

Application for Naturalization

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form N-400 OMB No. 1615-0052 Expires 02/28/2027

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Rem	arks												
<u></u>													
			rint in black ink. If you do not a S) to process your Form N-400.	answer all of the que	estions, it may take	longer for U.S. Citizenship							
If your mother or father (including legal adoptive mother or father) is a U.S. citizen by birth, or was naturalized before you reached													
your 18th birthday, you may not need to file Form N-400 as you may already be a U.S. citizen. Before you file this application, please visit the USCIS website at www.uscis.gov/N-600 for Form N-600, Application for Certificate of Citizenship.													
VISILL	ile USCIS	website at www.	uscis.gov/N-000 for Form N-000	o, Application for C		_							
			ut Your Eligibility (Select	•	identify	Your 9 Digit A-Number:							
the	basis of	your eligibility	or your Form N-400 may l	be delayed or rej	ected.)								
1. Reason for Filing (Please see Instructions for eligibility requirements under each provision.):													
	A. General Provision. See Instructions: List of General Eligibility Requirements												
	в. 🗌	Spouse of U.S.	Citizen. See Instructions: Eligib	oility Based on Mar	riage to a U.S. Citiz	zen							
	c. 🗆	VAWA. See In Against Women	structions: Eligibility for the Spe Act (VAWA)	ouse, Former Spous	e, or Child of a U.	S. Citizen under the Violence							
	D		Citizen in Qualified Employme Citizen Working for a Qualifie										
			al address is outside the United S 9(b), select the USCIS field office										
			S field office at <u>www.uscis.gov/</u>		like to have your n	aturanzation interview. Tou							
			-										
	Е.	-	e During Period of Hostilities. U.S. Armed Forces	See Instructions: <i>E</i>	ligibility and Evide	nce for Current and Former							
	F		ear of Honorable Military Serv		See Instructions: <i>E</i>	ligibility and Evidence for							
	G. \Box	Other Reason f	or Filing Not Listed Above										
	5. □	- mil monoti											
Par	t 2. Inf	ormation Abo	ut You (Person applying fo	or naturalization)									
			117 6	naturanzanon)									
		•	(do not provide a nickname)										
	Family N	ame (Last Name)	Giver	Name (First Name) Mi	ddle Name (if applicable)							
2	Other No	V II II	and Since Birth (see the Instruction	one for this Itom Nu	mbou for more info								

Given Name (First Name)

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Family Name (Last Name)

to include)

Middle Name (if applicable)

Par	t 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. Sex Male Female
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
10	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 your mother or father (including adoptive mother or father) a U.S. citizen before your 18th birthday? Yes No 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

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Pai	rt 3. Biographic Information					A-							
	TE: USCIS requires you to complete the cinformation.)	categories below	to conduct ba	ackground chec	ks. (See t	he F	orm	N-40	0 In	struct	ions for		
1.	Ethnicity (Select only one box) Hispanic or Latino Not Hisp	anic or Latino											
2.	Race (Select all applicable boxes) American Indian Asian or Alaska Native	Black or African Am		Native Hawaiia Other Pacific I			Wh	ite					
3.	Height Feet Inches	4.	Weight	Pounds [
5.	Eye color (Select only one box) Black Blue Brown	Gray	Green [Hazel	Maroon		Pinl	к <u></u>	1	nknow ther	/n/		
6.	Hair color (Select only one box) Bald Black Blond Brown Gray Red Sandy White Unknown/ (No hair)												
Par	Part 4. Information About Your Residence . Physical Addresses												
List every location where you have lived during the last 5 years if you are filing based on the general provision under Par Item Number 1.a. If you are filing based on other naturalization eligibility options, see Part 4. in the Specific Instruction 1 tem Number section of the Instructions for the applicable period of time for which you must enter this information. If y need extra space, use the space provided in Part 14. Additional Information . Current Physical Address In Care Of Name (if any)													
	Street Number and Name	/ () /	+/-/	40	<u></u>	Apt	. St	e. Fl	 r.	Numbe	er		
	City or Town					Stat	te		_ [_	ZIP Code			
	Province	Postal Code		Country									
	Dates of Residence: From (mm/dd/yyyy)	Date	es of Residence	: To (mm/	dd/y	ууу)		PR	ESEN	Т		
	Physical Address (Street Number and Name)	City or Town	State / Province	ZIP Code / Postal Code	Country		Fre			sideno T mm/do			
2.	Is your current physical address also you Yes (If you answered "Yes," skip to			I	I	<u> </u>							

