

Application for Naturalization

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form N-400

OMB No. 1615-0052 Expires 09/30/2022

E.	Date Stamp	Receipt	Action Block
For USCI	S		
Use			
Only			
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Kemui	IN.		
otherwi	ise indicated. Failure to a	rint in black ink. Type or print "N/A" if an item is a nswer all of the questions may delay U.S. Citizenshi must complete Parts 1 15.	
birthda www.u	y, you may already be a U scis.gov for more information	ve mother or father is a U.S. citizen by birth, or was U.S. citizen. Before you consider filing this application on this topic and to review the instructions for Application for Citizenship and Issuance of Certification.	on, please visit the USCIS Website at Form N-600, Application for Certificate of
	• •	nts a United States citizen? If you answer "Yes," the n. If you answer "No," then skip Part 6. and go to I	*
	1. Information Abo N-400 may be delay	ut Your Eligibility (Select only one box or ed)	your Enter Your 9 Digit A-Number: • A-
1. Y	You are at least 18 years of	f age and:	
A	. Have been a law	rful permanent resident of the United States for at lea	ast 5 years.
В	and living with t	rful permanent resident of the United States for at least the same U.S. citizen spouse for the last 3 years, and the you filed your Form N-400.	·
C	spouse is regula 319(b).) If your	manent resident of the United States and you are the rly engaged in specified employment abroad. (See the residential address is outside the United States and fice from the list below where you would like to have	the Immigration and Nationality Act (INA) section you are filing under Section 319(b), select the
Г	Are applying on	the basis of qualifying military service.	
E			
Part	2. Information Abo	ut You (Person applying for naturalization)	
1. Y	Your Current Legal Name	(do not provide a nickname)	
F	amily Name (Last Name)	Given Name (First Name	e) Middle Name (if applicable)
2. Y	Your Name Exactly As It	Appears on Your Permanent Resident Card (if applic	eable)
	family Name (Last Name)		
L			

Pa	rt 2. Information About You (Person applying for naturalization) (continued) A-
3.	Other Names You Have Used Since Birth (include nicknames, aliases, and maiden name, if applicable)
	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
1.	Name Change (Optional)
	Read the Form N-400 Instructions before you decide whether or not you would like to legally change your name.
	Would you like to legally change your name? Yes No
	If you answered "Yes," type or print the new name you would like to use in the spaces provided below.
	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
5.	U.S. Social Security Number (if applicable) 6. USCIS Online Account Number (if any)
7.	Gender 8. Date of Birth 9. Date You Became a Lawful Permanent Resident (mm/dd/yyyy) Permanent Resident (mm/dd/yyyy)
	Male Female (mm/dd/yyyy) Permanent Resident (mm/dd/yyyy)
10.	Country of Birth 11. Country of Citizenship or Nationality
12.	Do you have a physical or developmental disability or mental impairment that prevents you from demonstrating your knowledge and understanding of the English language and/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.
13.	Exemptions from the English Language Test
	A. Are you 50 years of age or older and have you lived in the United States as a lawful permanent resident for periods totaling at least 20 years at the time you file your Form N-400?
	B. Are you 55 years of age or older and have you lived in the United States as a lawful permanent resident for periods totaling at least 15 years at the time you file your Form N-400?
	C. Are you 65 years of age or older and have you lived in the United States as a lawful permanent resident for periods totaling at least 20 years at the time you file your Form N-400? (If you meet this requirement, you will also be given a simplified version of the civics test.)
Pa	rt 3. Accommodations for Individuals With Disabilities and/or Impairments
O	TE: Read the information in the Form N-400 Instructions before completing this part.
l .	Are you requesting an accommodation because of your disabilities and/or impairments?
	If you answered "Yes," select any applicable box.
	A. I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).)
	B. I am blind or have low vision and request the following accommodation:

		Accommodations for Individements (continued)	uals With Di	isabilit	ies and/o	or	A-		
	C.	I have another type of disability disability and/or impairment and					(Describe	the nature of	of your
Pai	rt 4.	Information to Contact You							
1.		rtime Telephone Number		2.	Work Te	lephone Number ((if any)		
3.	Eve	ning Telephone Number		4.	Mobile T	'elephone Number	r (if any)		
5.	Ema	ail Address (if any)							
Pai	rt 5.	Information About Your Res	idence						
1.	A.	cere have you lived during the last five to lived during the last five years. If you current Physical Address Street Number and Name City or Town Province or Region (foreign address only) Dates of Residence From (mm/dd/yyyy)	Coun Postal Code (foreign addi	ress only	additional		Apt.	Ste. Flr. ZIP Cod	Number
	В.	Current Mailing Address (if different In Care Of Name (if any) Street Number and Name City or Town	Coun			Sta		Ste. Flr. ZIP Cod	
		Province or Region (foreign address only)	Postal Code (foreign addi	ress only	·)	Country (foreign address	only)		

