in, his 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.
Pr	eparer's Signature
8.	Preparer's Signature Date of Signature (mm/dd/yyyy)

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Part /	Addition	INTA	rmatian
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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.

1.	Family Name (Last Name)			Given Na	ame (First Name)	Middle Name		
2. 3.		Number (if any) Page Number	L_	Part Number	C.	Item Number		
	D.							
4.	A. D.	Page Number	В.	Part Number	C.	Item Number		
5.	A. D.	Page Number	В.	Part Number	C.	Item Number		
6.	A. D.	Page Number	В.	Part Number	C.	Item Number		

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