



Application for Naturalization

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

USCIS
Form N-400
OMB No. 1615-0052
Expires 11/30/2025

For USCIS Use Only	Date Stamp	Receipt	Action Block
Remarks			

► **START HERE - Type or print in black ink.** Type or print "N/A" if an item is not applicable or the answer is none, unless otherwise indicated. Failure to answer all of the questions may delay U.S. Citizenship and Immigration Services (USCIS) processing your Form N-400. **NOTE: You must complete Parts 1. - 15.**

If your biological or legal adoptive mother or father is a U.S. citizen by birth, or was naturalized before you reached your 18th birthday, you may already be a U.S. citizen. Before you consider filing this application, please visit the USCIS Website at www.uscis.gov for more information on this topic and to review the instructions for Form N-600, Application for Certificate of Citizenship, and Form N-600K, Application for Citizenship and Issuance of Certificate Under Section 322.

NOTE: Are either of your parents a United States citizen? If you answer "Yes," then complete **Part 6. Information About Your Parents** as part of this application. If you answer "No," then skip **Part 6.** and go to **Part 7. Biographic Information.**

Part 1. Information About Your Eligibility (Select only one box or your Form N-400 may be delayed)

Enter your 9 Digit A-Number

► A- 204643341

1. You are at least 18 years old **and**:

- A. ☒ Have been a lawful permanent resident of the United States for at least 5 years.
- B. ☐ Have been a lawful permanent resident of the United States for at least 3 years. In addition, you have been married to and living with the same U.S. citizen spouse for the last 3 years, **and** your spouse has been a U.S. citizen for the last 3 years at the time you filed your Form N-400.
- C. ☐ Are a lawful permanent resident of the United States **and** you are the spouse of a U.S. citizen **and** your U.S. citizen spouse is regularly engaged in specified employment abroad. (See the Immigration and Nationality Act (INA) section 319(b).) If your residential address is outside the United States and you are filing under Section 319(b), select the USCIS Field Office from the list below where you would like to have your naturalization interview.

D. ☐ Are applying on the basis of qualifying military service.

E. ☐ Other (Explain):

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

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

Family Name (Last Name)

Aguilar Castro

Given Name (First Name)

Patricia

Middle Name (if applicable)

2. Your Name Exactly As It Appears on Your Permanent Resident Card (if applicable)

Family Name (Last Name)

Aguilar Castro

Given Name (First Name)

Patricia

Middle Name (if applicable)

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

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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)

4. 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)**

▶ 209732022

▶

7. Gender☐ Male ☒ Female**8. Date of Birth**

(mm/dd/yyyy)

07/15/1975

9. Date You Became a Lawful**Permanent Resident (mm/dd/yyyy)**

06/25/2013

10. Country of Birth

Costa Rica

11. Country of Citizenship or Nationality

Costa Rica

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?☐ Yes☒ No

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?**☐ Yes☐ No**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?**☐ Yes☐ No**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.)**☐ Yes☐ No**Part 3. Accommodations for Individuals With Disabilities and/or Impairments****NOTE:** Read the information in the Form N-400 Instructions before completing this part**1. Are you requesting an accommodation because of your disabilities and/or impairments?**☐ Yes☒ No

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:

Part 3. Accommodations for Individuals With Disabilities and/or Impairments (continued)

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- C. ☐ I have another type of disability and/or impairment (for example, use a wheelchair). (Describe the nature of your disability and/or impairment and the accommodation you are requesting.)

Part 4. Information to Contact You

1. Daytime Telephone Number

6155045565

2. Work Telephone Number (if any)

3. Evening Telephone Number

6155045565

4. Mobile Telephone Number (if any)

6155045565

5. Email Address (if any)

pats82cr@yahoo.com

Part 5. Information About Your Residence

1. Where have you lived during the last five years? Provide your most recent residence and then list every location where you have lived during the last five years. If you need extra space, use additional sheets of paper.