Part :	5. Informati	on About Your Res	idence	(continued)		A-			
C	. Physical Add	lress 2							
	Street Number	er and Name					Apt.	Ste. I	Flr. Number
	City or Town	1		County		State		ZIP	Code + 4
	Province or F (foreign addr		Postal	Code n address only)	Country (foreign addr	race only)		
	(Toreign addi	ess omy)		in address only)	(Toreign addi	iess only	y)		
	Detect	From (mm/dd/yyyy)	∟ To (r	nm/dd/yyyy)					
	Dates of Residence								
	DL 1 A 13	I 2							
D	Physical AddStreet Number						Ant	Sto I	Flr. Number
	Sueet Number	er and ivallie					Apt.		TI. Number
	City or Town	1		County		State		ZIP	Code + 4
		•							-
	Province or F	Region	Postal	Code	Country				
	(foreign addr		(foreig	n address only)	(foreign addı	ress only	y)		
	Dates of	From (mm/dd/yyyy)	To (r	nm/dd/yyyy)					
	Residence								
E	. Physical Add	lress 4							
	Street Number	er and Name					Apt.	Ste. I	Flr. Number
	City or Town	1		County		State		$\neg \Box$	Code + 4
	Province or F (foreign addr		Postal (foreig	Code n address only)	Country (foreign add	ress only	y)		
		-				-			
	Dates of	From (mm/dd/yyyy)	To (r	nm/dd/yyyy)					
	Residence								
Part	6. Informati	on About Your Par	ents						
If neith	er one of your	parents is a United Stat	tes citizer	, then skip this part a	and go to Part 7.	•			
1. W	ere your parent	s married before your 18	th birthda	y?					Yes No
T C		4 Voren Modleon							
ınjor	nauon Abou	t Your Mother							
	your mother a l								Yes No
If	you answered "	'Yes," complete the follo	wing info	rmation. If you answe	ered "No," go to I	Item Nu	ımber :	3.	

Pai	rt 6.	Information About Your Parents (continued) A-
	A.	Current Legal Name of U.S. Citizen Mother
		Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
	В.	Mother's Country of Birth C. Mother's Date of Birth (mm/dd/yyyy)
	D.	Date Mother Became a U.S. Citizen (if known) (mm/dd/yyyy) E. Mother's A-Number (if any)
		► A-
Inf	orm	ation About Your Father
3.	Is y	our father a U.S. citizen?
	If y	ou answered "Yes," complete the information below. If you answered "No," go to Part 7.
	A.	Current Legal Name of U.S. Citizen Father
		Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
	B.	Father's Country of Birth C. Father's Date of Birth (mm/dd/yyyy)
	Date Father Became a U.S. Citizen (if known) (mm/dd/yyyy) E. Father's A-Number (if any)	
		► A-
Pai	rt 7.	Biographic Information
		USCIS requires you to complete the categories below to conduct background checks. (See the Form N-400 Instructions for rmation.)
1.	Ethi	nicity (Select only one box)
		Hispanic or Latino Not Hispanic or Latino
2.	Rac	e (Select all applicable boxes)
		White Asian Black or American Indian Native Hawaiian or African American or Alaska Native Other Pacific Islander
3.	Hei	ght Feet Inches 4. Weight Pounds
5.	Eye	color (Select only one box) Black Blue Brown Gray Green Hazel Maroon Pink Unknown/
		Other
6.	Hai	r color (Select only one box)
	Ш	Bald Black Blond Brown Gray Red Sandy White Unknown/ (No hair)

Pai	t 8. Information About	Your Employment an	d Schools You	Attended	A-			
perio empl unen	where you have worked or attended. Include all military, police, are oyment, studies, or unemployment aployed, or have studied for the lor print "unemployed." If you not	nd/or intelligence service. Bent (if applicable). Provide the ast five years. If you worked	Begin by providing the locations and dad for yourself, type	information abo ates where you w e or print "self-er	out your mo worked, we	ost recent or re self-em	or curr ploye	rent d, were
1.	Employer or School Name							
	Street Number and Name				A	pt. Ste.	Flr.	Number
	City or Town				State	ZI	P Cod	le + 4
] - [
	Province or Region (foreign address only)	Postal Code (foreign address	only)	Country (foreign addre	ess only)			
	Date From (mm/dd/yyyy) I	Date To (mm/dd/yyyy)	Your Occupation	on				
2.	Employer or School Name							
	Street Number and Name				A	pt. Ste.	Flr.	Number
	City or Town				State	 71	P Cod	L le + 4
							1 000] -
	Province or Region (foreign address only)	Postal Code (foreign address	only)	Country (foreign addre	ess only)			
	Date From (mm/dd/yyyy) I	Date To (mm/dd/yyyy)	Your Occupation	on				
3.	Employer or School Name							
	Street Number and Name				A	pt. Ste.	Flr.	Number
	City or Town			,	State	ZI	P Cod	le + 4
]-[
	Province or Region (foreign address only)	Postal Code (foreign address	only)	Country (foreign addre	ess only)			
	Date From (mm/dd/yyyy) I	Date To (mm/dd/yyyy)	Your Occupation	on				

