

Application for Replacement Naturalization/Citizenship Document

Department of Homeland Security

USCIS Form N-565

OMB No. 1615-0091 Expires 02/28/2027

U.S. Citizenship and Immigration Services

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USC	0	nration of					
On	Applicant Decla	ition Verified by:					
	☐ Citizenship Verified by:						
	Remarks	TO					
				1K			
Т	1lifed by on	Select this box if	Attorney State Bar Number	Attorney or Accredited Representative			
	o be completed by an torney or Accredited	Form G-28 is	(if applicable)	USCIS Online Account Number (if any)			
	epresentative (if any)	attached					
►S7	TART HERE - Type or print	in black ink					
	t 1. Information From C		to an Doclaration				
		urrent Certificat	e or Deciaration				
	Your Full Name						
	Provide your full name exactly	as it is printed on the					
F T	Family Name (Last Name)	\mathbf{Q} / \mathbf{I}	Given Name (First Name)	Middle Name (if applicable)			
L		\bigcirc	7/21				
	Date of Birth on Certificate or I	Declaration	3. Country of Bir	th •			
	mm/dd/yyyy)						
4. (Country of Former Citizenship	or Nationality	5. Certificate or I	Declaration Number			
L							
6. <i>A</i>	Alien Registration Number (A-l	Number) (if any)					
,	► A-						
	Provide information about who issued your last certificate or declaration along with the date it was issued.						
J	J.S. Citizenship and Immigration	on Services (USCIS)	Office or Name of Court	Date (mm/dd/yyyy)			
L							
Part 2. Current Information About You							
	Your Full Legal Name (Do not	provide a nickname)	C' N (E' (N)	MCIII. N			
ŀ	Family Name (Last Name)		Given Name (First Name)	Middle Name (if applicable)			

Pa	art 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)					
3.	Current Mailing Address					
	In Care Of Name (if any)					
	Street Number and Name Apt. Ste. Flr. Number					
	City or Town State ZIP Code					
	Province Postal Code Country					
4.	Your Current Marital Status Single Married Divorced Midowed Marriage Annulled					
5. Since becoming a U.S. citizen, have you lost or renounced your U.S. citizenship in any manner?						
	NOTE: If you answered "Yes" to Item Number 5., provide an explanation in Part 12. Additional Information or attach a					
	separate sheet of paper.					
Pa	rt 3. Type of Application					
I ar	n applying for a (select only one box):					
1.a	☐ New Certificate of Citizenship 1.d. ☐ New Declaration of Intention					
1. b	1.b. New Certificate of Naturalization 1.e. Special Certificate of Naturalization to Obtain Recognition of My					
1.c.	L.c. New Certificate of Repatriation U.S. Citizenship by a Foreign Country					
	NOTE: If you selected Item 1.e., skip to Part 8.					
Ba	esis for My Application					
Sel	ect 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					

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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 cha			
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.			
What was the typographical or clerical error in your document that needs to be corrected? (select all applicable boxes) Name Date of Birth Other			
2. Provide an explanation of what is incorrect on your current certificate or declaration and attach copies of any documents supporting your request.			

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Part 5. Complete If Applying for a New Document Because of a Name Change					
NO'	OTE: After completing this section, go to Part 9. If you are	e ap	plying to correct your document du	e to a USCIS error, use Part 4.	
My	My name changed through (select only one box):				
1.a.	.a. Marriage, Divorce, or Annulment 1.b. Court Order				
	Date of Event (mm/dd/yyyy) Date o	of Co	ourt Order (mm/dd/yyyy)		
	NOTE: If you selected Item Number 1.a. , attach a copy you selected Item Number 1.b. , attach a copy of either the	•		t decree, or divorce decree. If	
	art 6. Complete If Applying for a New Certifica hange	ate	of Citizenship Because of an	n Official Date of Birth	
NO'	OTE: After completing this section, go to Part 9. If you are	app	olying to correct your document due	e to a USCIS error, use Part 4.	
My	date of birth changed through (select all applicable boxes	s):	H()k		
1.a.	. Court Order 1.b. U.S. G	ove	ernment-Issued Document		
	Date of Court Order Date o	f U.	.S. Government-Issued		
	(mm/dd/yyyy) Docum	nent	t (mm/dd/yyyy)		
		_	TOPT		
NOTE: If you selected Item Number 1.a. , attach a copy of either the original or certified court document. If you selected Ite Number 1.b. , attach a copy of the document (for example, birth certificate, certificate recognizing the foreign birth, certificate 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): (mn	n/dd/yyyy)	
Par	art 7. Complete If Applying for a New Docume	nt	Listing a Different Conder	4	
				Tracks P 1	
	OTE: After completing this section, go to Part 9. If you are				
1.	The gender designation that I want listed on my new docu	ıme	nt is:	Another Gender Identity	
	art 8. Complete If Applying for a Special Certi	fica	ate of Recognition as a Citize	en of the United States to	
the	e 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).				certificate (if known).	
	•		n Name (First Name)	Middle Name (if applicable)	
				(upproducto)	
	Official Title		Name of Government Agency		
	100		or continuent rigoroy		

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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		
	City or Town	State	ZIP Code		
	Province Postal Code Country				
U_{s}^{s}	SCIS 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	/ I	of C:		
	USCIS or Consular Official's Signature	Date	of Signature (mm/dd/yyyy)		
Ps	art 9. Applicant's Contact Information, Certification, and Signature				
Ap	pplicant'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 Mo	bile Telephone	Number (if any)		
3.	Applicant's Email Address (if any)	24	-		
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)		

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Pa	Part 10. Interpreter's Contact Information, Certification, and Signature					
Int	Interpreter's Full Name					
1.	Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)					
2.	Interpreter's Business or Organization Name					
•						
Int	terpreter'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	terpreter's Certification and Signature					
I ce	rtify, under penalty of perjury, that I am fluent in English and , and I have					
	rpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language,					
	the applicant informed me that they understood every instruction, question, and answer on the application. Interpreter's Signature Date of Signature (mm/dd/yyyy)					
6.	Date of Signature (hin/dd/yyyy)					
	Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant					
Pro	<mark>eparer's</mark> Full Name					
1.	Preparer's Family Name (Last Name) Preparer's Given Name (First Name)					
2.	Preparer's Business or Organization Name					
Pro	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)					
	Treputer & Estata Fiducies (if tally)					
Preparer's Certification and Signature						
all o	rtify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only rmation provided by the applicant. The applicant reviewed the responses and information and informed me that they understand responses and information in or submitted with the application.					
6.	Signature of Preparer Date of Signature (mm/dd/yyyy)					

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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-	RA H'I'	
3.	Page Number Part Number Item	Number	
4.	Page Number Part Number Item	Number	ONI
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5.	Page Number Part Number Item	Number	
6.	Page Number Part Number Item	Number	

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