| Part 1. Your Name (The Person Applying for Naturalization) | | | Write your INS "A"- number here: | | |
|--|---|-----------------------------|----------------------------------|------------|--|
| Your current legal name. | | | A | | |
| Family Name (Last Name) | | | FOR INS | USE ONLY | |
| , | | | Bar Code | Date Stamp | |
| Given Name (First Name) | Full Middle Na | me (<i>If applicable</i>) | 1 | | |
| | | | 1 | | |
| | | | | | |
| Your name exactly as it appears | on your Permanent Resident Car | d. | | | |
| Family Name (Last Name) | | | | Remarks | |
| Given Name (First Name) | Eull Middle No | me (If applicable) | | | |
| Given Name (First Name) | ruii Middle Na | ine (1) applicable) | | | |
| | | | : | | |
| If you have ever used other name | • | | | | |
| Family Name (Last Name) | Given Name (First Name) | Middle Name | 1 | | |
| | | | | | |
| | | | 1 | | |
| | | | | | |
| Name change (optional) | | | | | |
| | ore you decide whether to change | your name. | 1 | | |
| 1. Would you like to legally cha | | _ | | | |
| 2. If "Yes," print the new name abbreviations when writing y | you would like to use. Do not use our new name. | e initials or | Ac | tion | |
| Family Name (Last Name) | | | | | |
| | | | | | |
| Given Name (First Name) | Full Middle Na | me | | | |
| | | | | | |
| | | | | | |
| Part 2. Information About You | r Eligibility (Check Only One | 2) | | | |
| I am at least 18 years old AND | | | | | |
| A. I have been a Lawful Per | manent Resident of the United St | ates for at least 5 years | S. | | |
| I have been married to an | manent Resident of the United Stand living with the same U.S. citized St. citizen for the last 3 years. | | | | |
| C. I am applying on the basis | is of qualifying military service. | | | | |
| D. Other (<i>Please explain</i>) | | | | | |

| Part 3. Information About You | Write your INS "A"- number here: | | | | | |
|---|---|--|--|--|--|--|
| | A | | | | | |
| C Deta V | ou Became a Permanent Resident (Month/Day/Year) | | | | | |
| A. Social Security Number B. Date of Birth (Month/Day/Year) C. Date Y | ou Became a Fermanent Resident (Month/Day/Tear) | | | | | |
| | _// | | | | | |
| D. Country of Birth E. Country of Natio | onality | | | | | |
| | | | | | | |
| | | | | | | |
| F. Are either of your parents U.S. citizens? (if was see Instructions) | ☐ No | | | | | |
| F. Are either of your parents U.S. citizens? (if yes, see Instructions) | N0 | | | | | |
| G. What is your current marital status? | d Divorced Widowed | | | | | |
| Marriage Annulled or Other (Explain) | | | | | | |
| H. Are you requesting a waiver of the English and/or U.S. History and Government requirements based on a disability or impairment and attaching a Form N-648 with your Yes No application? I. Are you requesting an accommodation to the naturalization process because of a | | | | | | |
| disability or impairment? (See Instructions for some examples of accommodations.) | ∐ Yes | | | | | |
| If you answered "Yes", check the box below that applies: | | | | | | |
| | | | | | | |
| ☐ I am deaf or hearing impaired and need a sign language interpreter who uses the | following language: | | | | | |
| I use a wheelchair. | | | | | | |
| ☐ I am blind or sight impaired. | | | | | | |
| | | | | | | |
| ☐ I will need another type of accommodation. Please explain: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Doub 4 Addresses and Tolombons Normbons | | | | | | |
| Part 4. Addresses and Telephone Numbers | | | | | | |
| A. Home Address - Street Number and Name (Do NOT write a P.O. Box in this space) | Apartment Number | | | | | |
| | | | | | | |
| | | | | | | |
| City County State | ZIP Code Country | | | | | |
| | | | | | | |
| | | | | | | |
| B. Care of Mailing Address - Street Number and Name (If dig | fferent from home address) Apartment Number | | | | | |
| | | | | | | |
| | | | | | | |
| City State ZIP (| Code Country | | | | | |
| | | | | | | |
| C. Daytime Phone Number (<i>If any</i>) Evening Phone Number (<i>If any</i>) | E-mail Address (If any) | | | | | |
| Evening Filone Number (ij any) | L-man Addiess (ij any) | | | | | |
| | | | | | | |