Pa	Part 9. Time Outside the United States								
1.					le the United States during	the last 5 years?	days		
2.	Нох	y many trine of 24	hours or longer have	vou takan outsida tl	ne United States during the	lact 5 years?			
		• •			_	. [trips		
3.					n outside the United States ace, use additional sheets of		s. Start with		
		ate You Left the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)	Did Trip Last 6 Months or More?	Countric Which Y Travel	You	Total Days Outside the United States		
				Yes No					
				Yes No					
				Yes No					
				Yes No					
				Yes No					
				Yes No					
Pa	rt 10). Information	About Your Mar	ital History					
1.	Wh	at is your current n	narital status?						
		Single, Never Mar	ried Married	Divorced V	Vidowed Separated	Marriage Annul	led		
	If y	ou are single and h	nave never married, go	to Part 11.					
2.	If y	ou are married, is y	your spouse a current m	nember of the U.S. a	armed forces?		Yes No		
3.		w many times have riages to the same		luding annulled ma	rriages, marriages to other p	people, and			
1.	If y	ou are married nov	v, provide the following	g information about	your current spouse.				
	A.	Current Spouse's	Legal Name						
		Family Name (La	st Name)	Given Nar	ne (First Name)	Middle Name (if applicable)		
	В.	Current Spouse's	Previous Legal Name						
		Family Name (La	st Name)	Given Nar	ne (First Name)	Middle Name (if applicable)		
	C.	Other Names Use	ed by Current Spouse (i	nclude nicknames,	aliases, and maiden name, i	f applicable)			
		Family Name (La	•		ne (First Name)	Middle Name (if applicable)		
			·						
	D.	Current Spouse's (mm/dd/yyyy)		Date You Entered i with Current Spous	•				

Pa	rt 10	0. Information About Your Marital	H	listory (continued)		A-					
	F.	Current Spouse's Present Home Address									
		Street Number and Name					Apt.	Ste.	Flr.	Nur	nber
		City or Town	(County	S	State	J	ZI	P Cod	e + 4	4
			7].[
		Province or Region Post	」∟ tal	Code	Country					JL	
				n address only)	(foreign addre	ss only	['])				
	G.	Current Spouse's Current Employer or Comp	pan	ny							
5.	Is y	your current spouse a U.S. citizen?						Г	Ye	s	No
	•	you answered "Yes," answer Item Number 6.	If	you answered "No," go t	o Item Numbe i	· 7.		_	_	_	
6.		your current spouse is a U.S. citizen, complete									
	•	When did your current spouse become a U.S									
	110	At Birth - Go to Item Number 8.		Other - Complete the following	llowing informa	tion.					
	В.	Date Your Current Spouse Became		•							
	٥.	a U.S. Citizen (mm/dd/yyyy)									
7.	If y	your current spouse is not a U.S. citizen, comp	let	e the following informati	on.						
	•	Current Spouse's Country of Citizenship or N		_	Spouse's A-Num	ber (if	any)				
				► A-							
	C	Current Spouse's Immigration Status									
	•	<u>.</u>	(Ez	xplain):							
8.	Нο	w many times has your current spouse been m		-	marriages marri	ages to)				
•	oth	er people, and marriages to the same person)?	If	f your current spouse has			,				
	pro	wide the following information about your cur	rrei	nt spouse's prior spouse.							
	If y	your current spouse has had more than one pre-	vic	ous marriage, provide tha	t information or	additi	onal sł	neets of	f pape	r.	
	A.	Legal Name of My Current Spouse's Prior Sp	poi	use							
		Family Name (Last Name)	_	Given Name (First Nam	ne)	Mid	dle Na	me (if	applic	able)
	B.	Immigration Status of My Current Spouse's l	Pri	or Spouse (if known)							
		U.S. Citizen Lawful Permanent Ro	esi	dent Other (Expla	ain):						
	C.	· · · · · · · · · · · · · · · · · · ·		ountry of Birth of My Cu	rrent Spouse's						
		Prior Spouse (mm/dd/yyyy)	Pr	rior Spouse			\neg				
	E.	Country of Citizenship or Nationality of My	Cı	urrent							
		Spouse's Prior Spouse									

