

Application for Citizenship and Issuance of Certificate Under Section 322

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form N-600KOMB No. 1615-0087
Expires 12/31/2018

| For USC: Use Onl | IS e | | Receipt | | Action Block |
|---------------------------|--|---|---|------------------|---|
| | Remarks | | | | |
| Re | To be completed by an Attorney or Accredited epresentative (if any). | Select this box if Form G-28 is attached. | Attorney State Bar Number (if applicable) | • | or Accredited Representative Online Account Number (if any) |
| ► S | TART HERE - Type or | | | | |
| Part | 1. Information Abo | nild's A-Number: | | | |
| | The application is being f (Select only one box): | iled for a child. The chi | ld is under 18 years of age and | | A- |
| | The BIOLOGICAL of | child of a qualifying U.S | . citizen (USC) parent filing tl | his application. | |
| | The ADOPTED child | d of a qualifying USC pa | rent filing this application. | | |
| | The grandchild of a confive years of the deat | | rent or the child ward of a USO | C legal guardia | n filing this application within |
| Part | 2. Information Abo | out the Child (for w | hom this application is b | eing filed) | |
| 1. | Current Legal Name (do 1 | not provide a nickname) | | | |
| | Family Name (Last Name | e) | Given Name (First Name |) | Middle Name |
| | | | | | |
| 2. | Your Name Exactly As It | Appears on the Perman | ent Resident Card (if applicab | ole) | |
| | Family Name (Last Name | e) | Given Name (First Name |) | Middle Name |
| | | | | | |
| | Other Names Used (if app Provide all other names y | | ding nicknames, maiden name | e, and aliases. | |
| | Family Name (Last Name | e) | Given Name (First Name |) | Middle Name |
| | | | | | |
| | | | | | |
| 4. | U.S. Social Security Num ▶ | aber (if applicable) 5. | USCIS Online Account N | umber (if any) | |
| 6. | Date of Birth (mm/dd/yyy | yy) 7. Country | of Birth | | |

| Prior Country of Citizenship or Nationality 9. Gender 10. Height Male Female Feet Inches |
|--|
| Mailing Address |
| In Care Of Name (if any) |
| Street Number and Name Apt. Ste. Flr. Num |
| |
| City or Town State ZIP Code |
| - - |
| Province Postal Code Country |
| |
| Physical Address (Do not provide a PO Box in this space unless it is the ONLY address.) |
| Street Number and Name Apt. Ste. Flr. Num |
| |
| City or Town State ZIP Code |
| Chy of Town State Zir Code |
| Province Postal Code Country |
| Province Postal Code Country |
| |
| Marital Status |
| Single, Never Married |
| Other (Explain): |
| Information About the Admission Into the United States and Current Immigration Status |
| NOTE: Do NOT complete this section. The USCIS officer will complete it during the interview. |
| A. Arrived in the following manner: |
| Port-of-Entry |
| City or Town State Date of Entry (mm/dd/yyyy) |
| |
| Exact Name Used at Time of Entry |
| Exact Name Used at Time of Entry Family Name (Last Name) Given Name (First Name) Middle Name |
| Family Name (Last Name) Given Name (First Name) Middle Name |
| |
| B. Current Immigration Status |

Form N-600K 02/13/17 N Page 2 of 13

| Par (cor | | Information About the Chile | d (for who | m this app | lication is | being | filed) | A- | | |
|----------|-----------|--|-------------------|--------------------|----------------|----------------|-----------------------|---------------------|-----------|--------|
| 16. | Was | s the child adopted? | | | | | | | Y | es No |
| | A. | Date of Adoption (mm/dd/yyyy) | B. Date Leg | gal Custody /yyyy) | Began | | Date Phys (mm/dd/y | sical Custo yyy) | ody Began | |
| 17. | Wei | re the child's parents married to each | other when t | he child was | born (or ad | dopted)? | | | Y | es No |
| Par | t 3. | Information About the Child | d's U.S. Ci | itizen Biol | ogical or | Adopt | ive Pare | ent | | |
| | | Provide information about the U.S. e child's U.S. citizen parent in the so | | | | | | | | |
| 1. | Cur | rrent Legal Name of U.S. Citizen Pare | ent | | | | | | | |
| | Fan | nily Name (Last Name) | | Given Name | e (First Nan | ne) | | Middle N | ame | |
| 2. | Date | e of Birth (mm/dd/yyyy) 3. | Country of | Birth | | | | | | |
| 4. | U.S ▶[| . Social Security Number (if applicat | ole) | | | | | | | |
| 5. | Phy | rsical Address | | | | | | | | |
| | Stre | eet Number and Name (Do not provid | e a PO Box i | in this space | unless it is y | your ON | LY addres | ss.) Apt. | Ste. Flr. | Number |
| | City | y or Town | | | | | Stat | e | ZIP Co | de |
| | Pro | vince | Postal Code | e | | Country | ý | | | |
| 6. | Day | time Telephone Number | | 7. | Work Tel | ephone l | Number (i | f any) | | |
| 8. | Eve | ening Telephone Number | | 9. | Mobile Te | elephone | Number | (if any) | | |
| 10. | Ema | ail Address (if any) | | | | | | | | |