| Part 5. Information for Criminal Records Search | | | | | Write yo | our INS "A"- nu | mber here: |
|--|----------------------|-----------------|-----------------|--------------------|----------------|-----------------|-----------------------|
| | | | | | Α | | |
| Note: The categories below | • | • | ee Instructions | | | | |
| A. Gender | В. | Height | | C. Weigh | nt | \neg | |
| Male Fem | ale | Feet | Inches | | Pour | nds | |
| D. Are you Hispanic or | Latino? | Yes | □ No | | | | |
| E. Race (Select one or n | nore.) | | | | | | |
| White Asian Black or African American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander | | | | | | | |
| F. Hair color | | | | | | | |
| Black Brow | vn Blonde | Gray | White | Red | Sandy | Bald (1 | No Hair) |
| G. Eye color | | | | | | | |
| Brown Blue | e Green | Hazel | Gray | Black | Pink | Maroo | n Other |
| Part 6. Information A | About Your Residenc | e and Emplo | yment | | | | |
| A. Where have you lived If you need more space | | | n where you liv | ve now and then li | ist every p | blace you lived | for the last 5 years. |
| Street Number a | nd Name, Apartment N | Jumber City | State Zin Co | de and Country | | Dates (Mo | |
| Street Number at | id Name, Apartment i | vuilloer, City, | , State, Zip Co | ue and Country | | From | То |
| Current Home Address - Same as Part 4.A | | | | | Present | | |
| | | | | | | _/ | / |
| | | | | | | _/ | |
| | | | | | _1 | | |
| | | | | | | _ | |
| B. Where have you worked (or, if you were a student, what schools did you attend) during the last 5 years? Include military service. Begin with your current or latest employer and then list every place you have worked or studied for the last 5 years. If you need more space, use a separate sheet of paper. | | | | | | | |
| Employer or | Employer or Scho | ool Address | | Dates (M | onth/Year |) | Your |
| School Name | (Street, City and S | | | From | | То | Occupation |
| | | | | _/ | / | , | |
| | | | | - | | | |
| | | | | _/ | / | ' | |
| | | | | _/ | / | ' | |
| | | | | | | | |
| | | | | _/ | / | | |
| | | | | | | | |

| Part 7. Time Outside (Including Trips to Ca | the United States nada, Mexico, and the Ca | | Write your INS "A"- number here: A | | | |
|--|---|---------------------------------------|-------------------------------------|------------------------------|---|--|
| A. How many total days | did you spend outside of the | he United States during | g the past 5 year | s? | days | |
| 3. How many trips of 24 | hours or more have you to | aken outside of the Uni | ited States durin | g the past 5 years? | trips | |
| C. List below all the trip | • | you have taken outside | of the United S | States since becoming a Lawf | | |
| Date You Left the United States (Month/Day/Year) | Date You Returned to the United States (Month/Day/Year) | Did Trip Last 6 Months or More? | Countries | to Which You Traveled | Total Days Out of the United States | |
| // | | Yes No | | | | |
| | // | Yes No | | | | |
| | // | Yes No | | | | |
| | // | Yes No | | | | |
| | // | Yes No | | | | |
| // | // | Yes No | | | | |
| | | Yes No | | | | |
| // | | Yes No | | | | |
| // | | Yes No | | | | |
| // | | Yes No | | | | |
| Part 8. Information A | bout Your Marital Histor | ·y | | | | |
| • | e you been married (included, give the following infor | | ´ L | If you have NEVER been m | narried, go to Part 9 | |
| 1. Spouse's Family Na | me (Last Name) | Given Name (First N | (ame) | Full Middle Name (| If applicable) | |
| | | | | | | |
| 2. Date of Birth <i>(Mon)</i> | th/Day/Year) | 3. Date of Marriage (| Month/Day/Yea | 4. Spouse's Social | Security Number | |
| 5. Home Address - Str | eet Number and Name | | | | Apartment Numb | |
| City | | State | | | ZIP Code | |
| | | | | | | |