Pa	rt 10	O. Information About Your Marital History (continued)	A-
	F.	My Current Spouse's Date of Marriage with Prior Spouse (mm/dd/yyyy) G. Date My Current Spouse's Marriage Ended with Prior Spouse (mm/dd/yyyy) with Prior Spouse (mm/dd/yyyy)	
	Н.	How My Current Spouse's Marriage Ended with Prior Spouse Annulled Divorced Spouse Deceased Other (Explain):	
9.		ou were married before, provide the following information about your prior spouse. If you rriage, provide that information on additional sheets of paper.	have more than one previous
	A.	My Prior Spouse's Legal Name	
		Family Name (Last Name) Given Name (First Name)	Middle Name (if applicable)
	В.	My Prior Spouse's Immigration Status When My Marriage Ended (if known) U.S. Citizen Lawful Permanent Resident Other (Explain):	
	C.	My Prior Spouse's Date of Birth (mm/dd/yyyy) D. My Prior Spouse's Country of Birth	
	Е.	My Prior Spouse's Country of Citizenship or Nationality F. Date of Marriage with My Prior Spouse (mm/dd/yyyy)	r
		Date Marriage Ended with My Prior Spouse (mm/dd/yyyy) How Marriage Ended with My Prior Spouse Annulled Divorced Spouse Deceased Other (Explain):	
Pa	rt 11	1. Information About Your Children	
1.	mis old	icate your total number of children. (You must indicate ALL children, including: children sing, or deceased; children born in the United States or in other countries; children under 18 er; children who are currently married or unmarried; children living with you or elsewhere; ochildren; legally adopted children; and children born when you were not married.)	8 years of age or
2.		vide the following information about all your children (sons and daughters) listed in Item N list any additional children, use additional sheets of paper.	Number 1., regardless of age.
	A.	Child 1	
		Current Legal Name	
		Family Name (Last Name) Given Name (First Name)	Middle Name (if applicable)
		A-Number (if any) Date of Birth (mm/dd/yyyy) Country of Birth	1
		► A-	

Part 1	1. Information About Your Children (continued)	A-				
	Current Address					
	Street Number and Name		Apt.	Ste.	Flr.	Number
	City or Town County S	State	•	ZI	P Cod	e + 4
] -
	Province or Region Postal Code Country					
	(foreign address only) (foreign address only) (foreign addre	ss only	r)			
	What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)					
В.	Child 2					
	Current Legal Name					
	Family Name (Last Name) Given Name (First Name)	Ν	liddle l	Name	(if app	olicable)
	A-Number (if any) Date of Birth (mm/dd/yyyy) Country of Bir	' ∟ rth				
	► A-					
	Current Address					
	Street Number and Name		Apt.	Ste.	Flr.	Number
	City or Town County S	State		ZI	P Cod	e + 4
] -
	Province or Region Postal Code Country					
	(foreign address only) (foreign address only) (foreign address	ss only	·)			
	What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)					
C.	Child 3					
	Current Legal Name					
	Family Name (Last Name) Given Name (First Name)	Ν	liddle l	Name	(if app	olicable)
	A-Number (if any) Date of Birth (mm/dd/yyyy) Country of Bir	 rth				
	► A-					

Part	11. Information About You	r Children (continued)	A-	
	Current Address			
	Street Number and Name		Apt.	Ste. Flr. Number
	City or Town	County	State	ZIP Code + 4
	Province or Region	Postal Code	Country	
	(foreign address only)	(foreign address only)	(foreign address only)	
	What is your child's relationship stepchild, legally adopted child)	to you? (for example, biological child,		
Ι	O. Child 4			
	Current Legal Name			
	Family Name (Last Name)	Given Name (First Na	me) Middle N	Name (if applicable)
	A-Number (if any)	Date of Birth (mm/dd/yyyy)	Country of Birth	
	► A-			
	Current Address			
	Street Number and Name		Apt.	Ste. Flr. Number
	City or Town	County	State	ZIP Code + 4
	Province or Region (foreign address only)	Postal Code (foreign address only)	Country (foreign address only)	
	(foreign address only)	(Totelgii address omy)	(Toreign address only)	
	What is seen shild a saletion ship	49 (for		
	stepchild, legally adopted child)	to you? (for example, biological child,		
Part	12. Additional Information	About You (Person Applying fo	or Naturalization)	
	r Item Numbers 1 21. If you answ of paper.	wer "Yes" to any of these questions, inc	clude a typed or printed explar	nation on additional
1. I	Have you EVER claimed to be a U.S	. citizen (in writing or any other way)?		Yes No
2. I	Have you EVER registered to vote in	any Federal, state, or local election in	the United States?	Yes No
3. I	Have you EVER voted in any Federa	l, state, or local election in the United S	States?	Yes No
4. A	A. Do you now have, or did you EV country?	ER have, a hereditary title or an order	of nobility in any foreign	Yes No
I	3. If you answered "Yes," are you we have in a foreign country at your	villing to give up any inherited titles or naturalization ceremony?	orders of nobility that you	Yes No
5. I	Have you EVER been declared legal	y incompetent or been confined to a me	ental institution?	Yes No