Form N-600K 02/13/17 N Page 3 of 13

| | | Information About the Child's (continued) | U.S. Citizen Biological or Ado | optive | A- | | | | | |
|-----|-----------|---|---|---------------|---------|---------|---------------------|----------|----------|---|
| 11. | The | parent is a U.S. citizen by: | | | | | | | | |
| | | Birth in the United States | Acquisition after birth through na | turalization | of ali | en par | ents | | | |
| | | Birth abroad to U.S. citizen parents | | | | 1 | | | | |
| | | Certificate of Citizenship Number | Alien Registration Number (A-Nu | ımber) (if k | nown) |) | | | | |
| | | | ► A- | | | | | | | |
| | | Naturalization | | | | | | | | |
| | | Place of Naturalization | | | | | | | | |
| | | Name of Court or USCIS Office Location | on | | | | | | | |
| | | | | | | | | | | |
| | | City or Town | State | | | | | | | |
| | | | | | | | | | | |
| | | Certificate of Naturalization Number | A-Number (if known) | | ate of | Natur | alizati | on (n | ım/d | d/yyyy) |
| | | | ▶ A- | | | | | | | |
| 12. | | the U.S. citizen father or mother ever los of U.S. citizenship? | st U.S. citizenship or taken any action | that would | d cause | 2 | |] Ye | es [| No |
| | If th | ne answer is "Yes" to Item Number 12., 1 | 11. A | dditio | nal I | nfor | mation. | | | |
| 13. | Ma | rital History | | | | | | | | |
| | A. | How many times has the U.S. citizen fat marriages and marriages to the same per | g annulled | | | | | | | |
| | B. | What is the U.S. citizen father or mother | 's current marital status? | | | | | | | |
| | | Single, Never Married Married | Divorced Widowed | Separate | ed [| Mar | riage A | Annu | lled | |
| | | Other (Explain): | | | | | | | | |
| | C. | Information About the U.S. Citizen Fath | er's or Mother's Current Spouse | | | | | | | _ |
| | | Family Name (Last Name) | Given Name (First Nan | ne) | | Mide | ile Na | me | | |
| | | | | | | | | | | |
| | | Date of Birth (mm/dd/yyyy) Count | try of Birth | | | | | | | |
| | | | | | | | | | | |
| | | Country of Citizenship or Nationality | | | | | | | | |
| | | | | | | | | | | |
| | | Spouse's Physical Address | | | | | | | | |
| | | Street Number and Name (Do not provid ONLY address.) | de a PO Box in this space unless it is | your spous | e's | Ant | Ste. | Flr | Nı | ımher |
| | | | | | | Tpt. | | | | *************************************** |
| | | City or Town | S | tate | | _ Zl | IP Co | ∟ ode | | |
| | | | | $\overline{}$ | | | $\neg \vec{\Gamma}$ | | - | |
| | | Province | Postal Code | Country | | | | | _ | |
| | | | | | | | | | | |