A. Current Physical Address

Street Number and Name

1220 RIVERBIRCH WAY

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

HERMITAGE

County

Davidson

State

TN

ZIP Code + 4

37076-3591

Province or Region
(foreign address only)Postal Code
(foreign address only)Country
(foreign address only)Dates of
Residence

From (mm/dd/yyyy)

10/31/2010

To (mm/dd/yyyy)

B. Current Mailing Address (if different from the address above)

In Care of Name (if any)

Patricia Aguilar Castro

Street Number and Name

1220 RIVERBIRCH WAY

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

HERMITAGE

County

Davidson

State

TN

ZIP Code + 4

37076-3591

Province or Region
(foreign address only)Postal Code
(foreign address only)Country
(foreign address only)

Part 5. Information About Your Residence (continued)

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C. Physical Address 2

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)Dates of
Residence

From (mm/dd/yyyy)

To (mm/dd/yyyy)

D. Physical Address 3

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)Dates of
Residence

From (mm/dd/yyyy)

To (mm/dd/yyyy)

E. Physical Address 4

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)Dates of
Residence

From (mm/dd/yyyy)

To (mm/dd/yyyy)

Part 6. Information About Your Parents

If neither one of your parents is a United States citizen, then skip this part and go to Part 7.

1. Were your parents married before your 18th birthday?

☒ Yes ☐ No**Information About Your Mother**

2. Is your mother a U.S. citizen?

☐ Yes ☒ NoIf you answered "Yes," complete the following information. If you answered "No," go to **Item Number 3.**

Part 6. Information About Your Parents (continued)

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A. Current Legal Name of U.S. Citizen Mother

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

B. 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-

Information About Your Father**3. Is your father a U.S. citizen?**☐ Yes ☒ NoIf you 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)****D. Date Father Became a U.S. Citizen (if known) (mm/dd/yyyy)****E. Father's A-Number (if any)**

► A-

Part 7. Biographic Information**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)**☒ White ☐ Asian ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander**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

Part 8. Information About Your Employment and Schools You Attended

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List where you have worked or attended school full time or part time during the last five years. Provide information for the complete time period. Include all military, police, and/or intelligence service. Begin by providing information about your most recent or current employment, studies, or unemployment (if applicable). Provide the locations and dates where you worked, were self-employed, were unemployed, or have studied for the last five years. If you worked for yourself, type or print "self-employed." If you were unemployed, type or print "unemployed." If you need extra space, use additional sheets of paper.

1. Employer or School Name

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code + 4

Province or Region
(foreign address only)Postal Code
(foreign address only)Country
(foreign address only)

Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

Your Occupation

2. Employer or School Name

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code + 4

Province or Region
(foreign address only)Postal Code
(foreign address only)Country
(foreign address only)

Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

Your Occupation

3. Employer or School Name

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code + 4

Province or Region
(foreign address only)Postal Code
(foreign address only)Country
(foreign address only)

Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

Your Occupation

Part 9. Time Outside the United States

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1. How many **total days (24 hours or longer)** did you spend outside the United States during the last 5 years? 161 days
2. How many trips of **24 hours or longer** have you taken outside the United States during the last 5 years? 6 trips
3. List below all the trips of **24 hours or longer** that you have taken outside the United States during the last 5 years. Start with your most recent trip and work backwards. If you need extra space, use additional sheets of paper.

Date 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?	Countries to Which You Traveled	Total Days Outside the United States
06/14/2022	07/26/2022	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Costa Rica	41
06/07/2021	08/05/2021	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Costa Rica	58
01/03/2020	01/08/2020	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Belize and Mexico	4
11/22/2019	12/02/2019	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Costa Rica	9
12/20/2018	01/06/2019	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Costa Rica	16
06/13/2018	07/17/2018	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Costa Rica	33
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Part 10. 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 11**.
2. If you are married, is your spouse a current member of the U.S. armed forces? ☐ Yes ☒ No
3. How many times have you been married (including annulled marriages, marriages to other people, and marriages to the same person)? 1
4. If you are married now, provide the following information about your current spouse.
- A. Current Spouse's Legal Name**
- | | | |
|-------------------------|-------------------------|-----------------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
| Kapoor | Paras | |
- B. Current Spouse's Previous Legal Name**
- | | | |
|-------------------------|-------------------------|-----------------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
| | | |
- C. Other Names Used by Current Spouse (include nicknames, aliases, and maiden name, if applicable)**
- | | | |
|-------------------------|-------------------------|-----------------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
| | | |
- D. Current Spouse's Date of Birth (mm/dd/yyyy)** 01/27/1976
- E. Date You Entered into Marriage with Current Spouse (mm/dd/yyyy)** 07/13/2002