		2. Additional Information About You ization) (continued)	ou (Person Applying for	A-			
6.	Do	you owe any overdue Federal, state, or local ta	axes?		Yes	☐ No	
7.	A.	Have you EVER not filed a Federal, state, or resident?	local tax return since you became a lawful pe	ermanent	Yes	☐ No	
	B.	If you answered "Yes," did you consider you	rself to be a "non-U.S. resident"?		Yes	☐ No	
8.		ve you called yourself a "non-U.S. resident" or ful permanent resident?	a Federal, state, or local tax return since you	became a	Yes	☐ No	
9.	A. Have you EVER been a member of, involved in, or in any way associated with, any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world?						
	В.	If you answered "Yes," provide the informati additional sheets of paper and provide any ev		names of the ot	her group	os on	
		Name	Purpose	Dates of I			
		of the Group	of the Group	From (mm/dd/yyyy)		Γ ο d/yyyy)	
10.	Hav	ve you EVER been a member of, or in any wa	y associated (either directly or indirectly) with	1:	-		
		The Communist Party?			Yes	☐ No	
	В.	Any other totalitarian party?			Yes	☐ No	
	C.	A terrorist organization?			Yes	☐ No	
11.		ve you EVER advocated (either directly or independence?	lirectly) the overthrow of any government by	force or	Yes	☐ No	
12.		ve you EVER persecuted (either directly or inc gin, membership in a particular social group, o		national	Yes	☐ No	
13.		ween March 23, 1933 and May 8, 1945, did your irectly) with:	ou work for or associate in any way (either dir	rectly or			
	A.	The Nazi government of Germany?			Yes	☐ No	
	В.	Any government in any area occupied by, all government of Germany?	ied with, or established with the help of the N	azi	Yes	☐ No	
	C.	Any German, Nazi, or S.S. military unit, para police unit, government agency or office, exte camp, prison, labor camp, or transit camp?	amilitary unit, self-defense unit, vigilante unit, ermination camp, concentration camp, prisone		Yes	☐ No	

		2. Additional Information About You (Person Applying for lization) (continued) A-	
14.	We	re you EVER involved in any way with any of the following:	
	A.	Genocide?	☐ Yes ☐ No
	В.	Torture?	Yes No
	C.	Killing, or trying to kill, someone?	Yes No
	D.	Badly hurting, or trying to hurt, a person on purpose?	Yes No
	E.	Forcing, or trying to force, someone to have any kind of sexual contact or relations?	Yes No
	F.	Not letting someone practice his or her religion?	Yes No
15.		re you EVER a member of, or did you EVER serve in, help, or otherwise participate in, any of the owing groups:	
	A.	Military unit?	Yes No
	В.	Paramilitary unit (a group of people who act like a military group but are not part of the official military)?	Yes No
	C.	Police unit?	Yes No
	D.	Self-defense unit?	Yes No
	E.	Vigilante unit (a group of people who act like the police, but are not part of the official police)?	Yes No
	F.	Rebel group?	Yes No
	G.	Guerrilla group (a group of people who use weapons against or otherwise physically attack the military, police, government, or other people)?	Yes No
	H.	Militia (an army of people, not part of the official military)?	Yes No
	I.	Insurgent organization (a group that uses weapons and fights against a government)?	Yes No
16.	We	re you EVER a worker, volunteer, or soldier, or did you otherwise EVER serve in any of the follow	wing:
	A.	Prison or jail?	Yes No
	B.	Prison camp?	Yes No
	C.	Detention facility (a place where people are forced to stay)?	Yes No
	D.	Labor camp (a place where people are forced to work)?	Yes No
	E.	Any other place where people were forced to stay?	Yes No
17.		re you EVER a part of any group, or did you EVER help any group, unit, or organization that used apon against any person, or threatened to do so?	a Yes No
	A.	If you answered "Yes," when you were part of this group, or when you helped this group, did you use a weapon against another person?	ever Yes No
	В.	If you answered "Yes," when you were part of this group, or when you helped this group, did you tell another person that you would use a weapon against that person?	ever Yes No
18.		I you EVER sell, give, or provide weapons to any person, or help another person sell, give, or proviapons to any person?	ide Yes No
	A.	If you answered "Yes," did you know that this person was going to use the weapons against another person?	er Yes No
	В.	If you answered "Yes," did you know that this person was going to sell or give the weapons to someone who was going to use them against another person?	Yes No

