

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

For USCIS Use Only

Remarks

Rer	marks) k		
	START HI	ERE - Type or print in black in	nk. If you d	o not answer all of the questions,	it may take longer for U.S. Citizenship
		n Services (USCIS) to process y			, ,
you	r 18th birth	day, you may not need to file Fo	orm N-400 as		or was naturalized before you reached n. Before you file this application, please e of Citizenship.
			•	belect only one box to identify may be delayed or rejected.)	
1.	Reason fo	or Filing (Please see Instructions	s for eligibili	ty requirements under each provis	sion.):
	A. 🗆	General Provision. See Instru	uctions: Lis	t of General Eligibility Requirer	nents
	В. 🗌	Spouse of U.S. Citizen. See I	nstructions:	Eligibility Based on Marriage to	a U.S. Citizen
	C	VAWA. See Instructions: Eli Against Women Act (VAWA)	igibility for t	he Spouse, Former Spouse, or C	hild of a U.S. Citizen under the Violence
	D			loyment Outside the United Statualified Employer Outside the Un	es. See Instructions: Eligibility for the nited States
			e USCIS fie	ld office where you would like to	er Immigration and Nationality Act have your naturalization interview. You
	E	Military Service During Peri Members of the U.S. Armed F		ities. See Instructions: Eligibility	and Evidence for Current and Former
	F.	At Least One Year of Honors Current and Former Members			ructions: Eligibility and Evidence for
	G.	Other Reason for Filing Not	Listed Abov	ve	
Pa	rt 2. Info	ormation About You (Per	rson applyi	ing for naturalization)	
1.	Your Cur	rent Legal Name (do not provid	de a nicknam	ne)	
	Family N	ame (Last Name)		Given Name (First Name)	Middle Name (if applicable)
2.	Other Na to include		n (see the Ins	structions for this Item Number f	or more information about which names
	Family N	ame (Last Name)		Given Name (First Name)	Middle Name (if applicable)

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Pai	rt 2. Information About You (Person applying for naturalization) (continued) A-
Nam	e Change (Optional)
Read	I 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) ► 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
	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	rial 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).
	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-							
	E: USCIS requires you to complete the information.)	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 Pink Unknown Other									/n/			
6.	Hair color (Select only one box) Bald Black Blond (No hair)	☐ Brown ☐	Gray [Red	Sandy		Wh	ite [ן U	nknow ther	vn/		
Par	rt 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 Instruction need extra space, use the space provided Current Physical Address In Care Of Name (if any)	ed on other natur s for the applicab	alization eligible period of t	bility options, sime for which y	see Part 4	in t	the S	pecifi	c In	struct	ions by		
	Street Number and Name	/ U	+/_	40	4	Apt	. St	e. Fl	lr.	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)		PF	ESEN	T		
	Physical Address (Street Number and Name)	City or Town	State / Province	ZIP Code / Postal Code	Country		Fre			esiden T mm/de			
2.	Is your current physical address also you Yes (If you answered "Yes," skip to	•			l	1							

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Pa	rt 4. Information About Your Residence (continued) A-									
3.	Current Mailing Address (Safe Mailing Address, if applicable)									
٠.	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.									
Yo	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/yyyy)									

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Dar	t 5. Information About Your Ma	rital History	(continued)	A-						
I ai	t 5. Information About 1 our Ma	11tai 1118tui y	(Continued)	A-						
6.	Current Spouse's Alien Registration Number	per (A-Number)	(if any) ► A-							
7.	How many times has your current spouse Number section of the Instructions for mo									
	Provide divorce decrees, annulment decreterminated (if applicable).	es, or death certi	ficates showing that all of y	our spouse's prior marri	iages were					
8.	Current Spouse's Current Employer or Co	mpany								
	Only answer Item Number 8. if you are filing under Part 1., Item Number 1.d., Spouse of U.S. Citizen in Qualified Employment Outside the United States.									
Par	t 6. Information About Your Chi	ldren								
1.	Indicate your total number of children und	ler 18 years of ag	ge.	IP						
	Provide the following information about y columns, you must type or print one of the address(es) where those children live in 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					
		()	-////	/5	Yes No					
					Yes No					
Par	t 7. Information About Your Em	ployment and	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 or			
Name	City/Town	State/ ZIP Code/ Province Postal Code Co		Country	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Occupation or Field of Study
						PRESENT	