Part 10. Information About Your Marital History (continued)

A- 204643341

F. Current Spouse's Present Home Address

Street Number and Name

1220 RIVERBIRCH WAY

Apt. Ste. Flr. Number

☐☐☐

City or Town

HERMITAGE

County

Davidson

State

TN

ZIP Code + 4

37076-3591

Province or Region
(foreign address only)Postal Code
(foreign address only)Country
(foreign address only)**G. Current Spouse's Current Employer or Company**

United Health Group

5. Is your current spouse a U.S. citizen?☐ Yes☒ NoIf you answered "Yes," answer **Item Number 6**. If you answered "No," go to **Item Number 7**.**6. If your current spouse is a U.S. citizen, complete the following information.****A. When did your current spouse become a U.S. citizen?**☐ At Birth - Go To **Item Number 8**.☐ Other - Complete the following information.**B. Date Your Current Spouse Became
a U.S. Citizen (mm/dd/yyyy)****7. If your current spouse is not a U.S. citizen, complete the following information.****A. Current Spouse's Country of Citizenship or Nationality**

INDIA

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

▶ A- 205362232

C. Current Spouse's Immigration Status☒ Lawful Permanent Resident ☐ Other (Explain):**8. How many times has your current spouse been married (including annulled marriages, marriages to other people, and marriages to the same person)? If your current spouse has been married before, provide the following information about your current spouse's prior spouse.**

0

If your current spouse has had more than one previous marriage, provide that information on additional sheets of paper.

A. Legal Name of My Current Spouse's Prior Spouse

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

B. Immigration Status of My Current Spouse's Prior Spouse (if known)☐ U.S. Citizen☐ Lawful Permanent Resident☐ Other (Explain):**C. Date of Birth of My Current Spouse's
Prior Spouse (mm/dd/yyyy)****D. Country of Birth of My Current Spouse's
Prior Spouse****E. Country of Citizenship or Nationality of My Current
Spouse's Prior Spouse**

Part 10. Information About Your Marital History (continued)

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- 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)

- H.** How My Current Spouse's Marriage Ended with Prior Spouse

☐ Annulled ☐ Divorced ☐ Spouse Deceased ☐ Other (Explain):

- 9.** If you were married before, provide the following information about your prior spouse. If you have more than one previous marriage, provide that information on additional sheets of paper.

- A.** My Prior Spouse's Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

- B.** 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

- E.** My Prior Spouse's Country of Citizenship or Nationality

- F.** Date of Marriage with My Prior Spouse (mm/dd/yyyy)

- G.** Date Marriage Ended with My Prior Spouse (mm/dd/yyyy)

- H.** How Marriage Ended with My Prior Spouse

☐ Annulled ☐ Divorced ☐ Spouse Deceased ☐ Other (Explain):

Part 11. Information About Your Children

- 1.** Indicate your total number of 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 who are currently married or unmarried; children living with you or elsewhere; current stepchildren; legally adopted children; **and** children born when you were not married.)

- 2.** Provide the following information about all your children (sons and daughters) listed in **Item Number 1.**, regardless of age. To list any additional children, use additional sheets of paper.