| Part 8. Information About Your Marital History (Continued) | | | | | • | '- number here: |
|--|------------------------------|---------------|---|--------------|---|----------------------------|
| C. Is your spou | use a U.S. citizen? | Yes | □ No | Α | <u></u> | |
| D. If your spou | se is a U.S. citizen, give t | he following | g information: | | | |
| 1. When di | d your spouse become a U | J.S. citizen? | | | At Birth | Other |
| If "Othe | r," give the following info | rmation: | | | | |
| 2. Date you | ır spouse became a U.S. c | itizen | 3. Place your spouse became a U.S. | S. citizen (| (Please see In | astructions) |
| | _// | | | | | |
| | | | | City and | d State | |
| E. If your spou | use is NOT a U.S. citizen, | give the foll | lowing information : | | | |
| 1. Spouse's | Country of Citizenship | | 2. Spouse's INS "A"- Number (If a | pplicable) | <u>, </u> | |
| | | | A | | | |
| 3. Spouse's | Immigration Status | | | | | |
| Law | ful Permanent Resident | Othe | er | | 7 | |
| | | | | | _ | |
| | | | information about your prior spous the information requested in question | | | n one previous |
| 1. Prior Spo | ouse's Family Name (Last | Name) | Given Name (First Name) | | Full Middle | Name (If applicable) |
| | | | | | | |
| 2. Prior Sp | ouse's Immigration Status | | 3. Date of Marriage (Month/Day/Ye | ear) 4 | . Date Marria | age Ended (Month/Day/Year) |
| U.S. C | Citizen | | // | | | |
| | l Permanent Resident | | 5. How Marriage Ended | | | |
| Other | | | Divorce Spouse Died | Ot | ther | |
| G. How many | times has your current sp | ouse been m | arried (including annulled marriage: | s)? | | |
| | use has more than one pro | | ive the following information about age, use a separate sheet of paper to | | | |
| 1. Prior Sp | ouse's Family Name (Last | Name) | Given Name (First Name) | | Full Middle | Name (If applicable) |
| | | | | | | |
| 2. Prior Sp | ouse's Immigration Status | | 3. Date of Marriage (Month/Day/Ye | ear) 4 | . Date Marria | age Ended (Month/Day/Year) |
| U.S. C | Citizen | | // | | | _// |
| | ıl Permanent Resident | · | 5. How Marriage Ended | | | |
| Other | | | Divorce Spouse Died | Ot | ther | |
| - | | - | | | - | |

| A. How many sons and daughters have you had? For more information on which sons and daughters you should include and how to complete this section, see the Instructions. | | | | | | | | |
|---|--|------------------------------------|--------------------------|--|--|--|--|--|
| B. Provide the following information about all of your sons and daughters. If you need more space, use a separate sheet of paper. | | | | | | | | |
| Full Name of Son or Daughter | Date of Birth (Month/Day/Year) | INS "A"- number (if child has one) | Country of Birth | Current Address (Street, City, State & Country) | | | | |
| | !! | A | - | | | | | |
| | !! | A | - | | | | | |
| | !! | A | - | | | | | |
| | | A | - | | | | | |
| | | A | - | | | | | |
| | | A | - | | | | | |
| | | A | - | | | | | |
| | | A | - | | | | | |
| | | | | | | | | |
| Part 10. Additional | Questions | | | | | | | |
| Please answer questions 1 through 14. If you answer "Yes" to any of these questions, include a written explanation with this form. Your written explanation should (1) explain why your answer was "Yes," and (2) provide any additional information that helps to explain your answer. | | | | | | | | |
| A. General Questions | 3 | | | | | | | |
| 1. Have you EVER of | claimed to be a U.S. citize | en (in writing or any other v | way)? | Yes No | | | | |
| 2. Have you EVER r | 2. Have you EVER registered to vote in any Federal, state, or local election in the United States? | | | | | | | |
| 3. Have you EVER v | 3. Have you EVER voted in any Federal, state, or local election in the United States? | | | | | | | |
| 4. Since becoming a state, or local tax r | | ent, have you EVER failed | to file a required Feder | ral, Yes No | | | | |
| 5. Do you owe any F | ederal, state, or local taxe | s that are overdue? | | ☐ Yes ☐ No | | | | |
| 6. Do you have any t | itle of nobility in any fore | eign country? | | ☐ Yes ☐ No | | | | |
| | 7. Have you ever been declared legally incompetent or been confined to a mental institution within the last 5 years? | | | | | | | |

Part 9. Information About Your Children

Write your INS "A"- number here:

| | | A | | |
|-----------|--|--------------------------------------|-----------------------------|------|
| ₹. | Affiliations | | | |
| | Have you EVER been a member of or associated with any o foundation, party, club, society, or similar group in the United. | | Yes | No |
| | b. If you answered "Yes," list the name of each group below. I separate sheet of paper. | f you need more space, attach the | names of the other group(s) | on a |
| | Name of Group | Name | of Group | |
| 1 | 1 | 6 | | |
| | l. | 6. | | |
| 2 | 2. | 7. | | |
| 3 | 3. | 8. | | |
| _ | 4. | 9. | | |
| | | | | |
| 5 | 5. | 10. | | |
| 9. | Have you EVER been a member of or in any way associated (| either directly or indirectly) with: | | |
| | a. The Communist Party? | | Yes | No |
| | b. Any other totalitarian party? | | Yes | No |
| | c. A terrorist organization? | | Yes | No |
| 0. | Have you EVER advocated <i>(either directly or indirectly)</i> the oby force or violence? | verthrow of any government | Yes | No |
| 1. | Have you EVER persecuted (either directly or indirectly) any religion, national origin, membership in a particular social gro | | Yes | No |
| 2. | Between March 23, 1933, and May 8, 1945, did you work for o directly or indirectly) with: | r associate in any way (either | | |
| | a. The Nazi government of Germany? | | Yes | No |
| | b. Any government in any area (1) occupied by, (2) allied with help of the Nazi government of Germany? | h, or (3) established with the | Yes | No |
| | c. Any German, Nazi, or S.S. military unit, paramilitary unit, citizen unit, police unit, government agency or office, exter camp, prisoner of war camp, prison, labor camp, or transit of | mination camp, concentration | Yes | ☐ No |
| C. | Continuous Residence | | | |
| Sin | ce becoming a Lawful Permanent Resident of the United States | | | |
| 3. | Have you EVER called yourself a "nonresident" on a Federal, | state, or local tax return? | Yes | No |
| 4. | Have you EVER failed to file a Federal, state, or local tax retu yourself to be a "nonresident"? | ırn because you considered | Yes | □No |

Part 10. Additional Questions (Continued)

Write your INS "A"- number here:

| Part 10. Additional Questions (Continued) | | | | e your INS "A"- number here: | | | | | |
|--|--|----------------------------|-----------|--|--|--|--|--|--|
| | Α _ | | | | | | | | |
| D. Good Moral Character | | | | | | | | | |
| For the purposes of this application, you must answer "Yes" to the following questions, if applicable, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. | | | | | | | | | |
| 15. Have you EVER committed a | 15. Have you EVER committed a crime or offense for which you were NOT arrested? | | | | | | | | |
| | 16. Have you EVER been arrested, cited, or detained by any law enforcement officer (including INS and military officers) for any reason? Yes N | | | | | | | | |
| 17. Have you EVER been charged | with committing any crim | e or offense? | | ☐ Yes ☐ No | | | | | |
| 18. Have you EVER been convicted | ed of a crime or offense? | | | Yes No | | | | | |
| 19. Have you EVER been placed i (for example: diversion, deferre | | | | ? Yes No | | | | | |
| 20. Have you EVER received a su | spended sentence, been pla | aced on probation, or been | n paroled | Yes No | | | | | |
| 21. Have you EVER been in jail o | r prison? | | | Yes No | | | | | |
| If you answered "Yes" to any of questions 15 through 21, complete the following table. If you need more space, use a separate sheet of paper to give the same information. | | | | | | | | | |
| detained, or charged? detained, or charged (City, State, Country) arrest, citation, detention (No charges filed, charge | | | | Outcome or disposition of the arrest, citation, detention or charge (No charges filed, charges dismissed, jail, probation, etc.) | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Answer questions 22 through 33. If you answer "Yes" to any of these questions, attach (1) your written explanation why your answer was "Yes," and (2) any additional information or documentation that helps explain your answer. | | | | | | | | | |
| 22. Have you EVER: | | | | | | | | | |
| a. been a habitual drunkard? | Yes No | | | | | | | | |
| b. been a prostitute, or procured anyone for prostitution? | | | | | | | | | |
| c. sold or smuggled controlled substances, illegal drugs or narcotics? | | | | | | | | | |
| d. been married to more than one person at the same time? $\qquad \qquad \qquad$ | | | | | | | | | |
| e. helped anyone enter or try to | enter the United States ille | egally? | | Yes No | | | | | |
| f. gambled illegally or received | f. gambled illegally or received income from illegal gambling? | | | | | | | | |
| g. failed to support your depend | dents or to pay alimony? | | | Yes No | | | | | |
| 23. Have you EVER given false or while applying for any immigrate | | | | Yes No | | | | | |
| 24. Have you EVER lied to any U.S. government official to gain entry or admission into the United States? | | | | | | | | | |