_							
Pa	rt 8. Time Outside t	the United States	A	A -			
1.	List below all the trips to provision under Part 1. Specific Instructions be this information. Start we completed within 24 house the Required Evidence extra space to complete	oility optio ime for wh s (where th at lasted m ou should p	ons, see Inich you ne entire nore than	Part 8. must 6 trip wan 6 mon	in the enter as nths,		
	Date You Left the	Date You Returned	Countries to				
	United States (mm/dd/yyyy)	to the United States (mm/dd/yyyy)	Which You Traveled				
		RIO					
			HUR				
						_	
Pa	rt 9. Additional Info	ormation About Yo	u				
anyv Nun	where in the world at any	y 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	ny of the o	questions	s in Ite	em
1.	Have you EVER claime	ed to be a U.S. citizen (ir	writing or any other way)?			Yes [No
2.			ny Federal, state, or local election in the United ction where aliens are eligible to vote, you may a		Y	Yes [] No
3.	Do you currently owe as	ny overdue Federal, state	e, or local taxes in the United States?			Yes [No
4.			nave you called yourself a "nonresident alien" or to file a tax return because you considered yours			Yes [] No
Have	e you EVER:						
5.a.	Been a member of, invo		sociated with any Communist or totalitarian par	ty		Yes [] No
5.b.	, II		following, or been a member of, involved in, or world that advocated any of the following:	in any		Yes [] No
	Opposition to all org	anized government;					
	• World communism;						
	• The establishment in	the United States of a to	talitarian dictatorship;				
	• The overthrow by for United States or all f		inconstitutional means of the Government of the	;			
			cer or officers of the Government of the United se of their official character;	States			
	• The unlawful damage	e, 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	ed 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	i		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 the you would use a weapon agains		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 part of Item Number 15. below, complete the table below with each crime or offense even if your records have been sealed, expunged, or otherwise cleared. You must disclose this information even if someone, including a judge, law enforcement officer, or attorney, told you that it is no longer on your record, or told you that you do not have to disclose the information. If you need extra space, use the space provided in Part 14. Additional Information . Submit evidence to support your answers with your Form N-400.										
Include all the crimes and offeinfluence of drugs or alcohol,						ng under the				
Committed, agreed to com	mit, or asked someo	ne 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 committing, helping commit, or trying to commit;										
• Pled guilty to;	RIC									
• Were convicted of;				IK						
• Were placed in alternative adjudication, or deferred a		bilitative program	for (for example, diver	sion, deferre	1 prosecution,	withheld				
• Received a suspended sent	ence, clemency, ami	nesty, or pardon for	r, or were placed on pro	obation or pa	roled for.					
15.a. Have you EVER commtried 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	the result or of the arrest, ion, or (no charges cted, charges l, detention, ation, etc.)	What was your sentence (if applicable)? (For example, 90 days in jail, 90 days on probation)				
,										
1				I		I				

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)?	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 UniStates 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.				,		ctio	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	a answer "Yes" to Item Numbers 23 24., provide an explanation in the space provided in Par	rt 14.	Add	lition	al I	ıforr	natio	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	t 9. Additional Information About You (continued)	
If you	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	answer "Yes" to Item Numbers 27 29., provide an explanation in the space provided in Part 14. Addit	tional 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 Aler "Yes" to Item Number 30.a., provide an explanation in the space provided in Part 14. Additional Info	
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?	
	answer "No" to any question except Item Number 33. , see the Oath of Allegiance section of the Instruction.	tions 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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Pa	rt 10. Request for a Fee Reduction	A-					
For i	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	.usci	_	_			
Part 1.	My household income is less than or equal to 400% of the Federal Poverty Guidelines (see Ins documentation).	struct	ions	for requ	ired		
2.	Yes (complete Item Numbers 2 5.b.) No (skip to Part 11.) Total household income:						
3.	My household size is:						
4. 5.a.	Total number of household members earning income including yourself: I am the head of household.] Ye	s [] No
5.b.	Name of head of household (if you selected "No" in Item Number 5.a.):						
Pa	rt 11. Applicant's Contact Information, Certification, and Signature						
Ap_{I}	plicant's Contact Information						
Prov	ride 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	hone	Nu	mber (if	any)		
3.	Applicant's Email Address (if any)	4)				
Ap_{j}	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 application, I read and understand or, if interpreted to me in a language in which I am fluent by terstood, all of the responses and information contained in, and submitted with, my application, a rmation 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 ir nd th fron	iterp iat al i any	reter listonered reter listonered and all	ed in respon of my	Part nses a	12., and the ords
4.	Applicant's Signature (or signature of a legal guardian, surrogate, or designated representative, if applicable)			f Signatu d/yyyy)	re		
-		П					

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Part 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.	nterpreter'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 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 he or she 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	parer'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 his or her 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 he or she understands the responses and information in or submitted with the application.				
6.	Preparer's Signature Date of Signature (mm/dd/yyyy)			

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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 Part Number Item Number			
	PRODUCTI	ON		
4.	Page Number	5		
5.	Page Number			
	Do not complete Parts 15. or 16. until the USCIS officer instructs you to	do so at the interview.		

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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				
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;				
hat 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 (mm/dd/yyyy)				

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