



Application for Replacement Naturalization/Citizenship Document

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form N-565
OMB No. 1615-0091
Expires 02/28/2027

For USCIS Use Only	Returned	Fee Stamp	Action Block
	Resubmitted		
	Relocated Sent		
	Relocated Received		
	<input type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Declaration of Intention Verified by: _____ <input type="checkbox"/> Citizenship Verified by: _____		
Remarks			

To be completed by an Attorney or Accredited Representative (if any)	<input type="checkbox"/> Select this box if Form G-28 is attached	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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▶ **START HERE - Type or print in black ink.**

Part 1. Information From Current Certificate or Declaration

1. Your Full Name

Provide your full name exactly as it is printed on the certificate or declaration.

Family Name (Last Name) <input type="text"/>	Given Name (First Name) <input type="text"/>	Middle Name (if applicable) <input type="text"/>
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2. Date of Birth on Certificate or Declaration (mm/dd/yyyy) <input type="text"/>	3. Country of Birth <input type="text"/>
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4. Country of Former Citizenship or Nationality <input type="text"/>	5. Certificate or Declaration Number <input type="text"/>
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6. Alien Registration Number (A-Number) (if any)

▶ A-

7. Certificate or Declaration Issuance

Provide information about who issued your last certificate or declaration along with the date it was issued.

U.S. Citizenship and Immigration Services (USCIS) Office or Name of Court <input type="text"/>	Date (mm/dd/yyyy) <input type="text"/>
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Part 2. Current Information About You

1. Your Full Legal Name (Do not provide a nickname)

Family Name (Last Name) <input type="text"/>	Given Name (First Name) <input type="text"/>	Middle Name (if applicable) <input type="text"/>
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Part 2. Current Information About You (continued)

2. Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Current Mailing Address

In Care Of Name (if any)

Street Number and Name	Apt. <input type="checkbox"/>	Ste. <input type="checkbox"/>	Flr. <input type="checkbox"/>	Number
<input type="text"/>				<input type="text"/>

City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Your Current Marital Status

Single Married Divorced Widowed Marriage Annulled

5. Since becoming a U.S. citizen, have you lost or renounced your U.S. citizenship in any manner? Yes No

NOTE: If you answered “Yes” to **Item Number 5.**, provide an explanation in **Part 12. Additional Information** or attach a separate sheet of paper.

Part 3. Type of Application

I am applying for a (select **only one** box):

- | | |
|--|--|
| 1.a. <input type="checkbox"/> New Certificate of Citizenship | 1.d. <input type="checkbox"/> New Declaration of Intention |
| 1.b. <input type="checkbox"/> New Certificate of Naturalization | 1.e. <input type="checkbox"/> Special Certificate of Naturalization to Obtain Recognition of My U.S. Citizenship by a Foreign Country |
| 1.c. <input type="checkbox"/> New Certificate of Repatriation | |

NOTE: If you selected **Item 1.e.**, skip to **Part 8**.

Basis for My Application

Select **all applicable** boxes, provide explanations and attach the original certificate or declaration where requested.

- 2.a.** My certificate or declaration was lost, stolen, or destroyed.
- (1)** Provide an explanation of when, where, and how this happened.

NOTE: If you selected **Item Number 2.a.**, go to **Part 9**. and attach a copy of the certificate or declaration (if available), police report, and/or sworn statement.

Part 3. Type of Application (continued)

2.b. My certificate or declaration is mutilated.

NOTE: If you selected **Item Number 2.b.**, go to **Part 9.** and attach the original certificate or declaration.

2.c. My certificate or declaration is incorrect due to a typographical or clerical error by USCIS.

NOTE: If you selected **Item Number 2.c.**, go to **Part 4.** and attach the original certificate or declaration.

2.d. My name has legally changed.

NOTE: If you selected **Item Number 2.d.**, go to **Part 5.** and attach the original certificate or declaration and evidence of the name change.

2.e. My date of birth has legally changed through a court order or U.S. Government-issued document, and I am applying for a replacement Certificate of Citizenship.

NOTE: If you selected **Item Number 2.e.**, go to **Part 6.** and attach the original certificate and evidence of the date of birth change.

2.f. I am seeking to change the gender listed on my document.

