

Application for Naturalization

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form N-400

OMB No. 1615-0052 Expires 11/30/2025

For USC: Use Only	IS e	Date Stamp	Rec	eipi	HI	Action Block
Rema	arks		T			
			int in black ink. If you d S) to process your Form N		the questions, it	may take longer for U.S. Citizenship
you m	ay not	need to file Form N-		e a U.S. citizen. B	efore you file thi	Fore you reached your 18th birthday, s application, please visit the USCIS
			ut Your Eligibility (S or your Form N-400)	•	•	Enter Your 9 Digit A-Number: • A-
1.	Reason	n for Filing (Please se	ee Instructions for eligibili	ty requirements ur	nder each provision	on.):
	A.	General Provisi	on. See Instructions: List	t of General Eligi	bility Requireme	ents
	В.		Citizen. See Instructions:			
	C. [VAWA. See Inst Against Women		he Spouse, Forme	r Spouse, or Chi	ld of a U.S. Citizen under the Violence
	D. [Citizen in Qualified Empl Citizen Working for a Qu	-		s. See Instructions: Eligibility for the ed States
		(INA) section 31		ld office where you		Immigration and Nationality Act ave your naturalization interview. You
	E. [e During Period of Hostil U.S. Armed Forces	ities. See Instruct	ions: Eligibility	und Evidence for Current and Former
	F.		ear of Honorable Militar mer Members of the U.S.		Time. See Instru	ctions: Eligibility and Evidence for
	G. [Other Reason fo	or Filing Not Listed Abov	ve		
Part	t 2. Ir	nformation Abou	ut You (Person applyi	ng for naturaliz	cation)	
			(do not provide a nicknam		, , , , , , , , , , , , , , , , , , ,	
		Name (Last Name)	1	Given Name (Firs	t Name)	Middle Name (if applicable)
	Other Ito inclu		ed Since Birth (see the Ins	tructions for this I	tem Number for	more information about which names
	Family	Name (Last Name)		Given Name (Firs	t Name)	Middle Name (if applicable)

Par	et 2. Information About You (Person applying for naturalization) (continued) A-						
Nam	e Change (Optional)						
Read	the Instructions for this Item Number before you decide whether you would like to legally change your name.						
3.	Would you like to legally change your name? Yes No (skip to Item Number 4.)						
	If you answered "Yes," type or print the new name you would like to use:						
	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)						
4.	USCIS Online Account Number (if any) 5. Gender Male Female Another Gender Identity						
6.	Date of Birth (mm/dd/yyyy)						
	In addition to your actual date of birth, include any other dates of birth you have ever used, including dates used in connection with any legal names or non-legal names, in the space provided in Part 14. Additional Information .						
7.	If you are a lawful permanent resident, provide the date you became a lawful permanent resident (mm/dd/yyyy).						
8.	Country of Birth						
9.	Country of Citizenship or Nationality						
	If you are a citizen or national of more than one country, list additional countries of nationality in the space provided in Part 14. Additional Information .						
10.	Was one of your parents (including adoptive parents) a U.S. citizen before your 18th birthday?						
	If you answered "Yes," you may already be a U.S. citizen. If you are a U.S. citizen, you should not complete Form N-400.						
11.	Do you have a physical or developmental disability or mental impairment that prevents you from demonstrating your knowledge and understanding of the English language or civics requirements for naturalization?						
	If you answered "Yes," submit a completed Form N-648, Medical Certification for Disability Exceptions, when you file your Form N-400. See the <i>Naturalization Testing and Exceptions</i> section of the Instructions for additional information about exceptions from the English language test, including exceptions based on age and years as a lawful permanent resident.						
Soc	ial Security Update						
12.a.	Do you want the Social Security Administration (SSA) to issue you an original or replacement Social Security card and update your immigration status with the SSA if and when you are naturalized?						
	Yes (Complete Item Numbers 12.b. - 12.c.)						
	No (Go to Part 3.)						
12.b.	Provide your Social Security number (SSN) (if any). ▶						
12.c.	Consent for Disclosure: I authorize disclosure of information from this application and USCIS systems to the SSA as required for the purpose of assigning me an SSN, issuing me an original or replacement Social Security card, and updating my immigration status with the SSA.						
	NOTE: If you answered "Yes" to Item Number 12.a., you must also answer "Yes" to Item Number 12.c., Consent for Disclosure, to receive a card						