Form N-600K 02/13/17 N Page 4 of 13

| | | Information About the Chile (continued) | d's U.S. C | Citizen Biologi | ical | or Adoptive | A- | | | |
|------------------------|-------------------------------------|---|-----------------|----------------------------|---------|--------------------------|---------------|---------|--------|--------|
| | | Date of Marriage (mm/dd/yyyy) | | | | | _ | | | |
| | | | | | | | | | | |
| | | Place of Marriage | | | | | | | | |
| | | City or Town | | State | _ | Country | | | | |
| | | | | | | | | | | |
| | | Spouse's Immigration Status | | | | | | | | 1 |
| | | U.S. Citizen Lawful Perm | anent Resid | ent Other | (Ex | plain): | | | | |
| | D. | Is the U.S. citizen father's or mother | 's current sp | ouse also the chi | ld's l | biological (or adopti | ve) parent? | | Yes | ☐ No |
| 14. | Mei | mber of U.S. Armed Forces | | | | | | | | |
| | A. | Is the sponsoring U.S. citizen parent | t a member o | of the U.S. Arme | d Fo | rces? | | | Yes | ☐ No |
| | В. | If the answer is "Yes," then are ther with the sponsoring U.S. citizen par | | _ | | - · | nd reside | | Yes | ☐ No |
| | | NOTE: If the U.S. citizen biologic presence in the United States, skip | | | | | D has the req | uired j | ohysic | al |
| | | | | | | | | | | |
| Par | t 4. | Information About the Chile | d's Qualif | fying U.S. Cit | izer | Grandparent | | | | |
| citize | enshij | Complete this part only if the U.S. citip for the child, and the U.S. citizen pere after 14 years of age.) | | | | | | | | ars of |
| | 11 *** C. | J | | | | | | | | |
| 1. | | rrent Legal Name of U.S. Citizen Gra | ndparent | | | | | | | |
| 1. | Cur | • | ndparent | Given Name (F | irst | Name) | Middle Na | me | | |
| 1. | Cur | rrent Legal Name of U.S. Citizen Gra | ndparent | Given Name (F | First | Name) | Middle Na | me | | |
| 2. | Cur Fan | rrent Legal Name of U.S. Citizen Gra | Country of | | First : | Name) | Middle Na | me | | |
| | Cur Fan | rrent Legal Name of U.S. Citizen Gra | | | irst i | Name) | Middle Nar | me | | |
| | Fam Date | rrent Legal Name of U.S. Citizen Gra | Country or | | First | Name) | Middle Nar | me | | |
| 2. | Cur Fam Date U.S ► | rrent Legal Name of U.S. Citizen Gramily Name (Last Name) te of Birth (mm/dd/yyyy) 3. S. Social Security Number (if applications) | Country or | | First | Name) | Middle Nar | me | | |
| 2. | Cur Fam Date U.S ►[| rrent Legal Name of U.S. Citizen Gramily Name (Last Name) te of Birth (mm/dd/yyyy) 3. | Country of | f Birth | | | | | lr. N | umber |
| 2. | Cur Fam Date U.S ►[| rrent Legal Name of U.S. Citizen Gramily Name (Last Name) te of Birth (mm/dd/yyyy) 3. S. Social Security Number (if applicate special Address) | Country of | f Birth | | | | | ılr. N | umber |
| 2. | Curr Fam Date U.S ▶ [Phy Stree | rrent Legal Name of U.S. Citizen Gramily Name (Last Name) te of Birth (mm/dd/yyyy) 3. S. Social Security Number (if applicate special Address) | Country of | f Birth | | is your ONLY addr | | | | umber |
| 2. | Curr Fam Date U.S ▶ [Phy Stree | rrent Legal Name of U.S. Citizen Gramily Name (Last Name) te of Birth (mm/dd/yyyy) 3. S. Social Security Number (if applicate special Address seet Number and Name (Do not provide the not provide seet Number and Name (Do not provide the not provide seet Number and Name (Do not provide the not provide seet Number and Name (Do not provide the not provide seet Number and Name (Do not provide the not provide seet Number and Name (Do not provide the not provide seet Number and Name (Do not provide the not provide seet Number and Name (Do not provide the not provide seet Number and Name (Do not provide seet Number and Na | Country of | f Birth | | is your ONLY addr | ess.) Apt. S | Ste. F | | umber |
| 2. | Curr Fan U.S ► [Phy Stre | rrent Legal Name of U.S. Citizen Gramily Name (Last Name) te of Birth (mm/dd/yyyy) 3. S. Social Security Number (if applicate special Address seet Number and Name (Do not provide the not provide seet Number and Name (Do not provide the not provide seet Number and Name (Do not provide the not provide seet Number and Name (Do not provide the not provide seet Number and Name (Do not provide the not provide seet Number and Name (Do not provide the not provide seet Number and Name (Do not provide the not provide seet Number and Name (Do not provide the not provide seet Number and Name (Do not provide seet Number and Na | Country of | f Birth in this space unle | | is your ONLY addr | ess.) Apt. S | Ste. F | | umber |
| 2. | Curr Fan U.S ► [Phy Stre | rrent Legal Name of U.S. Citizen Gramily Name (Last Name) te of Birth (mm/dd/yyyy) 3. S. Social Security Number (if applicate social Address seet Number and Name (Do not provide y or Town | Country of Die) | f Birth in this space unle | | is your ONLY addr | ess.) Apt. S | Ste. F | | umber |
| 2. | Cur Fam Date U.S Phy Stre City | rrent Legal Name of U.S. Citizen Gramily Name (Last Name) te of Birth (mm/dd/yyyy) 3. S. Social Security Number (if applicate social Address seet Number and Name (Do not provide y or Town | Country of Die) | f Birth in this space unle | ess it | is your ONLY addr | ess.) Apt. | Ste. F | | umber |

