Application for Naturalization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form N-400
OMB No. 1615-0052
Expires 03/31/2027

For USCIS Use Only	Date Stamp	Receipt	Action Block
Remarks			

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► **START HERE - Type or print in black ink.** If you do not answer all of the questions, it may take longer for U.S. Citizenship and Immigration Services (USCIS) to process your Form N-400.

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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.

Part 1. Information About Your Eligibility (Select only one box to identify the basis of your eligibility or your Form N-400 may be delayed or rejected.)

Enter Your 9 Digit A-Number:
► **A-**

Reason for Filing (Please see Instructions for eligibility requirements under each provision.)**:**

1.a. ☐ **General Provision.** See Instructions: **List of General Eligibility Requirements**

1.b. ☐ **Spouse of U.S. Citizen.** See Instructions: ***Eligibility Based on Marriage to a U.S. Citizen***

1.c. ☐ **VAWA.** See Instructions: ***Eligibility for the Spouse, Former Spouse, or Child of a U.S. Citizen under the Violence Against Women Act (VAWA)***

1.d. ☐ **Spouse of U.S. Citizen in Qualified Employment Outside the United States.** See Instructions: ***Eligibility for the Spouse of a U.S. Citizen Working for a Qualified Employer Outside the United States***

If your residential address is outside the United States and you are filing under Immigration and Nationality Act (INA) section 319(b), select the USCIS field office where you would like to have your naturalization interview. You can find a USCIS field office at **www.uscis.gov/field-offices**.

1.e. ☐ **Military Service During Period of Hostilities.** See Instructions: ***Eligibility and Evidence for Current and Former Members of the U.S. Armed Forces***

1.f. ☐ **At Least One Year of Honorable Military Service at Any Time.** See Instructions: ***Eligibility and Evidence for Current and Former Members of the U.S. Armed Forces***

1.g. ☐ **Other Reason for Filing Not Listed Above**

Part 2. Information About You (Person applying for naturalization)

1. Your Current Legal Name (**do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)

2. Other Names You Have Used Since Birth (if any) (see the Instructions for this **Item Number** for more information about which names to include)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)

Part 2. Information About You (Person applying for naturalization) (continued) A-

Name 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. If you are a lawful permanent resident, provide the date you became a lawful permanent resident (mm/dd/yyyy).

Place of Birth

7.a. City/Town/Village of Birth

7.b. State or Province of Birth

7.c. Country of Birth

8. Country/Countries 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 16. Additional Information**.

9. All Prior Countries of Citizenship or Nationality (if applicable)

Current Passport, Travel Document, or National Identification (if any) and Last Passport, Travel Document, or National Identification Document (ID) (if any) Information. Provide information as follows regarding each of your two most recently issued passports, travel documents, and/or National ID cards.

10.a. Current Passport | Country of Issuance

Issue Date (mm/d/yyyy) | Expiration Date (mm/dd/yyyy)

10.b. Current Travel Document | Country of Issuance

Issue Date (mm/dd/yyyy) | Expiration Date (mm/dd/yyyy)

10.c. Current National ID | Country of Issuance

Issue Date (mm/dd/yyyy) | Expiration Date (mm/dd/yyyy)

10.d. Last Passport | Country of Issuance

Issue Date (mm/dd/yyyy) | Expiration Date (mm/dd/yyyy)

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Part 2. Information About You (Person applying for naturalization) (continued) **A-**

10.e. Last Travel Document

Country of Issuance

Issue Date (mm/dd/yyyy)

Expiration Date (mm/dd/yyyy)

10.f. Last National ID

Country of Issuance

Issue Date (mm/dd/yyyy)

Expiration Date (mm/dd/yyyy)

11. 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.

12.a. Have you had or used a social media account in the past five (5) years?

☐ Yes, I have had or used a social media account in the past five (5) years.

☐ No, I have not had or used a social media account in the past five (5) years.

12.b. If you answered "Yes," provide the total number of social media accounts:

12.c. Enter information associated with your online social media presence over the past five (5) years, if any. If you have had or used an account with a social media provider or platform that is listed in the Instructions, enter that information in the following table. If you need extra space to complete this section, use the space provided in **Part 16. Additional Information**.

Provider/Platform Listed in Instructions	Identifier/Username/Handle/Alias	Personal/Business/Organization

If you have had or used an account with a social media provider or platform that is **not** listed in the Instructions, enter that information in the following table. If you need extra space to complete this section, use the space provided in **Part 16. Additional Information**.