Form N-400 Edition 11/02/22 Page 2 of 14

Pai	rt 3. Biographic Information					A-				
	NOTE: USCIS requires you to complete the categories below to conduct background checks. (See the Form N-400 Instructions for more information.)									
1.	Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino									
2.	Race (Select all applicable boxes) American Indian Asian Black or Native Hawaiian or White or Alaska Native African American Other Pacific Islander									
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									
Par	ct 4. Information About Your Ro	esidence								
	List every location where you have lived Item Number 1.a. If you are filing base Item Number section of the Instructions need extra space, use the space provided Current Physical Address In Care Of Name (if any) Street Number and Name	ed on other natur s for the applicat	ralization eligible period of t	bility options, sime for which	see Part 4	\cdot in the S_1	pecific l	Instructition. If y	ions by	
	City or Town					State		ZIP Co	ode	
	Province	Postal Code		Country						
	Dates of Residence: From (mm/dd/yyyy)	Date	es of Residence	: To (mm/	dd/yyyy)	I	PRESEN	Т	
	Physical Address (Street Number and Name)	City or Town	State / Province	ZIP Code / Postal Code	Country		m	Residenc T (mm/dc	0	
2.	Is your current physical address also you Yes (If you answered "Yes," skip to				ı	1				

Form N-400 Edition 11/02/22

Pai	rt 4. Information About Your Residence (continued) A-								
3.	Current Mailing Address (Safe Mailing Address, if applicable)								
	In Care Of Name (if any)								
	Street Number and Name Apt. Ste. Flr. Number								
	City or Town State ZIP Code								
	Province Postal Code Country								
Pa	rt 5. Information About Your Marital History								
1.	What is your current marital status?								
	☐ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Marriage Annulled								
	If you are single and have never married, go to Part 6. Information About Your Children.								
2.	If you are currently married, is your spouse a current member of the U.S. armed forces?								
3.	How many times have you been married? (See the Specific Instructions by Item Number section of the Instructions for more information about which marriages to include.)								
	Provide current marriage certificate and any divorce decree, annulment decree, or death certificate showing that your prior marriages were terminated (if applicable).								
	 If you are filing under one of the categories below, answer Item Numbers 4.a 8.: Spouse of U.S. Citizen, Part 1., Item Number 1.b.; or Spouse of U.S. Citizen in Qualified Employment Outside the United States, Part 1., Item Number 1.d. 								
	If you are not filing under one of the categories above, skip to Part 6.								
You	ur Current Marriage								
If yo	u are currently married, including if you are legally separated, provide the following information about your current spouse.								
4.a.	Current Spouse's Legal Name								
	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)								
4.b.	Current Spouse's Date of Birth (mm/dd/yyyy) 4.c. Date You Entered into Marriage with Current Spouse (mm/dd/yyyy)								
4.d.	Is your current spouse's present physical address the same as your physical address?								
	Yes								
	No (If you answered "No," provide address in Part 14. Additional Information .)								
5.a.	When did your current spouse become a U.S. citizen?								
	By Birth in the United States - Go to Item Number 7.								
	Other - Complete Item Number 5.b.								
5.b.	Date Your Current Spouse Became a U.S. Citizen (mm/dd/yyyyy)								

