

Application for Replacement Naturalization/Citizenship Document

Department of Homeland Security

USCIS Form N-565

OMB No. 1615-0091 Expires 12/31/2027

U.S. Citizenship and Immigration Services

	Returned	F	ee Stamp		Action Block			
	Resubmitted	1						
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Fo	r Relocated							
USC								
Onl		☐ Applicant ☐ Declaration of Interviewed Intention Verified by:						
	☐ Citizenship Verified by:							
	Remarks							
		Select this box if	Attorney State Bar Numb	207 44				
	be completed by an torney or Accredited	Form G-28 is	(if applicable)		or Accredited Representative nline Account Number (if any)			
	epresentative (if any)	attached						
► CT	CART HERE - Type or print	a block ink	TTO					
	1 1 1 1 1							
	t 1. Information From C	urrent Certificat	te or Declaration					
1. Y	Your Full Name							
P	Provide your full name exactly a	as it is printed on the	certificate or declaration.					
F	Family Name (Last Name)	0/1	Given Name (First Name		Middle Name (if applicable)			
		\prec / \perp	1/1 / 1	1')				
	Date of Birth on Certificate or D	Declaration	3. Country of B	irth				
	mm/dd/yyyy)							
4. C	Country of Former Citizenship	or Nationality	5. Certificate or	Declaration Nu	mber			
L								
6. A	Alien Registration Number (A-Number) (if any)							
•	► A-							
7. (7. Certificate or Declaration Issuance							
P	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 Date (mm/dd/yyyy)								
D	4 A C 4 T B 4	A 1						
Part 2. Current Information About You								
1. Y	Your Full Legal Name (Do not	provide a nickname)						
F	Family Name (Last Name)		Given Name (First Name)	Middle Name (if applicable)			

Pa	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 applied	cable)					
3.	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.	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?							
	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	Part 3. Type of Application						
I aı	am applying for a (select only one box):						
1.a	1.a. New Certificate of Citizenship 1.d. New Declaration of Intention						
1.b. New Certificate of Naturalization 1.e. Special Certificate of Naturalization to Obtain Recognition of My							
1.c	1.c. New Certificate of Repatriation U.S. Citizenship by a Foreign Country						
	NOTE: If you selected Item 1.e., skip to Part 8.						
Bo	Basis for My Application						
Sel	Select all applicable boxes, provide explanations and attach the original certificate or declaration where requested.						
2.a	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), report, and/or sworn statement.	police					

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Pa	art 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.	My certificate or declaration is incorrect because my sex listed on the document does not reflect my biological sex at birth.
	NOTE: If you selected Item Number 2.f., go to Part 7. and attach the original certificate or declaration and your birth certificate.
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.
	ort 4. Complete If Applying to Correct Your Document Due to a USCIS Typographical or erical Error
NO	TE: 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
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
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 Date of U.S. Government-Issued
(mm/dd/yyyy) 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 Your Sex at Birth
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. My biological sex at birth: Male Female
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)
Official Title Name of Government Agency

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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				
US	SCIS or Consular Official's Certification	CIS 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)						
	art 9. Applicant's Contact Information, Certifica	tion, and	Signature				
Ap	pplicant's Contact Information						
Pro	ovide your daytime telephone number, mobile telephone numb	er (if any), a	ınd email addı	ress (if any).			
 Applicant's Daytime Telephone Number Applicant's Mobile Telephone Number (if any) 				Number (if any)			
3.	Applicant's Email Address (if any)						
Applicant's Certification and Signature							
Ap	pplicant's Certification and Signature	-/		4.)		
I ce I rea the com	pplicant's Certification and Signature ertify, under penalty of perjury, that I provided or authorized a ead and understand or, if interpreted to me in a language in whe e responses and information contained in, and submitted with, mplete, true, and correct. Furthermore, I authorize the release ed to determine my eligibility for an immigration request and d enforcement of U.S. immigration law.	ich I am flue my applicati of any inforn	ent by the inte on, and that a nation from a	rpreter listed in ll of the respon ny and all of m	n Part 10., understood, all of ses and information are y records that USCIS may		

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Pa	rt 10. Interpreter's Contact Information, Certification, and Signature
In	terpreter's Full Name
1.	Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
2.	Interpreter's Business or Organization Name
In	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)
In	terpreter's Certification and Signature
	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 he or she understood every instruction, question, and answer on the application.
6.	Interpreter's Signature Date of Signature (mm/dd/yyyy)
	rt 11. Contact Information, Declaration, and Signature of the Person Preparing this Application, if her Than the Applicant
Pr	eparer's Full Name
1.	Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2.	Preparer's Business or Organization Name
Pr	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)
Pr	eparer's Certification and Signature
that only	rtify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she erstands the 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-		
3.	Page Number	Part Number	Item Number	
			OTFO	R
4.	Page Number	Part Number	Item Number	ION
5.	Page Number	Part Number	Item Number	25
6.	Page Number	Part Number	Item Number	

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