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Pa	rt 4. Information Abo	ut Vour L	Residence	e (conti	nued)			A-					
3.				`	,			Α-					
3.	In Care Of Name (if any)	Current Mailing Address (Safe Mailing Address, if applicable) In Care Of Name (if any)											
	In care of traine (if any)	In Care Or Ivanile (II any)											
	Street Number and Name							Apt. St	e. Flr.	Numbe	<u> </u>		
									1				
	City or Town	City or Town						State		ZIP Co	de		
			71		A								
	Province		Postal Co	ode		Country							
Pa	rt 5. Information Abo	ut Your N	Aarital H	Iistory									
1.	What is your current marita	al status?											
	Single, Never Married Married Divorced Widowed Separated Marriage Annulled												
	If you are single and have i	never marrie	ed, go to P a	art 6. Inf	ormation A	bout Your C	hildren.						
2.	If you are currently married	d, is your sp	ouse a curr	ent mem	ber of the U.S	S. armed force	es?			Yes	No		
3.	How many times have you the Instructions for more in						ımber sec	tion of		NĒ			
	Provide current marriage commarriages were terminated		•	ce decre	e, annulment	decree, or dea	ath certific	cate show	ing that	your prio	r		
	 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.												
Yo	ur Current Marriage												
	ou are currently married, incl	uding if you	are legally	, senarate	d provide th	ne following in	nformation	ahout vo	uir curre	nt enouse			
11 yc	•		are legally	separate	d, provide in	ic following in	normatioi	r about ye	rui cuiic	nt spouse	·•		
T.u.	Family Name (Last Name)			Given l	Name (First I	Vame)		Middle l	Name (i	f applicat	ole)		
	(Zust I tumo)				(1 1150 1				. (42220 (22	- пррич	,,,,		
4.b.	Current Spouse's Date of B (mm/dd/yyyy)	Birth 4.c			ed into Marria ouse (mm/dd								
4.d.	Is your current spouse's present physical address the same as your physical address?												
	Yes												
	No (If you answered "	No," provid	e address ii	n Part 1 4	l. Additional	l Information	ı.)						
5.a.	When did your current spo	-											
	By Birth in the United S												
	Other - Complete Item Number 5.b.												
5.b.	Date Your Current Spouse	Became a U	J.S. Citizen	(mm/dd	/vvvv)								

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Dox	at 5 Information About Your Mo	wital Iliatawa	(continued)		
Par	t 5. Information About Your Ma	rital History	(continued)	A-	
6.	Current Spouse's Alien Registration Number	ber (A-Number)	(if any) ► A-		
7.	How many times has your current spouse Number section of the Instructions for mo				
	Provide divorce decrees, annulment decre terminated (if applicable).	es, or death certi	ficates showing that all of y	your spouse's prior marr	iages were
8.	Current Spouse's Current Employer or Co	mpany			
	Only answer Item Number 8. if you are f Employment Outside the United States.		1., Item Number 1.d., Spo	ouse of U.S. Citizen in	Qualified
Par	t 6. Information About Your Chi	ildren			
1.	Indicate your total number of children und	der 18 years of ag	ge.	D	
2.	Provide the following information about y columns, you must type or print one of the address(es) where those children live in P provided in Part 14. Additional Informa	e valid options li art 14. Addition	sted. If any of your childre	n do not reside with you	, provide the
	Son or Daughter'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 son or daughter, stepchild, or legally adopted son or daughter)	Are you providing support for your son or daughter?
			1/00		Yes No
		$() \angle$	-///()	/5	Yes No
					Yes No
Par	t 7. Information About Your Em	ployment 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	Occupation on			
Name	City/Town	State/ Province	ZIP Code/ Postal Code Country (m.		From (mm/dd/yyyy)	To (mm/dd/yyyy)	Occupation or Field of Study
						PRESENT	