Form N-400 Edition 11/02/22 Page 4 of 14

Pai	rt 5. Information About Your Ma	arital History	(continued)	A-							
6.	Current Spouse's Alien Registration Num	nber (A-Number)	(if any) ► A-								
7.	How many times has your current spouse Number section of the Instructions for m										
	Provide divorce decrees, annulment decreterminated (if applicable).	e decrees, annulment decrees, or death certificates showing that all of your spouse's prior marriages were applicable).									
8.	Current Spouse's Current Employer or Co	ompany									
	Only answer Item Number 8. if you are Employment Outside the United States		1., Item Number 1.d., Sp	buse of U.S. Citizen in	Qualified						
Pai	rt 6. Information About Your Ch	ildren									
1.	Indicate your total number of children un	der 18 years of ag	ge.								
2.	Provide the following information about columns, you must type or print one of the address(es) where those children live in I provided in Part 14. Additional Information	e valid options li Part 14. Addition	sted. If any of your childre	n do not reside with you	, provide the						
	Child's Name (First Name and Family Name)	Date of Birth (mm/dd/yyyy)	Residence (Valid options include: resides with me, does not reside with me, or unknown/ missing)	Relationship (Valid options include: biological child, stepchild, legally adopted child)	Are you providing support for this child?						
					Yes No						
					Yes No						
					Yes No						
Pai	rt 7. Information About Your En	aployment an	d Schools You Attend	ed							

1. List where you have worked or attended school full time or part time during the last 5 years if you are filing based on the general provision under Part 1., Item Number 1.a. If you are filing based on other naturalization eligibility options, see Part 7. in the Specific Instructions by Item Number section of the Instructions for the applicable period of time for which you must enter this information. Provide information for the complete time period for all employment, including foreign government employment such as military, police, and intelligence services. Begin by providing information about your most recent or current employment, studies, or unemployment. Provide the locations and dates where you worked, were self-employed, were unemployed, or have studied. If you worked for yourself and not for a specific employer, type or print "self-employed" for the employer name. If you were unemployed, type or print "unemployed." If you are retired, type or print "retired." If you need extra space to complete Part 7., use the space provided in Part 14. Additional Information.

	Employer o	Employment	School Dates	Occumation on			
Name	City/Town	State/ Province	ZIP Code/ Postal Code	Country	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Occupation or Field of Study
						PRESENT	

Pai	rt 8. Time Outside t	the United States	A	A-				
1.	1. List below all the trips that you have taken outside the United States during the last 5 years if you are filing based on the gene provision under Part 1., Item Number 1.a. If you are filing based on other naturalization eligibility options, see Part 8. in the Specific Instructions by Item Number section of the Instructions for the applicable period of time for which you must enter this information. Start with your most recent trip and work backwards. Do not include day trips (where the entire trip was completed within 24 hours) in the table. If you have taken any trips outside the United States that lasted more than 6 months, see the Required Evidence - Continuous Residence section of the Instructions for evidence you should provide. If you need extra space to complete this section, use the space provided in Part 14. Additional Information.							
	Date You Left the United States							
	(mm/dd/yyyy)	to the United States (mm/dd/yyyy)	Which You Traveled					
			TICHT		-			
Pai	rt 9. Additional Info	ormation About Yo	u					
anyv Nun	vhere in the world at any	time, unless the questic tem Numbers 1 14., p	st provide information about any of your actions on specifies otherwise. If you answer "Yes" to a rovide explanations and any additional informat	any of the q	questions	in Ite i		
1.	Have you EVER claime	ed to be a U.S. citizen (in	writing or any other way)?		Y	es [No	
2.			ny Federal, state, or local election in the United ction where noncitizens are eligible to vote, you		Y	es [No	
3.	Do you currently owe an	ny overdue Federal, state	e, or local taxes in the United States?		Y	es [No	
4.			nave you called yourself a "nonresident alien" or to file a tax return because you considered yours		Y	es [] No	
Have	e you EVER:							
5.a.	Been a member of, invo anywhere in the world		sociated with any Communist or totalitarian par	rty	Y	es [No	
5.b.	· • •		following, or been a member of, involved in, or world that advocated any of the following:	in any	Y	es [No	
	Opposition to all orga	anized government;						
	• World communism;							
	• The establishment in	the United States of a to	talitarian dictatorship;					
	• The overthrow by for United States or all for		inconstitutional means of the Government of the	9				
			cer or officers of the Government of the United as e of their official character;	States				
	The unlawful damage	e, injury, or destruction o	of property; or					
	• Sabotage?							