	rt 12. Additional Information About You (Person Applying for turalization) (continued)							
19.	Did you EVER receive any type of military, paramilitary (a group of people who act like a military group but are not part of the official military), or weapons training?	Yes No						
20.	Did you EVER recruit (ask), enlist (sign up), conscript (require), or use any person under 15 years of age to serve in or help an armed force or group?	Yes No						
21.	Did you EVER use any person under 15 years of age to do anything that helped or supported people in combat?	Yes No						
othe	If any of Item Numbers 22 28. apply to you, you must answer "Yes" 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 no longer constitutes a record or told you that you do not have to disclose the information.							
22.	Have you EVER committed, assisted in committing, or attempted to commit, a crime or offense for which you were NOT arrested?	Yes No						
23.	Have you EVER been arrested, cited, or detained by any law enforcement officer (including any immigration official or any official of the U.S. armed forces) for any reason?	Yes No						
24.	Have you EVER been charged with committing, attempting to commit, or assisting in committing a crime or offense?	Yes No						
25.	Have you EVER been convicted of a crime or offense?	Yes No						
26.	Have you EVER been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)?	Yes No						
27.	A. Have you EVER received a suspended sentence, been placed on probation, or been paroled?	Yes No						
	B. If you answered "Yes," have you completed the probation or parole?	Yes No						
28.	A. Have you EVER been in jail or prison?	Yes No						
	B. If you answered "Yes," how long were you in jail or prison? Years Months	Days						
29.	If you answered "No" to ALL questions in Item Numbers 23 28., then skip this item and go to Item Num	aber 30.						
	If you answered "Yes" to any question in Item Numbers 23 28. , then complete this table. If you need ext additional sheets of paper and provide any evidence to support your answers.	ra space, use						

Why were you arrested, cited, detained, or charged?	Date arrested, cited, detained, or charged. (mm/dd/yyyy)	Where were you arrested, cited, detained, or charged? (City or Town, State, Country)	Outcome or disposition of the arrest, citation, detention, or charge (no charges filed, charges dismissed, jail, probation, etc.)

	rt 12. Additional Information About You (Person Applying for turalization) (continued)	
	wer Item Numbers 30 46. If you answer "Yes" to any of these questions, except Item Numbers 37 ed explanation on additional sheets of paper and provide any evidence to support your answers.	and 38., include a typed or
30.	Have you EVER:	
	A. Been a habitual drunkard?	Yes No
	B. Been a prostitute, or procured anyone for prostitution?	Yes No
	C. Sold or smuggled controlled substances, illegal drugs, or narcotics?	Yes No
	D. Been married to more than one person at the same time?	Yes No
	E. Married someone in order to obtain an immigration benefit?	Yes No
	F. Helped anyone to enter, or try to enter, the United States illegally?	Yes No
	G. Gambled illegally or received income from illegal gambling?	Yes No
	H. Failed to support your dependents or to pay alimony?	Yes No
	I. Made any misrepresentation to obtain any public benefit in the United States?	Yes No
31.	Have you EVER given any U.S. Government officials any information or documentation that was faraudulent, or misleading?	alse, Yes No
32.	Have you EVER lied to any U.S. Government officials to gain entry or admission into the United St to gain immigration benefits while in the United States?	ates or Yes No
33.	Have you EVER been removed, excluded, or deported from the United States?	Yes No
34.	Have you EVER been ordered removed, excluded, or deported from the United States?	Yes No
35.	Have you EVER been placed in removal, exclusion, rescission, or deportation proceedings?	Yes No
36.	Are removal, exclusion, rescission, or deportation proceedings (including administratively closed proceedings) currently pending against you?	Yes No
37.	Have you EVER served in the U.S. armed forces?	Yes No
38.	A. Are you currently a member of the U.S. armed forces?	Yes No
	B. If you answered "Yes," are you scheduled to deploy overseas, including to a vessel, within the n three months? (Refer to the Address Change section in the Instructions on how to notify USCI you learn of your deployment plans after you file your Form N-400.)	
	C. If you answered "Yes," are you currently stationed overseas?	Yes No
39.	Have you EVER been court-martialed, administratively separated, or disciplined, or have you receive other than honorable discharge, while in the U.S. armed forces?	ved an Yes No
10.	Have you EVER been discharged from training or service in the U.S. armed forces because you wer alien?	e an Yes No
1 1.	Have you EVER left the United States to avoid being drafted in the U.S. armed forces?	Yes No
12.	Have you EVER applied for any kind of exemption from military service in the U.S. armed forces?	Yes No
13.	Have you EVER deserted from the U.S. armed forces?	Yes No