| Part 10. Additional Questions (Continued) | | | "A"- number he | re: | | |
|---|----------|----------------|--|------------|--|--|
| | Ĺ | A | <u>, </u> | | | |
| E. Removal, Exclusion, and Deportation Proceedings | | | | | | |
| 25. Are removal, exclusion, rescission or deportation proceedings pending against | you? | | Yes | □ No | | |
| 26. Have you EVER been removed, excluded, or deported from the United States? | | | Yes | □ No | | |
| 27. Have you EVER been ordered to be removed, excluded, or deported from the U | United | States? | Yes | ☐ No | | |
| 28. Have you EVER applied for any kind of relief from removal, exclusion, or dep | ortatio | n? | Yes | □ No | | |
| F. Military Service | | | | | | |
| 29. Have you EVER served in the U.S. Armed Forces? | | | Yes | ☐ No | | |
| 30. Have you EVER left the United States to avoid being drafted into the U.S. Arm | ned Fo | rces? | Yes | ☐ No | | |
| 31. Have you EVER applied for any kind of exemption from military service in the | e U.S. | Armed Forces? | Yes | □ No | | |
| 32. Have you EVER deserted from the U.S. Armed Forces? | | | Yes | □ No | | |
| G. Selective Service Registration | | | | | | |
| 33. Are you a male who lived in the United States at any time between your 18th and 26th birthdays in any status except as a lawful nonimmigrant? | | | | | | |
| If you answered "NO", go on to question 34. | | | | | | |
| If you answered "YES", provide the information below. | | | | | | |
| If you answered "YES", but you did NOT register with the Selective Service Sy must register before you apply for naturalization, so that you can complete the in | | | 26 years of age, | , you | | |
| Date Registered (Month/Day/Year) | ective | Service Number | /_ | | | |
| If you answered "YES", but you did NOT register with the Selective Service and you are now 26 years old or older, attach a statement explaining why you did not register. | | | | | | |
| H. Oath Requirements (See Part 14 for the text of the oath) | | | | | | |
| Answer questions 34 through 39. If you answer "No" to any of these questions, attac "No" and (2) any additional information or documentation that helps to explain your a | | | nation why the a | answer was | | |
| 44. Do you support the Constitution and form of government of the United States? | | | | | | |
| 35. Do you understand the full Oath of Allegiance to the United States? | | | | | | |
| 36. Are you willing to take the full Oath of Allegiance to the United States? | | | | | | |
| 37. If the law requires it, are you willing to bear arms on behalf of the United States | s? | | Yes | ☐ No | | |
| 38. If the law requires it, are you willing to perform noncombatant services in the U | J.S. Ar | med Forces? | Yes | ☐ No | | |
| 39. If the law requires it, are you willing to perform work of national importance und direction? | ler civi | lian | Yes | ☐ No | | |

| Part 11. Your Signature | Write your INS "A"- number here: |
|--|--|
| | |
| I certify, under penalty of perjury under the laws of the United States of America, that are all true and correct. I authorize the release of any information which INS needs to | |
| Your Signature | Date (Month/Day/Year) |
| | // |
| Part 12. Signature of Person Who Prepared This Application for You (if application) | vable) |
| I declare under penalty of perjury that I prepared this application at the request of the on information of which I have personal knowledge and/or were provided to me by the <i>questions</i> contained on this form. | above person. The answers provided are based |
| Preparer's Printed Name Preparer's Sig | gnature |
| | |
| Date (Month/Day/Year) Preparer's Firm or Organization Name (If applicable) | Preparer's Daytime Phone Number |
| | |
| Preparer's Address - Street Number and Name City | State ZIP Code |
| | |
| | |
| Do Not Complete Parts 13 and 14 Until an INS Office | cer Instructs You To Do So |
| Part 13. Signature at Interview | |
| I swear (affirm) and certify under penalty of perjury under the laws of the United Sta application for naturalization subscribed by me, including corrections numbered 1 th numbered pages 1 through, are true and correct to the best of my knowledge at | rough and the evidence submitted by me |
| Subscribed to and sworn to (affirmed) before me | D. (M. 1/D. W.) |
| Complete Signature of Applicant Officer's Signature Officer's Sign | |
| Officer's Signi | |
| Part 14. Oath of Allegiance | |
| If your application is approved, you will be scheduled for a public oath ceremony at oath of allegiance immediately prior to becoming a naturalized citizen. By signing, this oath: I hereby declare, on oath, that I absolutely and entirely renounce and abjure all allegistate, or sovereignty, of whom or which which I have heretofore been a subject or cit that I will support and defend the Constitution and laws of the United States of Ameritat 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 we that I will perform work of national importance under civilian direction when require that I take this obligation freely, without any mental reservation or purpose of evasion. Printed Name of Applicant | you acknowledge your willingness and ability to take ance and fidelity to any foreign prince, potentate, izen; ica against all enemies, foreign and domestic; then required by the law; and by the law; and n; so help me God. |
| Printed Name of Applicant Complete Signature | e of Applicant |