Pai	rt 8. Time Outside	the United States	A-		_			
1.	List below all the trips of provision under Part 1. Specific Instructions to this information. Start completed within 24 ho see the Required Evidence	that you have taken outsing, Item Number 1.a. If yoy Item Number section with your most recent tripurs) in the table. If you bence - Continuous Resident	de the United States during the last 5 years if you are rou are filing based on other naturalization eligibility of the Instructions for the applicable period of time for and work backwards. Do not include day trips (who have taken any trips outside the United States that last lence section of the Instructions for evidence you sho	options, see Part 8. in the for which you must enter here the entire trip was sted more than 6 months,	1			
	Date You Left the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)	Countries to Which You Traveled					
					_			
					_			
					_			
provision under Parl 1., Item Number 1.a. If you are filing based on other naturalization eligibility options, see Parl 8. in the Specific Instructions by Item Numbers 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 Parl 14. Additional Information. Date You Left the United States (mm/dd/yyyy)								
anyv Nun	vhere in the world at an abers 1 14. in Part 9. I	y time, unless the questic tem Numbers 1 14., p	on specifies otherwise. If you answer "Yes" to any o	f the questions in Item				
1. 2.	Have you EVER regist States? If you lawfully	ered to vote or voted in a	ny Federal, state, or local election in the United	Yes No				
3.		any overdue Federal, state	e, or local taxes in the United States?	☐ Yes ☐ No				
4.	Since you became a law Federal, state, or local t	vful permanent resident, l	nave you called yourself a "nonresident alien" on a	Yes No				
Have	e you EVER :							
5.a.			sociated with any Communist or totalitarian party	Yes No				
5.b.			•	ny Yes No				
	Opposition to all org	ganized government;						
	• World communism;							
	• The establishment in	the United States of a to	talitarian dictatorship;					
	• The overthrow by fo United States or all f		inconstitutional means of the Government of the					
			cer or officers of the Government of the United State e of their official character;	vs.				
	• The unlawful damag	ge, injury, or destruction of	of property; or					
	• Sabotage?							

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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	/ide	d mo	ney, a	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, slevehicle, or other mode of transportation?	nip,				Yes		No
6.c.	Threatened, attempted (tried), conspired (planned with others), prepared, planned, advocated fincited (encouraged) others to commit any of the acts listed in Item Numbers 6.a. or 6.b. ?	or, o	r			Yes		No
Have	you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise particip	ated	in a	ny of	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 unable to consent (could not agree), or was being forced or threatened by you or by someone or		-			Yes		No
7.f.	Not letting someone practice his or her religion?					Yes		No
7.g.	Causing harm or suffering to any person because of his or her race, religion, national origin, membership in a particular social group, or political opinion?				R	Yes		No
8.a.	Have you EVER served in, been a member of, assisted (helped), or participated in any military police unit?	y or		,		Yes		No
8.b.	Have you EVER served in, been a member of, assisted (helped), or participated in any armed group that carries weapons), for example: paramilitary unit (a group of people who act like a group but are not part of the official military), self-defense unit, vigilante unit, rebel group, or group?	milita gueri	ary rilla			Yes		No
	If you answered "Yes" to Item Number 8.a. or Item Number 8.b. , include the name of the counter 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 detail (forced to stay), for example, a prison, jail, prison camp (a camp where prisoners of war or polyprisoners are kept), detention facility, or labor camp, or have you EVER directed or participat other activity that involved detaining people?	itica		y		Yes		No
10.a.	Were you EVER a part of any group, or did you EVER help any group, unit, or organization a weapon against any person, or threatened to do so?	that u	isec	l		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 person that you would use a weapon against that person that you would use a weapon against that person that you would use a weapon against that person that you would use a weapon against that person that you would use a weapon against that person that you would use a weapon against that person that you would use a weapon against that person that you would use a weapon against that person that you would use a weapon against that person that you would use a weapon against that person that you would use a weapon against that person that you would use a weapon against that person that you would use a weapon against that person that you would use a weapon against that person that you would use a weapon against that person that you would use a weapon against that person that you would use a weapon against that you		ed			Yes		No
11.	Have you EVER sold, provided, or transported weapons, or assisted any person in selling, proor transporting weapons, which you knew or believed would be used against another person?	vidir	ıg,			Yes		No
12.	Have you EVER received any weapons training, paramilitary training, or other military-type t	raini	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 do so?)		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