Form N-600K 02/13/17 N Page 5 of 13

| | r t 4. ntint | Information About th | e Child's Qualifying U | J .S. Cit | izen Grandparent | A- | | | | |
|-----|------------------------|---|---------------------------------|------------------|-----------------------------|----------------|---|--------|-------|----------|
| 8. | | ening Telephone Number | | 9. N | Iobile Telephone Number |] er (if an | ıy) | | | |
| | | | | | • | | <u>, </u> | | | |
| 10. | Em | ail Address (if any) | | | | | | | | |
| 11. | The | e grandparent is a U.S. citizen | by: | | | | | | | |
| | | Birth in the United States | Acquisition | after birt | h through naturalization o | of alien | n parents | | | |
| | | Birth abroad to U.S. citizen | parents | | | | | | | |
| | | Certificate of Citizenship No | umber A-Number (▶ A- | if known | | | | | | |
| | | Naturalization | | | | | | | | |
| | ш | Place of Naturalization | | | | | | | | |
| | | Name of Court or USCIS O | ffice Location | | | | | | | |
| | | | | | | | | | | |
| | | City or Town | State | | | | | | | |
| | | | | | | | | | | |
| | | Certificate of Naturalization | Number A-Number (| if known |) Da | ate of N | Vaturaliza | tion (| mm/d | ld/yyyy) |
| | | | ► A- | | | | | | | |
| 12. | Has | s the grandparent ever lost U. | S. citizenship or taken any a | ection tha | t would cause loss of U.S | S. citize | enship? | | Yes | □ No |
| | | ne answer is "Yes" to Item N | • | | | | - | | | |
| | | ditional Information. | | | n in the space provided in | | | | | |
| | | | | | | | | | | |
| Par | rt 5. | Physical Presence in t | he United States Fron | n Birth | Until Filing of Form | n N-6 | 00K | | | |
| | | Provide the dates that the U.S physically present in the Unit | | | | | | | | |
| | | cal presence of the U.S. citize | | · | • | | | | | |
| 1. | Ind | icate whether this information | n relates to the U.S. citizen j | parent or | to the qualifying grandpa | arent. | | | | |
| | | U.S. Citizen Parent U | J.S. Citizen Grandparent | | | | | | | |
| 2. | Phy | vsical Presence in the United | States | | | | | | | |
| | A. | From (mm/dd/yyyy) | Until (mm/dd/yyyy) | В. | From (mm/dd/yyyy) | | Until (mr | n/dd/ | уууу) | |
| | | | | | | | | | | |
| | C. | From (mm/dd/yyyy) | Until (mm/dd/yyyy) | D. | From (mm/dd/yyyy) | | Until (mr | n/dd/ | уууу) | |
| | | | | | | | | | | |
| | E. | From (mm/dd/yyyy) | Until (mm/dd/yyyy) | F. | From (mm/dd/yyyy) | | Until (mr | n/dd/ | уууу) | |
| | | | | | | | | | | |
| | G. | From (mm/dd/yyyy) | Until (mm/dd/yyyy) | Н. | From (mm/dd/yyyy) | | Until (mr | n/dd/ | уууу) | |
| | | | | | | | | | | |

Form N-600K 02/13/17 N Page 6 of 13

NOTE: If the U.S. citizen biological/adoptive parent is filing this application, skip Part 6. and go directly to Part 7.