Provider/Platform Not Listed in Instructions	Identifier/Username/Handle/Alias	Personal/Business/Organization

13. 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? ☐ Yes ☐ No

If you answered "Yes," submit a completed Form N-648, Medical Certification for Disability Exceptions, when you file your Form N-400. See the ***Naturalization Testing and Exceptions*** 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.

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Part 2. Information About You (Person applying for naturalization) (continued) **A-**

14. 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 16. Additional Information**.

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Social Security Update

15.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 15.b. - 15.c.**) ☐ No (skip **Item Numbers 15.b.** and **15.c.**)

15.b. Provide your U.S. Social Security Number (SSN) (if any). ▶

15.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. ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 15.a.**, you must also answer "Yes" to **Item Number 15.c.**, **Consent for Disclosure**, to receive a card.

16. Telephone Number(s) Used in the Past Five (5) Years (include country code)

Telephone Numbers (include country code)	**Mobile or Landline**	**Personal or Business**	**Date Use Started** (mm/dd/yyyy)	**Date Use Ended** (mm/dd/yyyy)

17. Email Address(es) Used in the Past Ten (10) Years (if any)

Email Address(es)	**Personal or Business**	**Date Use Started** (mm/dd/yyyy)	**Date Use Ended** (mm/dd/yyyy)

Point of Contact Information

18. Point of Contact Name (**Do not** provide a nickname)

Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

19. Point of Contact Telephone Number

20. Point of Contact Email Address

Part 3. Biographic Information

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NOTE: USCIS requires you to complete the categories below to conduct background checks. (See the **Form N-400 Instructions** for more information.)

1. Ethnicity (Select **only one** box)

☐ Hispanic or Latino ☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

3. Height Feet Inches **4.** Weight Pounds

5. Eye color (Select **only one** box)

☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair color (Select **only one** box)

☐ Bald (No hair) ☐ Black ☐ Blond ☐ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/Other

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Part 4. Information About Your Residence

1. Physical Addresses

List every location where you have lived during the last 5 years. If you need extra space, use the space provided in **Part 16. Additional Information**.

Current Physical Address *(USCIS ZIP Code Lookup)*

In Care Of Name (if any)

Street Number and Name | Apt. Ste. Flr. Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Dates of Residence: From (mm/dd/yyyy) | Dates of Residence: To (mm/dd/yyyy) **PRESENT**

Previous Physical Address 1

Street Number and Name | Apt. Ste. Flr. Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Dates of Residence: From (mm/dd/yyyy) | Dates of Residence: To (mm/dd/yyyy)

Part 4. Information About Your Residence (continued)

A-

Previous Physical Address 2

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Dates of Residence: From (mm/dd/yyyy) | Dates of Residence: To (mm/dd/yyyy)

Previous Physical Address 3

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Dates of Residence: From (mm/dd/yyyy) | Dates of Residence: To (mm/dd/yyyy)

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2. Is your current physical address also your current mailing address?

☐ Yes (If you answered "Yes," skip to **Part 5.**) ☐ No

3. Current Mailing Address (Safe Mailing Address, if applicable)

In Care Of Name (if any)

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Part 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? ☐ Yes ☐ No

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).

Part 5. Information About Your Marital History (continued)

A-

Your Current Marriage

If you 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. Current Spouse's U.S. Social Security Number (if any) ▶

4.d. Current Spouse's Place of Birth

City/Town/Village of Birth | State or Province of Birth

Country of Birth

4.e. Date You Entered into Marriage with Current Spouse (mm/dd/yyyy)

4.f. Is your current spouse's present physical address the same as your physical address? ☐ Yes ☐ No

5. If you answered "No" to **Item Number 4.f.**, provide your Current Spouse's current physical address. If your Current Spouse's current whereabouts are unknown, select the box below and skip to **Item Number 6.a.**

☐ Current Spouse current whereabouts are unknown.

In Care Of Name (if any)

Street Number and Name | Apt. Ste. Flr. Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Complete the item below only if your current spouse is a U.S. citizen. If your current spouse is not a U.S. citizen, skip to **Item Number 7.**

6.a. When did your current spouse become a U.S. citizen?