Par	t 9. Additional Information About You (continued)	A-						
	you EVER been a member of, involved in, or in any way associated with, or have you EVER s, services or labor, or any other assistance or support to a group that:	prov	/id	ed mo	ney, a	ı thing	g of	
6.a.	Used a weapon or explosive with intent to harm another person or cause damage to property?					Yes		No
6.b.	Engaged (participated) in kidnapping, assassination, or hijacking or sabotage of an airplane, sh vehicle, or other mode of transportation?	ip,				Yes		No
6.c.	Threatened, attempted (tried), conspired (planned with others), prepared, planned, advocated for incited (encouraged) others to commit any of the acts listed in Item Numbers 6.a. or 6.b. ?	or, 01	r			Yes		No
Have	you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participal	ited	in	any o	f the f	ollow	ing:	
7.a.	Torture?					Yes		No
7.b.	Genocide?		-			Yes		No
7.c.	Killing or trying to kill any person?					Yes		No
7.d.	Intentionally and severely injuring or trying to injure any person?					Yes		No
7.e.	Any kind of sexual contact or activity with any person who did not consent (did not agree) or vaniable to consent (could not agree), or was being forced or threatened by you or by someone elements of the consent (could not agree).				P	Yes		No
7.f.	Not letting someone practice their religion?			/ .		Yes		No
7.g.	Causing harm or suffering to any person because of their race, religion, national origin, member a particular social group, or political opinion?	rshi	рi	n		Yes		No
8.a.	Have you EVER served in, been a member of, assisted (helped), or participated in any military police unit?	or)			Yes		No
8.b.	Have you EVER served in, been a member of, assisted (helped), or participated in any armed g group that carries weapons), for example: paramilitary unit (a group of people who act like a n group but are not part of the official military), self-defense unit, vigilante unit, rebel group, or g group?	nilita	ary			Yes		No
	If you answered "Yes" to Item Number 8.a. or Item Number 8.b. , include the name of the co the name of the military unit or armed group, your rank or position, and your dates of involver your explanation in Part 14. Additional Information .		-					
9.	Have you EVER worked, volunteered, or otherwise served in a place where people were detain (forced to stay), for example, a prison, jail, prison camp (a camp where prisoners of war or poli prisoners are kept), detention facility, or labor camp, or have you EVER directed or participate other activity that involved detaining people?	tical		у		Yes		No
10.a.	Were you EVER a part of any group, or did you EVER help any group, unit, or organization to a weapon against any person, or threatened to do so?	nat u	ıse	d		Yes		No
10.b.	If you answered "Yes" to Item Number 10.a. , when you were part of this group, or when you this group, did you ever use a weapon against another person?	help	ed			Yes		No
10.c.	If you answered "Yes" to Item Number 10.a. , when you were part of this group, or when you this group, did you ever threaten another person that you would use a weapon against that you would not you would not you were you would not you would not		ed			Yes		No
11.	Have you EVER sold, provided, or transported weapons, or assisted any person in selling, provor transporting weapons, which you knew or believed would be used against another person?	/idin	ıg,			Yes		No
12.	Have you EVER received any weapons training, paramilitary training, or other military-type tr	aini	ng	?		Yes		No
13.	Have you EVER recruited (asked), enlisted (signed up), conscripted (required to join), or used person under 15 years of age to serve in or help an armed group, or attempted or worked with 6 do so?			0		Yes		No
14.	Have you EVER used any person under 15 years of age to take part in hostilities or attempted worked with others to do so? This could include participating in combat or providing services to combat (such as serving as a messenger or transporting supplies).		ted			Yes		No