- A. Child 1**

Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Kapoor Aguilar

Avinash

A-Number (if any)

Date of Birth (mm/dd/yyyy)

Country of Birth

► A- 204643342

09/08/2006

Costa Rica

Part 11. Information About Your Children (continued)

A- 204643341

Current Address

Street Number and Name

1220 RIVERBIRCH WAY

Apt. Ste. Flr. Number

☐☐☐

City or Town

HERMITAGE

County

Davidson

State

TN

ZIP Code + 4

37076-3591

Province or Region
(foreign address only)Postal Code
(foreign address only)Country
(foreign address only)

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Biological child

B. Child 2

Current Legal Name

Family Name (Last Name)

Kapoor Aguilar

Given Name (First Name)

Isabella

Middle Name (if applicable)

A-Number (if any)

▶ A-

Date of Birth (mm/dd/yyyy)

06/13/2012

Country of Birth

United States

Current Address

Street Number and Name

1220 RIVERBIRCH WAY

Apt. Ste. Flr. Number

☐☐☐

City or Town

HERMITAGE

County

Davidson

State

TN

ZIP Code + 4

37076-3591

Province or Region
(foreign address only)Postal Code
(foreign address only)Country
(foreign address only)

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Biological

C. Child 3

Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

A-Number (if any)

▶ A-

Date of Birth (mm/dd/yyyy)

Country of Birth

Part 11. Information About Your Children (continued)

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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)What is your child's relationship to you? (for example, biological child,
stepchild, legally adopted child)**D. Child 4**

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

▶ 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)What is your child's relationship to you? (for example, biological child,
stepchild, legally adopted child)**Part 12. Additional Information About You (Person Applying for Naturalization)**Answer **Item Numbers 1. - 21.** If you answer "Yes" to any of these questions, include a typed or printed explanation on additional sheets of paper.

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 in any Federal, state, or local election in the United States? ☐ Yes ☒ No
3. Have you **EVER** voted in any Federal, state, or local election in the United States? ☐ Yes ☒ No
4. **A.** Do you now have, or did you **EVER** have, a hereditary title or an order of nobility in any foreign country? ☐ Yes ☒ No
B. If you answered "Yes," are you willing to give up any inherited titles or orders of nobility that you have in a foreign country at your naturalization ceremony? ☐ Yes ☐ No
5. Have you **EVER** been declared legally incompetent or been confined to a mental institution? ☐ Yes ☒ No

Part 12. Additional Information About You (Person Applying for Naturalization) (continued)

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6. Do you owe any overdue Federal, state, or local taxes? ☐ Yes ☒ No
7. A. Have you **EVER** not filed a Federal, state, or local tax return since you became a lawful permanent resident? ☐ Yes ☒ No
- B. If you answered "Yes," did you consider yourself to be a "non-U.S. resident"? ☐ Yes ☐ No
8. Have you called yourself a "non-U.S. resident" on a Federal, state, or local tax return since you became a lawful permanent resident? ☐ 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? ☒ Yes ☐ No
- B. If you answered "Yes," provide the information below. If you need extra space, attach the names of the other groups on additional sheets of paper and provide any evidence to support your answers.

Name of the Group	Purpose of the Group	Dates of Membership	
		From (mm/dd/yy)	To (mm/dd/yy)
AIESEC	Promote worldpeace and cultural understa	03/15/1995	07/10/2000
Auxiliary Ladies of Columbus	Help and provide support for members of t	02/01/2023	
Association of Students Faculty of Educatio	To promote social and educational activitie	03/15/1994	03/15/1995
Scouts of America	To prepare young people to make ethical a	09/20/2011	07/15/2013

10. 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
11. Have you **EVER** advocated (either directly or indirectly) the overthrow of any government by force or violence? ☐ Yes ☒ No
12. Have you **EVER** persecuted (either directly or indirectly) any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☒ No
13. Between March 23, 1933 and May 8, 1945, did you work for or associate in any way (either directly or indirectly) with:
- A. The Nazi government of Germany? ☐ Yes ☐ No
- B. Any government in any area occupied by, allied with, or established with the help of the Nazi government of Germany? ☐ Yes ☐ No
- C. Any German, Nazi, or S.S. military unit, paramilitary unit, self-defense unit, vigilante unit, citizen unit, police unit, government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, or transit camp? ☐ Yes ☐ No