☐ By Birth in the United States - Go to **Item Number 8.** ☐ Other - Complete **Item Number 6.b.**

6.b. Date Your Current Spouse Became a U.S. Citizen (mm/dd/yyyy)

7. Current Spouse's A-Number (if any) ▶ A-

8. Current Spouse's Telephone Number(s) Used in the Past Five (5) Years (include country code) (if any)

Telephone Numbers (include country code)	**Mobile or Landline**	**Date Use Started** (mm/dd/yyyy)	**Date Use Ended** (mm/dd/yyyy)

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Part 5. Information About Your Marital History (continued)

A-

9. How many times has your current spouse been married? (See the **Specific Instructions by Item Number** section of the Instructions for more information about which marriages to include.)

Provide divorce decrees, annulment decrees, or death certificates showing that all of your spouse's prior marriages were terminated (if applicable).

Only answer **Item Number 10.** if you are filing under **Part 1.**, **Item Number 1.d.**, Spouse of U.S. Citizen in Qualified Employment Outside the United States.

10. Current Spouse's Current Employer or Company

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Part 6. Information About Your Children

You must indicate **ALL** children, including: children who are alive, missing, or deceased; children born in the United States or in other countries; children under 18 years of age or older; children living with you or elsewhere; current stepchildren; legally adopted children and children born when you were not married. (See the **Specific Instructions by Item Number** section of the Instructions for more information about which children to include.)

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1. Indicate your total number of children.

2. Provide the following information about all your children, including children over 18 years of age. If you have more than two children, use the space provided in **Part 16. Additional Information**.

Child 1

3. Current Legal Name of Child 1

Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

4. Child 1's Date of Birth (mm/dd/yyyy)

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5. Child 1's U.S. Social Security Number (if any) ▶

Child 1's Place of Birth

6.a. City/Town/Village of Birth

6.b. State or Province of Birth

6.c. Country of Birth

7. Child 1's Telephone Number(s) Used in the Past Five (5) Years (include country code) (if any)

Telephone Numbers (include country code)	**Mobile or Landline**	**Date Use Started** (mm/dd/yyyy)	**Date Use Ended** (mm/dd/yyyy)

Part 6. Information About Your Children (continued)

A-

8. Current Address

List your Child 1's current physical address. If your Child 1 is deceased or if current whereabouts are unknown, select the relevant box below and skip to **Child 2.**

☐ Child 1 is deceased.

☐ Child 1 current whereabouts are unknown.

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

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Child 2

9. Current Legal Name of Child 2

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

10. Child 2's Date of Birth (mm/dd/yyyy)

11. Child 2's U.S. Social Security Number (if any) ▶

Child 2's Place of Birth

12.a. City/Town/Village of Birth

12.b. State or Province of Birth

12.c. Country of Birth

13. Child 2's Telephone Number(s) Used in the Past Five (5) Years (include country code) (if any)

Telephone Numbers (include country code)	**Mobile or Landline**	**Date Use Started** (mm/dd/yyyy)	**Date Use Ended** (mm/dd/yyyy)

Part 6. Information About Your Children (continued)

A-

14. Current Address

List your Child 2's current physical address. If your Child 2 is deceased or if current whereabouts are unknown, select the relevant box below and skip to **Part 7. Information About Your Parents**.

☐ Child 2 is deceased.

☐ Child 2 current whereabouts are unknown.

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

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Part 7. Information About Your Parents

Provide the information about your parents, even if deceased.

Parent 1

1. Current Legal Name of Parent 1

Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

2. Parent 1's Date of Birth (mm/dd/yyyy)

3. Parent 1's U.S. Social Security Number (if any) ▶

Parent 1`s Place of Birth

4.a. City/Town/Village of Birth

4.b. State or Province of Birth

4.c. Country of Birth

5. Parent 1's Telephone Number(s) Used in the Past Five (5) Years (include country code) (if any)

Telephone Numbers (include country code)	**Mobile or Landline**	**Date Use Started** (mm/dd/yyyy)	**Date Use Ended** (mm/dd/yyyy)

Part 7. Information About Your Parents (continued)

A-

6. Current Address

List your Parent 1's current physical address. If your Parent 1 is deceased or if current whereabouts are unknown, select the relevant box below and skip to **Parent 2**.

☐ Parent 1 is deceased.

☐ Parent 1 current whereabouts are unknown.

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Parent 2

7. Current Legal Name of Parent 2

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

8. Parent 2's Date of Birth (mm/dd/yyyy)

9. Parent 2's U.S. Social Security Number (if any) ▶

Parent 2`s Place of Birth

10.a. City/Town/Village of Birth

10.b. State or Province of Birth

10.c. Country of Birth

11. Parent 2's Telephone Number(s) Used in the Past Five (5) Years (include country code) (if any)

Telephone Numbers (include country code)	**Mobile or Landline**	**Date Use Started** (mm/dd/yyyy)	**Date Use Ended** (mm/dd/yyyy)

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Part 7. Information About Your Parents (continued)

A-

12. Current Address

List your Parent 2's current physical address. If your Parent 2 is deceased or if current whereabouts are unknown, select the relevant box below and skip to **Part 8. Information About Your Siblings**.