Form N-400 Edition 11/02/22 Page 7 of 14

Part 9. Additional Info	ormation About	You (continued	d)	A-					
If you answer "Yes" to any precords have been sealed, exclaw enforcement officer, or at information. If you need extra answers with your Form N-40	tpunged, or otherw torney, told you that a space, use the space	ise cleared. You r	must disclose this information your record, or told you	mation even if someone, in that you do not have to d	ncluding a judge, isclose the				
Include all the crimes and offeinfluence of drugs or alcohol,					ing under the				
Committed, agreed to commit, or asked someone else to commit;									
• Were arrested, cited, detained, or confined by any law enforcement officer, military official (in the U.S. or elsewhere), or immigration official;									
Were charged with commit	tting, helping comm	it, or trying to com	mit;						
• Pled guilty to;									
• Were convicted of;									
• Were placed in alternative adjudication, or deferred ad		bilitative program	for (for example, diver	rsion, deferred prosecution.	, withheld				
• Received a suspended sent	ence, clemency, am	nesty, or pardon fo	r, or were placed on pro	obation or paroled for.					
15.a. Have you EVER commutried to commit a crime				ed commit, or] Yes \square No				
15.b. Have you EVER been a official (in the U.S. or e or offense?] Yes [No				
What was the crime or offense? (If convicted, provide crime of conviction. If not convicted, provide crime or offense listed in arrest, citation, charging document, or crime committed.)	Date of the Crime or Offense (mm/dd/yyyy)	Date of your conviction or guilty plea (if applicable) (mm/dd/yyyy)	Place of Crime or Offense (City or Town, State, Country)	What was the result or disposition of the arrest, citation, or charge? (no charges filed, convicted, charges dismissed, detention, jail, probation, etc.)	What was your sentence (if applicable)? (For example, 90 days in jail, 90 days on probation)				
16. If you received a susper your suspended sentence			n, or were paroled, hav	re you completed	Yes No				

If you answer "Yes" to any of the questions in **Item Numbers 17.a. - 19.**, provide an explanation in the space provided in **Part 14. Additional Information**. Submit evidence to support your answers.

Part 9. Additional Information About You (continued)	A-					
Have you EVER:	•					
17.a. Engaged in prostitution, attempted to procure or import prostitutes or persons for the purpose of prostitution, or received any proceeds or money from prostitution?	of Yes No					
17.b. Manufactured, cultivated, produced, distributed, dispensed, sold, or smuggled (trafficked) any controlled substances, illegal drugs, narcotics, or drug paraphernalia in violation of any law or regulation of a U.S. state, the United States, or a foreign country?						
17.c. Been married to more than one person at the same time?	Yes No					
17.d. Married someone in order to obtain an immigration benefit?	Yes No					
17.e. Helped anyone to enter, or try to enter, the United States illegally?	Yes No					
17.f. Gambled illegally or received income from illegal gambling?	Yes No					
17.g. Failed to support your dependents (pay child support) or to pay alimony (court-ordered financial support after divorce or separation)?	ial Yes No					
17.h. Made any misrepresentation to obtain any public benefit in the United States?	Yes No					
18. Have you EVER given any U.S. Government officials any information or documentation that false, fraudulent, or misleading?	was Yes No					
19. Have you EVER lied to any U.S. Government officials to gain entry or admission into the United States or to gain immigration benefits while in the United States?	ited Yes No					
If you answer "Yes" to Item Numbers 20 21. below, provide an explanation in the space provided Information and see the Specific Instructions by Item Number , Part 9. Additional Information more information.						
20. Have you EVER been placed in removal, rescission, or deportation proceedings?	Yes No					
21. Have you EVER been removed or deported from the United States?	Yes No					
Federal Law requires nearly all people born as male who are either U.S. citizens or immigrants, 18 th with Selective Service. See www.sss.gov .	nrough 25 years of age, to register					
22.a. Are you a person born as a male who lived in the United States at any time between your 18th birthdays? (Do not select "Yes" if you were a lawful nonimmigrant for all of that time period.						
22.b. If you answered "Yes," to Item Number 22.a. , did you register for the Selective Service?	Yes No					
22.c. If you answered "Yes," to Item Number 22.b. , provide information about your registration.						
Date Registered (mm/dd/yyyy) Selective Service Number						
If you answered "No," to Item Number 22.b. see the Specific Instructions by Item Number, Part 9. Additional Information About You of the Instructions for more information.						
If you answer "Yes" to Item Numbers 23 24., provide an explanation in the space provided in Pa	rt 14. Additional Information.					
23. Have you EVER left the United States to avoid being drafted in the U.S. armed forces?	Yes No					
24. Have you EVER applied for any kind of exemption from military service in the U.S. armed for	orces? Yes No					
25. Have you EVER served in the U.S. armed forces?	Yes No					