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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 retit it is no longer on	nust disclose this information of the second	mation even in that you do	if someone, in not have to di	cluding a judge, sclose the				
Include all the crimes and offeinfluence of drugs or alcohol,						ng under the				
Committed, agreed to com	mit, or asked someo	one else to commit;	7 H I							
 Were arrested, cited, detain immigration official; 	ned, or confined by a	any law enforcement	nt officer, military offic	cial (in the U	.S. or elsewhe	re), or				
Were charged with commi	tting, helping comm	it, or trying to com	mit;							
• Pled guilty to;	RTC									
Were convicted of;										
• Were placed in alternative sentencing or a rehabilitative program for (for example, diversion, deferred prosecution, withheld adjudication, or deferred adjudication); or										
• Received a suspended sent	ence, clemency, am	nesty, or pardon for	r, or were placed on pro	obation or pa	roled for.					
15.a. Have you EVER comm tried to commit a crime			-	ed commit, or	71	Yes 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)	disposition citati charge? filed, convi dismissed	the result or of the arrest, ion, or (no charges cted, charges , detention, ation, etc.)	What was your sentence (if applicable)? (For example, 90 days in jail, 90 days on probation)				
,										

16. If you received a suspended sentence, were placed on probation, or were paroled, have you completed your suspended sentence, probation, or parole?

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.

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Par	t 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?					Yes		No
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 financi support after divorce or separation)?	al				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 Unit States or to gain immigration benefits while in the United States?	ited				Yes		No
Infor	answer "Yes" to Item Numbers 20 21. below, provide an explanation in the space provided mation and see the Specific Instructions by Item Number , Part 9. Additional Information information.				7			ns for
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
	al Law requires nearly all people born as male who are either U.S. citizens or immigrants, 18 th Selective Service. See www.sss.gov .	hroug	h 25	years	s of a	ige, t	o reg	gister
22.a.	Are you a male who lived in the United States at any time between your 18th and 26th birthday not select "Yes" if you were a lawful nonimmigrant for all of that time period.)	ys? (Do			Yes		No
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							
-	a answered "No," to Item Number 22.b. see the Specific Instructions by Item Number, Part it You of the Instructions for more information.	9. A	dditi	onal	Info	rmat	tion	
If you	answer "Yes" to Item Numbers 23 24., provide an explanation in the space provided in Par	rt 14.	Add	dition	al Iı	ıforr	nati	on.
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 fo	rces?				Yes		No
25.	Have you EVER served in the U.S. armed forces?					Yes		No

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Par	et 9. Additional Information About You (continued)	
If you	u 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.	Yes No	
26.d.	Yes No	
If you	a answer "Yes" to Item Numbers 27 29., provide an explanation in the space provided in Part 14. Additional transfer of the space provided in Part 14. Add	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	•
30.a.	Do you now have, or did you EVER have, a hereditary title or an order of nobility in any foreign country?	to Item Number 31.)
30.b.	If you answered "Yes," to Item Number 30.a. , are you willing to give up any inherited titles or orders	Yes No
	of nobility, (list titles), that you have in a	
	foreign country at your naturalization ceremony?	
	u answer "'No" to any question except Item Number 33. , see the Oath of Allegiance section of the Instruction.	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