☐ Parent 2 is deceased.

☐ Parent 2 current whereabouts are unknown.

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

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Part 8. Information About Your Siblings

Provide information about all of your siblings (including half-siblings and step-siblings), even if deceased. If you do not have any siblings, please skip to **Part 9.**

If you have more than two siblings, use the space provided in **Part 16. Additional Information**.

Sibling 1

1. Current Legal Name of Sibling 1

Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

2. Sibling 1's Date of Birth (mm/dd/yyyy)

3. Sibling 1's U.S. Social Security Number (if any) ▶

Sibling 1`s Place of Birth

4.a. City/Town/Village of Birth

4.b. State or Province of Birth

4.c. Country of Birth

5. Sibling 1's Telephone Number(s) Used in the Past Five (5) Years (include country code) (if any)

Telephone Numbers (include country code)	**Mobile or Landline**	**Date Use Started** (mm/dd/yyyy)	**Date Use Ended** (mm/dd/yyyy)

Part 8. Information About Your Siblings (continued)

A-

6. Current Address

List your Sibling 1's current physical address. If your Sibling 1 is deceased or if current whereabouts are unknown, select the relevant box below and skip to **Sibling 2**.

☐ Sibling 1 is deceased.

☐ Sibling 1 current whereabouts are unknown.

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

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Sibling 2

7. Current Legal Name of Sibling 2

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

8. Sibling 2's Date of Birth (mm/dd/yyyy)

9. Sibling 2's U.S. Social Security Number (if any) ▶

Sibling 2`s Place of Birth

10.a. City/Town/Village of Birth

10.b. State or Province of Birth

10.c. Country of Birth

11. Sibling 2's Telephone Number(s) Used in the Past Five (5) Years (include country code) (if any)

Telephone Numbers (include country code)	**Mobile or Landline**	**Date Use Started** (mm/dd/yyyy)	**Date Use Ended** (mm/dd/yyyy)

Part 8. Information About Your Siblings (continued)

A-

12. Current Address

List your Sibling 2's current physical address. If your Sibling 2 is deceased or if current whereabouts are unknown, select the relevant box below and skip to **Part 9. Information About Your Employment and Schools You Attended**.

☐ Sibling 2 is deceased.

☐ Sibling 2 current whereabouts are unknown.

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. ☐ ☐ ☐

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

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Part 9. Information About Your Employment and Schools You Attended

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 9.** 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 9.**, use the space provided in **Part 16. Additional Information**.

1. School Information From the Past Five (5) Years (if any)

School 1

Name

City or Town

State/Province

ZIP Code/Postal Code

Country

Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

Field of Study

Part 9. Information About Your Employment and Schools You Attended (continued)

A-

School 2

Name

City or Town

State/Province | ZIP Code/Postal Code | Country

Date From (mm/dd/yyyy) | Date To (mm/dd/yyyy)

Field of Study

School 3

Name

City or Town

State/Province | ZIP Code/Postal Code | Country

Date From (mm/dd/yyyy) | Date To (mm/dd/yyyy)

Field of Study

2. Employer/Business Information From the Past Five (5) Years (if any)

Employer 1

Employer/Business Name

Employer/Business Mailing Address (if any)

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

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Part 9. Information About Your Employment and Schools You Attended (continued)

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Employer/Business Physical Address (if different from Mailing Address) (if any)

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

U.S. Business Federal Employer Identification Number (FEIN) (or other country equivalent) (if any)

►

Occupation

Date From (mm/dd/yyyy) | Date To (mm/dd/yyyy)

Employer 2

Employer/Business Name

Employer/Business Mailing Address (if any)

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Employer/Business Physical Address (if different from Mailing Address) (if any)

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

U.S. Business FEIN (or other country equivalent) (if any)

►

Occupation

Date From (mm/dd/yyyy) | Date To (mm/dd/yyyy)

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Part 9. Information About Your Employment and Schools You Attended (continued)

A-

Employer 3

Employer/Business Name

Employer/Business Mailing Address (if any)

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Employer/Business Physical Address (if different from Mailing Address) (if any)

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

U.S. Business FEIN (or other country equivalent) (if any)

►

Occupation

Date From (mm/dd/yyyy) | Date To (mm/dd/yyyy)

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Part 10. Time Outside the United States

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1. List below all the trips that you have taken outside the United States 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 10.** in the **Specific Instructions by Item Number** 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 **Part 16. Additional Information**.

