**TABLE OF CHANGES – FORM**

**Form N-565, Application for Replacement Naturalization/Citizenship Document**

**OMB Number: 1615-0091**

**02/18/2025**

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| **Reason for Revision: Biological Sex**  **Project Phase: 83C**  Legend for Proposed Text:   * Black font = Current text * Red font = Changes   Expires 12/31/2027  Baseline Edition Date 12/12/2024  New Edition Date 01/20/2025 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Pages 2-3, Part 3. Type of Application** | **[Page 3]**  **Part 3. Type of Application**  **…**  **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. | **Part 3. Type of Application**  **…**  [no change]  **2.f.** I am seeking to change the sex listed on my document.  [no change] |
| **Page 3, Part 4. Complete If Applying to Correct Your Document Due to a USCIS Typographical or Clerical Error** | **[Page 4]**  **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 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  Sex  Other  [no change] |
| **Page 4, Part 7. Complete If Applying for a New Document Listing a Different Gender** | **[Page 4]**  **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 7. Complete If Applying for a New Document Listing a Different Sex**  **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 sex designation that I want listed on my new document is:  Male  Female  [deleted] |
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