Form N-400 Edition 11/02/22 Page 9 of 14

Par	t 9. Additional Information About You (continued)	
•	answered "No" to Item Number 25., go to Item Number 30.a.	
26.a.	Are you currently a member of the U.S. armed forces?	Yes No
26.b.	If you answered "Yes" to Item Number 26.a. , are you scheduled to deploy outside the United States, including to a vessel, within the next 3 months? (Call the Military Help Line at 877-247-4645 if you transfer to a new duty station after you file your Form N-400, including if you are deployed outside the United States or to a vessel.)	Yes No
26.c.	If you answered "Yes," to Item Number 26.a., are you currently stationed outside the United States?	Yes No
26.d.	If you answered "No" to Item Number 26.a. , are you a former U.S. military service member who is currently residing outside of the U.S.?	Yes No
If you	a answer "Yes" to Item Numbers 27 29., provide an explanation in the space provided in Part 14. Addit	ional Information.
27.	Have you EVER been court-martialed or have you received a discharge characterized as other than honorable, bad conduct, or dishonorable, while in the U.S. armed forces?	Yes No
28.	Have you EVER been discharged from training or service in the U.S. armed forces because you were an alien?	Yes No
29.	Have you EVER deserted from the U.S. armed forces?	Yes No
	tem Numbers 30.a 37. see Specific Instructions by Item Number, Part 9. Additional Information Aber "Yes" to Item Number 30.a., provide an explanation in the space provided in Part 14. Additional Information	
	Do you now have, or did you EVER have, a hereditary title or an order of Yes No (skip nobility in any foreign country? If you answered "Yes," to Item Number 30.a. , are you willing to give up any inherited titles or orders	to Item Number 31.) Yes No
	of nobility, (list titles), that you have in a	
	foreign country at your naturalization ceremony?	
•	a answer "No" to any question except Item Number 33. , see the Oath of Allegiance section of the Instruct mation.	ions for more
31.	Do you support the Constitution and form of Government of the United States?	Yes No
32.	Do you understand the full Oath of Allegiance to the United States (see Part 16. Oath of Allegiance)?	Yes No
33.	Are you unable to take the Oath of Allegiance because of a physical or developmental disability or mental impairment? If you answer "Yes," skip Item Numbers 34 37. and see the Legal Guardian , Surrogate, or Designated Representative section in the Instructions .	Yes No
34.	Are you willing to take the full Oath of Allegiance to the United States?	Yes No
35.	If the law requires it, are you willing to bear arms (carry weapons) on behalf of the United States?	Yes No
36.	If the law requires it, are you willing to perform noncombatant services (do something that does not include fighting in a war) in the U.S. armed forces?	Yes No
37.	If the law requires it, are you willing to perform work of national importance under civilian direction (do non-military work that the U.S. Government says is important to the country)?	Yes No