Date You Left the United States (mm/dd/yyyy)	**Date You Returned to the United States** (mm/dd/yyyy)	**Countries to Which You Traveled**

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Part 11. Additional Information About You

When a question includes the word "**EVER**," you must provide information about any of your actions or conduct that occurred **anywhere in the world** at any time, unless the question specifies otherwise. If you answer "Yes" to any of the questions in **Part 11.**, **Item Numbers 1. - 14.**, provide explanations and any additional information in the space provided in **Part 16. Additional Information**.

1. Have you **EVER** claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☐ No

2. Have you **EVER** registered to vote or voted in any Federal, state, or local election in the United States? If you lawfully voted only in a local election where aliens are eligible to vote, you may answer "No." ☐ Yes ☐ No

3. Do you currently owe any overdue Federal, state, or local taxes in the United States? ☐ Yes ☐ No

4. Since you became a lawful permanent resident, have you called yourself a "nonresident alien" on a Federal, state, or local tax return or decided not to file a tax return because you considered yourself to be a nonresident? ☐ Yes ☐ No

Have you **EVER:**

5.a. Been a member of, involved in, or in any way associated with any Communist or totalitarian party **anywhere in the world**? ☐ Yes ☐ No

5.b. Advocated (supported and promoted) any of the following, or been a member of, involved in, or in any way associated with any group **anywhere in the world** that advocated any of the following: ☐ Yes ☐ No

- Opposition to all organized government;
- World communism;
- The establishment in the United States of a totalitarian dictatorship;
- The overthrow by force or violence or other unconstitutional means of the Government of the United States or all forms of law;
- The unlawful assaulting or killing of any officer or officers of the Government of the United States or of any other organized government because of their official character;
- The unlawful damage, injury, or destruction of property; or
- Sabotage?

Part 11. Additional Information About You (continued)

A-

Have you **EVER** been a member of, involved in, or in any way associated with, or have you **EVER** provided money, a thing of value, services or labor, or any other assistance or support to a group that:

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, ship, vehicle, or other mode of transportation? ☐ Yes ☐ No

6.c. Threatened, attempted (tried), conspired (planned with others), prepared, planned, advocated for, or incited (encouraged) others to commit any of the acts listed in **Item Numbers 6.a.** or **6.b.**? ☐ Yes ☐ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

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 was unable to consent (could not agree), or was being forced or threatened by you or by someone else? ☐ 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? ☐ Yes ☐ No

8.a. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☐ No

8.b. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 8.a.** or **Item Number 8.b.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 16. Additional Information**.

9. Have you **EVER** worked, volunteered, or otherwise served in a place where people were detained (forced to stay), for example, a prison, jail, prison camp (a camp where prisoners of war or political prisoners are kept), detention facility, or labor camp, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☐ No

10.a. Were you **EVER** a part of any group, or did you **EVER** help any group, unit, or organization that used a weapon against any person, or threatened to do so? ☐ Yes ☐ No

10.b. If you answered "Yes" to **Item Number 10.a.**, when you were part of this group, or when you helped this group, did you ever use a weapon against another person? ☐ Yes ☐ No

10.c. If you answered "Yes" to **Item Number 10.a.**, when you were part of this group, or when you helped this group, did you ever threaten another person that you would use a weapon against that person? ☐ Yes ☐ No

11. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? ☐ Yes ☐ No

12. Have you **EVER** received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☐ No

13. Have you **EVER** recruited (asked), enlisted (signed up), conscripted (required to join), or used any person under 15 years of age to serve in or help an armed group, or attempted or worked with others to do so? ☐ Yes ☐ No

14. Have you **EVER** used any person under 15 years of age to take part in hostilities or attempted or worked with others to do so? This could include participating in combat or providing services related to combat (such as serving as a messenger or transporting supplies). ☐ Yes ☐ No

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Part 11. Additional Information About You (continued)

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 16. Additional Information**. Submit evidence to support your answers with your Form N-400.

Include all the crimes and offenses in the United States or **anywhere in the world** (including domestic violence, driving under the influence of drugs or alcohol, and crimes and offenses while you were under 18 years of age) which you **EVER**:

- Committed, agreed to commit, or asked someone 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;
- 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 sentence, clemency, amnesty, or pardon for, or were placed on probation or paroled for.