		2. Additional Informatilization) (continued)	on About You (Person Applying for	A-			
44.	A. Are you a male who lived in the United States at any time between your 18th and 26th birthdays? [Yes] 1 (This does not include living in the United States as a lawful nonimmigrant.)						
	B. If you answered "Yes," when did you register for the Selective Service? Provide the information below. Date Registered Selective Service (mm/dd/yyyy) Number						
	C.	If you answered "Yes," but y	ou did not register with the Selective Service Sys	tem and you are:			
		1. Still under 26 years of a information above; OR	ge, you must register before you apply for naturaliz	ation, and complete	the Selective Service		
			ge (29 years of age if you are filing under INA sectuust attach a statement explaining why you did not Service.				
		tem Numbers 45 50. If yo paper and provide any eviden	a answer "No" to any of these questions, include a to support your answers.	yped or printed expl	anation on additional		
45.	Do	you support the Constitution	and form of Government of the United States?		Yes No		
46.	Do	you understand the full Oath	of Allegiance to the United States?		Yes No		
47.	Are	e you willing to take the full C	ath of Allegiance to the United States?		Yes No		
48.	If t	he law requires it, are you wil	ing to bear arms on behalf of the United States?		Yes No		
49.	If th	he law requires it, are you wil	ing to perform noncombatant services in the U.S. a	rmed forces?	Yes No		
50.	If tl	he law requires it, are you wil	ing to perform work of national importance under	civilian direction?	Yes No		
Pa	rt 1.	3. Applicant's Statemen	t, Certification, and Signature				
NO	ΓE:	Read the Penalties section of	the Form N-400 Instructions before completing this	s part.			
Ap	plice	ant's Statement					
NO	ΓE:	Select the box for either Item	A. or B. in Item Number 1. If applicable, select the	ne box for Item Nun	nber 2.		
1.	Ap	plicant's Statement Regarding	the Interpreter				
	A.	I can read and understar and my answer to every	d English, and I have read and understand every qu question.	nestion and instruction	n on this application		
	В.	The interpreter named in question in	Part 14. read to me every question and instruction, a language in w		and my answer to every I understood everything		
2.	Ap	plicant's Statement Regarding	the Preparer				
	At my request, the preparer named in Part 15. , prepared this application for me based only upon information I provided or authorized.						

Par	t 13	. Applicant's Statement, Certification, and	l Signatı	ır	re (continued) A-
App	olica	nt's Certification			
requi	re tha		. Furthern	nc	d, original documents, and I understand that USCIS may ore, I authorize the release of any information from any of ation benefit that I seek.
		uthorize release of information contained in this applied persons where necessary for the administration and of		-	oporting documents, and in my USCIS records to other of U.S. immigration laws.
		nd that USCIS will require me to appear for an appoin and, at that time, I will be required to sign an oath rea			
	1)	I reviewed and provided or authorized all of the information	nation in r	ny	application;
	2)	I understood all of the information contained in, and s	ubmitted v	vi	th, my application; and
	3)	All of this information was complete, true, and correct	t at the tim	e	of filing.
		under penalty of perjury, that I provided or authorized a on contained in, and submitted with, my application, ar			
App	olica	nt's Signature			
3.	App	olicant's Signature			Date of Signature (mm/dd/yyyy)
\Rightarrow					
Instru	ıctioı	ns, USCIS may deny your application.	_		lication or fail to submit required documents listed in the
		. Interpreter's Contact Information, Certi	fication,	, 2	ind Signature
Provi	ide th	e following information about the interpreter.			
Inte	erpr	eter's Full Name			
1.	Inte	rpreter's Family Name (Last Name)	Int	er	rpreter's Given Name (First Name)
2.	Inte	rpreter's Business or Organization Name (if any)			
Inte	erpr	eter's Mailing Address			
3.	Stre	et Number and Name			Apt. Ste. Flr. Number
	City	or Town			State ZIP Code + 4
	Prov	vince Postal Co	ode		Country