Part 12. Additional Information About You (Person Applying for Naturalization) (continued)

A- 204643341

14. Were you **EVER** involved in any way with any of the following:

- | | | |
|--|------------------------------|--|
| A. Genocide? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| B. Torture? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| C. Killing, or trying to kill, someone? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| D. Badly hurting, or trying to hurt, a person on purpose? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| E. Forcing, or trying to force, someone to have any kind of sexual contact or relations? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| F. Not letting someone practice his or her religion? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

15. Were you **EVER** a member of, or did you **EVER** serve in, help, or otherwise participate in, any of the following groups:

- | | | |
|--|------------------------------|--|
| A. Military unit? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| B. Paramilitary unit (a group of people who act like a military group but are not part of the official military)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| C. Police unit? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| D. Self-defense unit? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| E. Vigilante unit (a group of people who act like the police, but are not part of the official police)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| F. Rebel group? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| G. Guerrilla group (a group of people who use weapons against or otherwise physically attack the military, police, government, or other people)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| H. Militia (an army of people, not part of the official military)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| I. Insurgent organization (a group that uses weapons and fights against a government)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

16. Were you **EVER** a worker, volunteer, or soldier, or did you otherwise **EVER** serve in any of the following:

- | | | |
|--|------------------------------|--|
| A. Prison or jail? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| B. Prison camp? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| C. Detention facility (a place where people are forced to stay)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| D. Labor camp (a place where people are forced to work)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| E. Any other place where people were forced to stay? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

17. 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?

- | | | |
|--|------------------------------|-----------------------------|
| A. If you answered "Yes," when you were part of this group, or when you helped this group, did you ever use a weapon against another person? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. If you answered "Yes," when you were part of this group, or when you helped this group, did you ever tell another person that you would use a weapon against that person? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

18. Did you **EVER** sell, give, or provide weapons to any person, or help another person sell, give, or provide weapons to any person?

- | | | |
|--|------------------------------|-----------------------------|
| A. If you answered "Yes," did you know that this person was going to use the weapons against another person? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part 12. Additional Information About You (Person Applying for Naturalization) (continued)

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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

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 Number 30.**

If you answered "Yes" to any question in **Item Numbers 23. - 28.**, then complete this table. If you need extra space, use additional sheets of paper and provide any evidence to support your answers.

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.)

Part 12. Additional Information About You (Person Applying for Naturalization) (continued)

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Answer **Item Numbers 30. - 46.** If you answer "Yes" to any of these questions, except **Item Numbers 37. and 38.**, include a typed or printed explanation on additional sheets of paper and provide any evidence to support your answers.

30. Have you **EVER**:

- | | | |
|---|------------------------------|--|
| A. Been a habitual drunkard? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| B. Been a prostitute, or procured anyone for prostitution? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| C. Sold or smuggled controlled substances, illegal drugs, or narcotics? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| D. Been married to more than one person at the same time? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| E. Married someone in order to obtain an immigration benefit? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| F. Helped anyone to enter, or try to enter, the United States illegally? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| G. Gambled illegally or received income from illegal gambling? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| H. Failed to support your dependents or to pay alimony? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| I. Made any misrepresentation to obtain any public benefit in the United States? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

31. Have you **EVER** given any U.S. Government officials **any** information or documentation that was false, fraudulent, or misleading? ☐ Yes ☒ No

32. 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

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 next three months? (Refer to the **Address Change** section in the Instructions on how to notify USCIS if you learn of your deployment plans after you file your Form N-400.) ☐ Yes ☐ No

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 received an other than honorable discharge, while in the U.S. armed forces? ☐ Yes ☒ No

40. Have you **EVER** been discharged from training or service in the U.S. armed forces because you were an alien? ☐ Yes ☒ No

41. Have you **EVER** left the United States to avoid being drafted in the U.S. armed forces? ☐ Yes ☒ No

42. Have you **EVER** applied for any kind of exemption from military service in the U.S. armed forces? ☐ Yes ☒ No

43. Have you **EVER** deserted from the U.S. armed forces? ☐ Yes ☒ No

Part 12. Additional Information About You (Person Applying for Naturalization) (continued)