Form N-400 Edition 11/02/22 Page 10 of 14

Pal	rt 10. Request for a Fee Reduction	A-							
redu	For information about fees, fee waivers, and reduced fees, see Form G-1055, Fee Schedule, at www.uscis.gov/g-1055 . To apply for a reduced fee, complete Item Numbers 1 5.b. If you are not eligible for a reduced fee, complete Item Number 1. and proceed to Part 11.								
1.	My household income is less than or equal to 400% of the Federal Poverty Guidelines (see Instructions for required documentation).								
	Yes (complete Item Numbers 2 5.b.)								
	No (skip to Part 11.)								
2.	Total household income:								
3.	My household size is:								
4.	Total number of household members earning income including yourself:								
5.a.	I am the head of household.	Yes No							
5.b.	Name of head of household (if you selected "No" in Item Number 5.a.):								
Pai	rt 11. Applicant's Contact Information, Certification, and Signature								
	, , ,								
Ap_I	plicant's Contact Information								
Prov	ide your daytime telephone number, mobile telephone number (if any), and email address (if any	<i>y</i>).							
1.	Applicant's Daytime Telephone Number 2. Applicant's Mobile Telephone	hone Number (if any)							
3.	Applicant's Email Address (if any)								
App	plicant's Certification and Signature								
my a unde infor that	tify, under penalty of perjury, that I provided or authorized all of the responses and information of pplication, I read and understand or, if interpreted to me in a language in which I am fluent by the responses and information contained in, and submitted with, my application, are mation are complete, true, and correct. Furthermore, I authorize the release of any information of USCIS may need to determine my eligibility for an immigration request and to other entities and inistration and enforcement of U.S. immigration law.	ne interpreter listed in Part 12. , and that all of the responses and the from any and all of my records							
4.	Applicant's Signature (or signature of a legal guardian, surrogate, or designated representative, if applicable)	Date of Signature (mm/dd/yyyy)							
\rightarrow									

Form N-400 Edition 11/02/22 Page 11 of 14

Pa	rt 12. Interpreter's Contact Information, Certification, and Signature A-				
Interpreter's Full Name					
1.	Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)				
2.	Interpreter's Business or Organization Name				
Interpreter's Contact Information					
3.	Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any)				
5.	Interpreter's Email Address (if any)				
Int	erpreter's Certification and Signature				
I cer	tify, under penalty of perjury, that I am fluent in English and				
and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that they understood every instruction, question, and answer on the application.					
6.	Interpreter's Signature Date of Signature (mm/dd/yyyy)				
-					
Part 13. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant					
Preparer's Full Name					
1.	Preparer's Family Name (Last Name) Preparer's Given Name (First Name)				
2.	Preparer's Business or Organization Name				
Pre	eparer's Contact Information				
3.	Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any)				
5.	Preparer's Email Address (if any)				
Preparer's Certification and Signature					
I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.					
6.	Preparer's Signature Date of Signature (mm/dd/yyyy)				

Form N-400 Edition 11/02/22 Page 12 of 14

Par	t 14. Additional Information	A-			
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 (if applicable)			
2.	Page Number Part Number Item Number				
3.	Page Number	ON			
4.	Page Number Part Number Item Number	3			
5.	Page Number Part Number Item Number				
	Do not complete Parts 15 or 16 until the USCIS officer instructs you to	do so at the intermient			

Form N-400 Edition 11/02/22 Page 13 of 14

Part 15. Signature at Interview		A-			
I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form N-400, Application for Naturalization, subscribed by me, including corrections, are complete, true, and correct. The evidence submitted by me are complete, true, and correct.					
Subscribed to and sworn to (affirmed) before me		1			
USCIS Officer's Printed Name or	Stamp	Date of Signature (mm/dd/yyyy)			
Applicant's Signature	USCIS Officer's Signature	gnature			
Part 16. Oath of Allegiance					
If your application is approved, you will be scheduled for a naturalization ceremony at which time you will be required to take the following Oath of Allegiance immediately prior to becoming a naturalized citizen. By signing below you acknowledge your willingness to take this Oath:					
I hereby declare on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, of whom or which I have heretofore been a subject or citizen;					
that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign, and domestic;					
that I will bear true faith and allegiance to the same;					
that I will bear arms on behalf of the United States when required by the law;					
that I will perform noncombatant service in the armed forces of the United States when required by the law;					
that I will perform work of national importance under civilian direction when required by the law; and					
that I take this obligation freely, without any mental reservation or purpose of evasion; so help me God.					
Applicant's Signature		Date of Signature (mm/dd/yyyy)			