	art 14. Interpreter's Contact Information, Certificationtinued)	ion, and Signature A-
Int	nterpreter's Contact Information	
4.	Interpreter's Daytime Telephone Number 5.	Interpreter's Mobile Telephone Number (if any)
6.	Interpreter's Email Address (if any)	
Int	nterpreter's Certification	
I cei	ertify, under penalty of perjury, that:	
Iten or he appl	m fluent in English and m Number 1., and I have read to this applicant in the identified lang ther answer to every question. The applicant informed me that he or plication, including the Applicant's Certification and has verified the interpreter's Signature	she understands every instruction, question and answer on the
	•	
7. →	Interpreter's Signature	Date of Signature (mm/dd/yyyy)
	art 15. Contact Information, Declaration, and Signat other Than the Applicant	ure of the Person Preparing This Application, if
Prov	ovide the following information about the preparer.	
	reparer's Full Name	
		Preparer's Given Name (First Name)
Pro	reparer's Full Name	Preparer's Given Name (First Name)
Pro 1. 2.	Preparer's Family Name (Last Name)	Preparer's Given Name (First Name)
Pro 1. 2.	Preparer's Family Name (Last Name) Preparer's Business or Organization Name (if any)	Preparer's Given Name (First Name) Apt. Ste. Flr. Number
Pro 1. 2.	Preparer's Family Name (Last Name) Preparer's Business or Organization Name (if any) Preparer's Mailing Address	

	rt 15. Contact Information, Declaration, and Signature of the Person eparing This Application, if Other Than the Applicant (continued)	A-
Pro	parer's Contact Information	
4.	Preparer's Daytime Telephone Number 5. Preparer's Mobile Teleph	none Number (if any)
6.	Preparer's Email Address (if any)	
Pro	eparer's Statement	
7.	A. I am not an attorney or accredited representative but have prepared this application of the applicant and with the applicant's consent.	n behalf of
	B. I am an attorney or accredited representative and my representation of the applicant in extends does not extend beyond the preparation of this application.	n this case
	NOTE: If you are an attorney or accredited representative whose representation exterpreparation of this application, you may be obliged to submit a completed Form G-2. Entry of Appearance as Attorney or Accredited Representative, with this application	8, Notice of
Pro	parer's Certification	
with com	tweed this completed application and informed me that he or she understands all of the information, his or her application, including the Applicant's Certification , and that all of this information pleted this application based only on information that the applicant provided to me or authorize apparer's Signature	is complete, true, and correct. I
	-	D . (CC) . (11/
8. →	Preparer's Signature	Date of Signature (mm/dd/yyyy)
	NOTE: Do not complete Parts 16., 17., or 18. until the USCIS Officer instruction interview.	ructs you to do so at the
Pa	rt 16. Signature at Interview	
this com	ear (affirm) and certify under penalty of perjury under the laws of the United States of America Form N-400, Application for Naturalization, subscribed by me, including corrections number 1 plete, true, and correct. The evidence submitted by me on numbered pages 1 throughect. cribed to and sworn to (affirmed) before me	through, are
	USCIS Officer's Printed Name or Stamp	Date of Signature (mm/dd/yyyy)
App	licant's Signature USCIS Officer's Signature USCIS Officer's Signature	Sale of Signature (IIIII/uu/yyyy)

D-v4 17 D-v-v-i-4: FF-v-i-v- Ti41-								
Part 17. Renunciation of Foreign Titles				A-				
If you answered "Yes" to Part 12., Items A. and B. in It	tem Numb	er 4., then you mu	ıst affirm tl	he follow	ing bef	ore a US	CIS of	ficer:
I further renounce the title of	which I ha	ave here	tofore l	neld; or				
(lis	t titles)							
I further renounce the order of nobility of	(1:		t	o which	I have	heretofo	re belo	onged.
A P. A D. A IV	(list or	der of nobility)						
Applicant's Printed Name		Applicant's Signat	ture					
USCIS Officer's Printed Name		USCIS Officer's S	Signature					
Date of Signature (mm/dd/yyyy)								
Part 18. Oath of Allegiance								
If your application is approved, you will be scheduled for following Oath of Allegiance immediately prior to become willingness and ability to take this oath:								
I hereby declare on oath, that I absolutely and entirely restate, or sovereignty, of whom or which I have heretofor			nce and fid	lelity to	any fore	ign prin	ce, pote	ntate,
that I will support and defend the Constitution and laws	of the Unit	ted States of Ameri	ica against	all enem	ies, for	eign, and	l domes	stic;
that I will bear true faith and allegiance to the same;								
that I will bear arms on behalf of the United States when	required b	by the law;						
that I will perform noncombatant service in the armed for	orces of the	United States whe	en required	by the l	aw;			
that I will perform work of national importance under civil	vilian dire	ction when required	d by the la	w; and				
that I take this obligation freely, without any mental rese	rvation or	purpose of evasion	n; so help n	ne God.				
Applicant's Printed Name								
Family Name (Last Name)	Given N	Jame (First Name)		M	iddle Na	ame (if a	pplicab	le)
		,						
Applicant's Signature				Date of	Cianat-	mo (mm-	/dd/	
Applicant's Signature				Date of	oignatu	11 C (111111/	uu/yyy	<i>y)</i>