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ъ	110 D 16 E D 1 1						
	et 10. Request for a Fee Reduction	A					
	information about fees, fee waivers, and reduced fees, see Form G-1055, Fee Schedule, at www.ced.fee , complete Item Numbers 1 5.b. If you are not eligible for a reduced fee, complete Ite 11.		_	_			
1.	My household income is less than or equal to 400% of the Federal Poverty Guidelines (see Ins documentation).	tru	etion	s for red	quired		
2.	Yes (complete Item Numbers 2 5.b.) No (skip to Part 11.) 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.			[Y	es] No
5.b.	Name of head of household (if you selected "No" in Item Number 5.a.):						
Dox	at 11 Applicant's Contact Information Contification and Signature						
Га	et 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 an	y).					
1.	Applicant's Daytime Telephone Number 2. Applicant's Mobile Telephone	ho	ie Ni	ımber (if any)	
3.	Applicant's Email Address (if any)	4	5				
App	plicant's Certification and Signature						
my a unde infor that	rify, under penalty of perjury, that I provided or authorized all of the responses and information 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, at mation are complete, true, and correct. Furthermore, I authorize the release of any information USCIS may need to determine my eligibility for an immigration request and to other entities and inistration and enforcement of U.S. immigration law.	he nd fro	inter _] that a m an	preter li all of the y and a	sted ir e respo ll of m	n Part onses a ny reco	12., and the ords
4.	Applicant's Signature (or signature of a legal guardian, surrogate, or designated representative, if applicable)			of Signa ld/yyyy			
\Rightarrow							

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Pa	Part 12. Interpreter's Contact Information, Certification,	and Signature A-						
Interpreter's Full Name								
1.	Interpreter's Family Name (Last Name) Interpreter's Family Name (Last Name)	preter's Given Name (First Name)						
2.	Interpreter's Business or Organization Name							
Interpreter's Contact Information								
3.	Interpreter's Daytime Telephone Number 4. Int	erpreter's Mobile Telephone Numb	er (if any)					
5.	Interpreter's Email Address (if any)	FOR						
Int	nterpreter's Certification and Signature							
I cer	certify, under penalty of perjury, that I am fluent in English and		,					
	nd I have interpreted every question on the application and Instructions and inguage, and the applicant informed me that he or she understood every ins							
6.		' -	ignature (mm/dd/yyyy)					
\Rightarrow	• 1 1\U\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
	Part 13. Contact Information, Certification, and Signature Other Than the Applicant	of the Person Preparing th	is Application, if					
Pre	Preparer's Full Name	7777						
		arer's Given Name (First Name)						
1.	Preparer's Family Name (Last Name) Prep	arer's Given Name (First Name)						
2.	Preparer's Business or Organization Name							
Pre	Preparer's Contact Information							
3.	Preparer's Daytime Telephone Number 4. P	reparer's Mobile Telephone Numb	er (if any)					
5.	Preparer's Email Address (if any)							
Preparer's Certification and Signature								
that only	certify, under penalty of perjury, that I prepared this application for the application at all of the responses and information contained in and submitted with the applicant information provided by the applicant. The applicant reviewed the responderstands the responses and information in or submitted with the application	application are complete, true, and onses and information and information	d correct and reflects					
6.	Preparer's Signature	Date of S	ignature (mm/dd/yyyy)					

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Par	t 14. Additional	Information	1		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	amily Name (Last Name) Given Name (First Name)		Middle (if applicable)		
2.	Page Number	Part Number	Item Number	AFT		
3.	Page Number	Part Number	Item Number	FOI	2	
	PF	SC		UCTI		
4.	Page Number	Part Number	Item Number	4/202	5	
5.	Page Number	Part Number	Item Number			
	Do not comple	te Parts 15. (or 16. until th	e USCIS officer instructs you to	o do so at the i	interview.

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Part 15. Signature at Interview						
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						
USCIS Officer's Printed Name or Stamp Date of Signature (mm/dd/yyyy) Applicant's Signature USCIS Officer's Signature						
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;						
nat I will bear arms on behalf of the United States when required by the law;						
hat 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)						

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