| Current Leg Family Nat Date of Bir U.S. Social Physical Act Street Num City or Tov Province Daytime Tot Evening Tet Evening Tet Birth i Birth act Certifit Natura | Security Number (if appl ddress ber and Name (Do not pro | 3. Country [licable] | Give of Birth | n Name | e (First Na | me) | M | iddle | Name | |
|--|--|-----------------------------------|------------------|-----------|--------------|------------------|------------|--------|---------|------------|
| Province Daytime Telegal g Birth i Birth a Certifi Natura | th (mm/dd/yyyy) 3 Security Number (if appl ddress ber and Name (Do not pro | 3. Country licable) ovide a PO Bo | of Birth | | | | | | | |
| Date of Bir U.S. Social Physical Add Street Num City or Tov Province Daytime To Evening To Email Add: The legal g Birth i Birth a Certifi Natura | th (mm/dd/yyyy) 3 Security Number (if appl ddress ber and Name (Do not pro | licable) ovide a PO Bo | of Birth | | | | | | | |
| U.S. Social Physical Add Street Num City or Tov Province Daytime To Evening To Evening To Evening To City or Tov Add Certifi Natura | Security Number (if appl ddress ber and Name (Do not pro | licable) ovide a PO Bo | | | nless it is | your ONLY | address.) | Apt | t. Ste. | |
| U.S. Social Physical Add Street Num City or Tov Province Daytime To Evening To Email Add The legal g Birth i Birth a Certifi Natura | Security Number (if appl ddress ber and Name (Do not pro | licable) ovide a PO Bo | | | nless it is | your ONLY | address.) |) Apt | t. Ste. | |
| Physical Address Street Num City or Tox Province Daytime To Evening To Evening To Birth i Birth i Certifi Natura | ddress ber and Name (Do not pro | ovide a PO Bo | ox in this | space u | ınless it is | your ONLY | address.) |) Apt | t. Ste. | |
| Physical Address Street Num City or Tox Province Daytime To Evening To Email Address The legal g Birth i Birth a Certifi Natura | ddress ber and Name (Do not pro | ovide a PO Bo | ox in this | space u | ınless it is | your ONLY | address.) |) Apt | t. Ste. | |
| City or Tov Province Daytime To Evening To Email Add The legal g Birth i Birth a Certifi Natura | ber and Name (Do not pro | | ox in this | space u | unless it is | your ONLY | address.) | Apt | t. Ste. | El M |
| City or Tov Province Daytime To Evening To Email Add The legal g Birth i Birth a Certifi Natura | ber and Name (Do not pro | | ox in this | space u | inless it is | your ONLY | address.) | Apt | t. Ste. | El M |
| City or Tov Province Daytime To Evening To Email Add: The legal g Birth i Certifi Natura | · · · · · | | ox in this | space u | inless it is | your ONLY | address.) | Apt | . Ste. | T1 N |
| Province Daytime Tell Evening Tell Evening Tell Birth is Birth is Certified Natura | vn | D 1.0 | | | | | | | | Fir. Nun |
| Province Daytime Tell Evening Tell Email Add The legal g Birth i Birth a Certifi Natura | vn | D . 1.0 | | | | | | | | |
| Daytime To Evening To Evening To Birth i Birth a Certifi | | D . 1.0 | | | | | State | _ | Z | IP Code |
| Daytime To Evening To Evening To Birth i Birth a Certifi | | D . 1.C | | | | | | | | - [|
| Evening Te Email Add The legal g Birth i Birth a Certifi | | Postal C | ode | | | Country | | | | |
| Evening Te Email Add The legal g Birth i Birth a Certifi | | | | | | | | | | |
| Evening Te Email Add The legal g Birth i Birth a Certifi | elephone Number | | | 7. | Work Te | lephone Nur | nber (if a | ny) | | |
| Email Add | - | | | | | | · | | | |
| . Email Add | elephone Number | | | 9. | Mobile 7 | Telephone Nι | ımber (if | any) | | |
| . The legal g Birth i Birth a Certifi Natura | - | | | | | | · | | | |
| . The legal g Birth i Birth a Certifi Natura | ress (if any) | | | | | | | | | |
| Birth i Birth a Certifi Natura | | | | | | | | | | |
| Birth i Birth a Certifi Natura | uardian is a U.S. citizen b | ov: | | | | | | | | |
| Birth a Certifi Natura | n the United States | | cauisitio | n after b | oirth throu | gh naturaliza | tion of al | ien pa | rents | |
| Certifi Natura | broad to U.S. citizen pare | | 1 | | | 6 | | Ι | | |
| Natura | cate of Citizenship Number | | -Number | (if kno | wn) | | | | | |
| | 1 | | A- | | | | | | | |
| | lization | | | | | | | | | |
| I lace (| of Naturalization | | | | | | | | | |
| Nama | of Court or USCIS Office | Location | | | | | | | | |
| Name | JI Court of OSCIS Office | Location | | | | | | | | |
| City or | · Town | | State | | | | | | | |
| | 1 0 1/11 | | | <u> </u> | | | | | | |
| Certifi | | | -Number | . (:£1 | | | ь. | CAY | ,, . | on (mm/dd/ |