NOTE: If you selected **Item Number 2.f.**, go to **Part 7.** and attach the original certificate or declaration.

2.g. My reason for applying for a new document is not listed above.

(1) Provide an explanation.

NOTE: If you selected **Item Number 2.g.**, go to **Part 9.** and attach the original certificate or declaration and any evidence documents.

Part 4. Complete If Applying to Correct Your Document Due to a USCIS Typographical or Clerical Error

NOTE: After completing this section, go to **Part 9.**

1. What was the typographical or clerical error in your document that needs to be corrected? (select **all applicable** boxes)

Name Date of Birth Gender Other

2. Provide an explanation of what is incorrect on your current certificate or declaration and attach copies of any documents supporting your request.

Part 5. Complete If Applying for a New Document Because of a Name Change

NOTE: After completing this section, go to **Part 9**. If you are applying to correct your document due to a USCIS error, use **Part 4**.

My name changed through (select **only one** box):

- 1.a.** Marriage, Divorce, or Annulment **1.b.** Court Order
- Date of Event (mm/dd/yyyy) Date of Court Order (mm/dd/yyyy)
-

NOTE: If you selected **Item Number 1.a.**, attach a copy of your marriage certificate, annulment decree, or divorce decree. If you selected **Item Number 1.b.**, attach a copy of either the original or certified court document.

Part 6. Complete If Applying for a New Certificate of Citizenship Because of an Official Date of Birth Change

NOTE: After completing this section, go to **Part 9**. If you are applying to correct your document due to a USCIS error, use **Part 4**.

My date of birth changed through (select **all applicable** boxes):

- 1.a.** Court Order **1.b.** U.S. Government-Issued Document
- Date of Court Order (mm/dd/yyyy) Date of U.S. Government-Issued Document (mm/dd/yyyy)
-

NOTE: If you selected **Item Number 1.a.**, attach a copy of either the original or certified court document. If you selected **Item Number 1.b.**, attach a copy of the document (for example, birth certificate, certificate recognizing the foreign birth, certificate of birth abroad, or other similar vital records issued by the U.S. state where the child resided when the document was issued).

2. My new date of birth is (as shown in the court order or U.S. Government-issued document): (mm/dd/yyyy)

Part 7. Complete If Applying for a New Document Listing a Different Gender

NOTE: After completing this section, go to **Part 9**. If you are applying to correct your document due to a USCIS error, use **Part 4**.

1. The gender designation that I want listed on my new document is: Male Female Another Gender Identity

Part 8. Complete If Applying for a Special Certificate of Recognition as a Citizen of the United States to the Government of a Foreign Country

1. Name of Foreign Country

2. Information About Foreign Official

Provide the following information about the official of a foreign country who has requested this certificate (if known).

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Official Title	Name of Government Agency	
<input type="text"/>	<input type="text"/>	

Part 8. Complete If Applying for a Special Certificate of Recognition as a Citizen of the United States to the Government of a Foreign Country (continued)

3. Foreign Official's Address

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

USCIS or Consular Official's Certification

NOTE: The USCIS or consular official's certification will be completed after USCIS adjudicates your Form N-565, if it is approved. You **do not** need to obtain this signature before filing this application.

4. USCIS or Consular Official's Certification

USCIS or Consular Official's Signature	Date of Signature (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

Part 9. Applicant's Contact Information, Certification, and Signature


Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number	2. Applicant's Mobile Telephone Number (if any)
<input type="text"/>	<input type="text"/>
3. Applicant's Email Address (if any)	
<input type="text"/>	

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 10.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature	Date of Signature (mm/dd/yyyy)
 <input type="text"/>	<input type="text"/>

Part 10. Interpreter's Contact Information, Certification, and Signature

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)

Interpreter's Certification and Signature

I certify, 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 11. Contact Information, Declaration, 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

Preparer'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. Signature of Preparer Date of Signature (mm/dd/yyyy)

Part 12. Additional Information

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 Name (First Name) Middle Name

2. A-Number (if any) ▶ A-

3. Page Number Part Number Item Number

4. Page Number Part Number Item Number

5. Page Number Part Number Item Number

6. Page Number Part Number Item Number

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