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44. A. Are you a male who lived in the United States at any time between your 18th and 26th birthdays? ☐ Yes ☒ No
(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
(mm/dd/yyyy)

Selective Service
Number

C. If you answered "Yes," but you **did not register** with the Selective Service System and you are:

1. Still under 26 years of age, you must register before you apply for naturalization, and complete the Selective Service information above; **OR**
2. Now 26 to 31 years of age (29 years of age if you are filing under INA section 319(a)), but you did not register with the Selective Service, you must attach a statement explaining why you did not register, and provide a status information letter from the Selective Service.

Answer **Item Numbers 45. - 50.** If you answer "No" to any of these questions, include a typed or printed explanation on additional sheets of paper and provide any evidence to support your answers.

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 you willing to take the full Oath of Allegiance to the United States? ☒ Yes ☐ No

48. If the law requires it, are you willing to bear arms on behalf of the United States? ☒ Yes ☐ No

49. If the law requires it, are you willing to perform noncombatant services in the U.S. armed forces? ☒ Yes ☐ No

50. If the law requires it, are you willing to perform work of national importance under civilian direction? ☒ Yes ☐ No

Part 13. Applicant's Statement, Certification, and Signature

NOTE: Read the **Penalties** section of the Form N-400 Instructions before completing this part.

Applicant's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Applicant's Statement Regarding the Interpreter

A. ☒ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

B. ☐ The interpreter named in **Part 14.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything

2. Applicant'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.

Part 13. Applicant's Statement, Certification, and Signature (continued)

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Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I further authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

3. Applicant's Signature

Date of Signature (mm/dd/yyyy)

➔ Patricia Aguilar Castro

03/24/2023

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

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

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code + 4

Province

Postal Code

Country

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

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Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 13., Item B.** in

Item Number 1; and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification** and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature

Date of Signature (mm/dd/yyyy)



Part 15. Contact Information, Declaration, and Signature of the Person Preparing This Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code + 4

Province

Postal Code

Country

Part 15. Contact Information, Declaration, and Signature of the Person Preparing This Application, if Other Than the Applicant (continued)

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Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

Preparer's Statement

7. A. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- B. ☐ I am an attorney or accredited representative and my representation of the applicant in this case
- ☐ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)

→

NOTE: Do not complete Parts 16., 17., or 18. until the USCIS Officer instructs you to do so at the interview.

Part 16. Signature at Interview

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 number 1 through _____, are complete, true, and correct. The evidence submitted by me on numbered pages 1 through _____ 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 17. Renunciation of Foreign Titles

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If you answered "Yes" to **Part 12., Items A. and B. in Item Number 4.**, then you must affirm the following before a USCIS officer:

I further renounce the title of _____ which I have heretofore held; or
(list titles)

I further renounce the order of nobility of _____ to which I have heretofore belonged.
(list order of nobility)

Applicant's Printed Name

Applicant's Signature

USCIS Officer's Printed Name

USCIS Officer's Signature

Date of Signature (mm/dd/yyyy)

Part 18. Oath of Allegiance

If your application is approved, you will be scheduled for a public oath 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 and ability 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 Printed Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Applicant's Signature**Date of Signature (mm/dd/yyyy)**

Evidence Submitted

File Name	Document Category
Birth certificate Avinash Spanish.jpg	Other
Green Card Avinash.jpg	Other
Translation birth certificate Avi page 1.jpg	Other
Birth certificate Isabella.jpg	Other
Marriage certificate Spanish.jpg	Other
Translation marriage certificate page 1.jpg	Other
Translation birth certificate Avi page 2.jpg	Other
Tranlation Marriage certificate page 2.jpg	Other
Green card Patricia.jpg	Identity/Travel Documents
Stamps birth certificate Avinash.jpg	Other
Stamps Marriage certificate.jpg	Other

Electronic
Form
Only