Form N-600K 02/13/17 N Page 7 of 13

| Pa | rt 6. Information About the | Legal | Guardian (| continued) | | | A- | | | | | |
|----------|--|------------------------|------------------------------|---------------------------|-----------|----------------------------------|-------------------|---------|---------|----------|--------|------|
| 12. | Date of Legal Guardianship (mm/dd/yyyy) | 13. | Name of Autl Legal Guardi | hority that Gra anship | inted | | | | | | | |
| 14. | Address of Authority that Granted | l Legal (| Guardianship | | | | | | | | | |
| | Street Number and Name (Do not | provide | a PO Box in th | nis space unless | s it is y | your ONLY a | address.) | Apt. | Ste. | Flr. | Nur | nber |
| | City or Town | | | | | | State | | | IP Co | de | |
| | Province |] | Postal Code | | | Country | J L | | | | | |
| | | | | | | | | | | | | |
| Do | rt 7. Preferred Location and | l Doto | for Intervio | NET/ | | | | | | | | |
| 1. | USCIS Office Location | Date | 101 IIILEI VIC | Z VV | | | | | | | | |
| 1. | OSCIS Office Location | | | | | | | | | | | |
| | City or Town | | | | | | State | | | | | |
| | | | | | | | | | | | | |
| 2. | Preferred Date (mm/dd/yyyy) | | | | | | | | | | | |
| | Lugara III | | . 1 | | | | | | | | | |
| | USCIS will attempt to accommoda | | • | | N (0) | OV and bafa | 4h o ah i | 11. 1 | 104L L! | . ل ما ا | | |
| | NOTE: Interview date should b | e at ieas | si 90 days afte | er illing Form | 14-00 | ok and belo | re the chi | .10 S 1 | lom di | rında | ıy. | |
| Pa | rt 8. Applicant's Statement, | Conta | ct Informat | tion, Certifi | catio | on, and Sig | nature | | | | | |
| NO' | ΓΕ: Read the Penalties section of the | he Form | N-600K Instru | uctions before | comp | leting this par | rt. | | | | | |
| Ap_{j} | plicant's Statement | | | | | | | | | | | |
| NO' | ΓE: Select the box for either Item A | A. or B. | in Item Numb | er 1. If applic | able, | select the box | t for Item | Nun | aber 2 | | | |
| 1. | Applicant's Statement Regarding to | the Inter | preter | | | | | | | | | |
| | A. I can read and understand and my answer to every quantum and my answer to every quantum. | _ | | ead and unders | tand e | every question | n and inst | ructio | n on th | nis app | plicat | ion |
| | B. The interpreter named in question in | Part 9. | read to me eve | | | ruction on thi age in which I | | | • | | | • |
| 2. | Applicant's Statement Regarding to | the Prepa | arer | | | | | | | | | |
| | At my request, the preparer na application for me based only | | | ovided or auth | orized | l. | | | | prepar | red th | is |