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15.a. Have you **EVER** committed, agreed to commit, asked someone else to commit, helped commit, or tried to commit a crime or offense for which you were NOT arrested? ☐ Yes ☐ No

15.b. Have you **EVER** been arrested, cited, detained or confined by any law enforcement officer, military official (in the U.S. or elsewhere), or immigration official for any reason, or been charged with a crime 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)	**What was the result or disposition of the arrest, citation, or charge?** (no charges filed, convicted, charges dismissed, detention, jail, probation, 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? ☐ Yes ☐ No

If you answer "Yes" to any of the questions in **Item Numbers 17.a. - 19.**, provide an explanation in the space provided in **Part 16. Additional Information**. Submit evidence to support your answers.

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? ☐ Yes ☐ No

Part 11. Additional Information About You (continued)

A-

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 financial support after divorce or separation)? ☐ 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 was false, fraudulent, or misleading? ☐ Yes ☐ No

19. Have you **EVER** lied to any U.S. Government officials to gain entry or admission into the United States or to gain immigration benefits while in the United States? ☐ Yes ☐ No

If you answer "Yes" to **Item Numbers 20.** or **21.** below, provide an explanation in the space provided in **Part 16. Additional Information** and see the **Specific Instructions by Item Number**, **Part 11. Additional Information About You** of the Instructions for more information.

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

Federal Law requires nearly all people born as male who are either U.S. citizens or immigrants, 18 through 25 years of age, to register with Selective Service. See **www.sss.gov**.

22.a. Are you a male who lived in the United States at any time between your 18th and 26th birthdays? (Do not select "Yes" if you were a lawful nonimmigrant for all of that time period.) ☐ 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

If you answered "No," to **Item Number 22.b.** see the **Specific Instructions by Item Number**, **Part 11. Additional Information About You** of the Instructions for more information.

If you answer "Yes" to **Item Numbers 23. - 24.**, provide an explanation in the space provided in **Part 16. Additional Information**.

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 forces? ☐ Yes ☐ No

25. Have you **EVER** served in the U.S. armed forces? ☐ Yes ☐ No

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

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Part 11. Additional Information About You (continued)

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If you answer "Yes" to **Item Numbers 27. - 29.**, provide an explanation in the space provided in **Part 16. Additional 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

For **Item Numbers 30.a. - 37.** see **Specific Instructions by Item Number**, **Part 11. Additional Information About You**. If you answer "Yes" to **Item Number 30.a.**, provide an explanation in the space provided in **Part 16. 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? ☐ Yes ☐ No (skip 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 of nobility, _____ (list titles), that you have in a foreign country at your naturalization ceremony? ☐ Yes ☐ No

If you answer "'No" to any question except **Item Number 33.**, see the ***Oath of Allegiance*** section of the Instructions for more information.

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 18. 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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Part 12. Request for a Fee Reduction

For information about fees, fee waivers, and reduced fees, see Form G-1055, Fee Schedule, at www.uscis.gov/g-1055. To apply for a reduced fee, complete **Item Numbers 1. - 5.b.** If you are not eligible for a reduced fee, complete **Item Number 1.** and proceed to **Part 13.**

1. My household income is less than or equal to 400% of the Federal Poverty Guidelines (see Instructions for required documentation).

☐ Yes (complete **Item Numbers 2. - 5.b.**) ☐ No (skip to **Part 13.**)

2. 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. ☐ Yes ☐ No

5.b. Name of head of household (if you selected "No" in **Item Number 5.a.**): _____

Part 13. Applicant's Contact Information, Certification, and Signature

A-

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number (include country code)

2. Applicant's Mobile Telephone Number (if any) (include country code)

3. Applicant's Email Address (if any)

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Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and 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 14.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the 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.

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4. Applicant's Signature (or signature of a legal guardian, surrogate, or designated representative, if applicable)

Date of Signature (mm/dd/yyyy)

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Part 14. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

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2. Interpreter'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)

Interpreter'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 15. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

A-

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

Preparer'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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Part 16. Additional Information

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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

4. Page Number | Part Number | Item Number

5. Page Number | Part Number | Item Number

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NOTE: Do not complete Parts 17. or 18. until the USCIS officer instructs you to do so at the interview.

Part 17. Signature at Interview

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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 18. 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;

that 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

Date of Signature (mm/dd/yyyy)

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