Form N-600K 02/13/17 N Page 8 of 13

| | rt 8. Applicant's Statement, Contact Information gnature (continued) | ı, Ce | rtification, and A- | | | | | | |
|--|---|---------|--|-------------------------|--|--|--|--|--|
| | plicant's Contact Information | | | | | | | | |
| | • | 4 | A soft and Malife Taleston No. | 1 ('C) | | | | | |
| 3. | Applicant's Daytime Telephone Number | 4. | Applicant's Mobile Telephone Num | ber (II any) | | | | | |
| 5. | Applicant's Email Address (if any) | | | | | | | | |
| Ap_{j} | plicant's Certification | | | | | | | | |
| requ | pies of any documents I have submitted are exact photocopies of aire that I submit original documents to USCIS at a later date. I records that USCIS may need to determine my eligibility for the | Furthe | ermore, I authorize the release of any | • | | | | | |
| | rther authorize release of information contained in this applicati ties and persons where necessary for the administration and enf | | | SCIS records to other | | | | | |
| I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that: | | | | | | | | | |
| | 1) I reviewed and provided or authorized all of the informat | ion ir | n my application; | | | | | | |
| | 2) I understood all of the information contained in, and subr | mitted | l with, my application; and | | | | | | |
| | 3) All of this information was complete, true, and correct at | the t | me of filing. | | | | | | |
| | rtify, under penalty of perjury, that I provided or authorized all ermation contained in, and submitted with, my application, and to | | • • • | | | | | | |
| Ap_{I} | plicant's Signature | | | | | | | | |
| 6. | Applicant's Signature (sign in ink) | | Date of | Signature (mm/dd/yyyy) | | | | | |
| \Rightarrow | • | | | | | | | | |
| | TE TO ALL APPLICANTS: If you do not completely fill ou ructions, USCIS may deny your application. | ıt this | application or fail to submit required | documents listed in the | | | | | |
| Pa | rt 9. Interpreter's Contact Information, Certifica | tion | , and Signature | | | | | | |
| Prov | vide the following information about the interpreter. | | | | | | | | |
| Int | terpreter's Full Name | | | | | | | | |
| 1. | Interpreter's Family Name (Last Name) | | Interpreter's Given Name (First Name | 2) | | | | | |
| 2. | Interpreter's Business or Organization Name (if any) | | | | | | | | |

Form N-600K 02/13/17 N Page 9 of 13

| | rt 9. Interpreter's Contact Information, Certification, and Signature ntinued) |
|----------------|--|
| Int | erpreter's Mailing Address |
| 3. | Street Number and Name Apt. Ste. Flr. Number |
| | City or Town State ZIP Code |
| | Province Postal Code Country |
| Int | erpreter'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 | erpreter's Certification |
| I am Item appl | fluent in English and, which is the same language specified in Part 8. , n B. in Item Number 1. , and I have read to this applicant in the identified language every question and instruction on this ication and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, answer on the application, including the Applicant's Certification , and has verified the accuracy of every answer. |
| Int | erpreter's Signature |
| 7. | Interpreter's Signature (sign in ink) Date of Signature (mm/dd/yyyy) |
| | rt 10. Contact Information, Declaration, and Signature of the Person Preparing this Application, if her Than the Applicant |
| Prov | ride the following information about the preparer. |
| Pre | parer'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) |

Form N-600K 02/13/17 N Page 10 of 13

| Pre | parer's Mailing Address |
|------|--|
| 3. | Street Number and Name Apt. Ste. Flr. Number |
| | |
| | City or Town State ZIP Code |
| | |
| | Province Postal Code Country |
| Pre | parer's Contact Information |
| 4. | Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) |
| 6. | Preparer's Email Address (if any) |
| Pre | parer'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. |
| Pre | parer's Certification |
| revi | ny signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then ewed this completed application and informed me that he or she understands all of the information contained in, and submitted his or her application, including the Applicant's Certification , and that all of this information is complete, true, and correct. I pleted this application based only on information that the applicant provided to me or authorized me to obtain or use. |
| | |
| com | parer's Signature |

Form N-600K 02/13/17 N Page 11 of 13

| Pa | rt 11 | l. Additional | Info | rmation | | | | | A- | | | | | | |
|--------------|-----------|--|-----------------|-------------------------------------|-----------------------|--|---------------|----------------|-----------|-------|------|----------|-----|-------|---|
| than prin | what the | ed extra space to t is provided, ma applicant's name to which the ans | ke cop and A | oies of this pago -Number (if ar | e to cor ny) at th | nplete and file w ne top of each sh | ith this appl | ication or att | ach a sep | arate | shee | et of pa | ape | r. Ty | r |
| 1. | Far | mily Name (Last | Name |) | Gi | ven Name (First | Name) | | Middle | Nam | e | | | | |
| 2. | A-l | Number (if any) | ► A | - | | | | | | | | | | | |
| 3. | A. | Page Number | В. | Part Number | C. | Item Number |] | | | | | | | | |
| | D. | | | | | | J | | | | | | | | |
| 4. | A. | Page Number | В. | Part Number | C. | Item Number | | | | | | | | | |
| | D. | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 5. | | Page Number | В. | Part Number | C. | Item Number | | | | | | | | | |
| | D. | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 6. | A. | Page Number | В. | Part Number | C. | Item Number |] | | | | | | | | |
| | D. | | | | | | J | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 7. | A. | Page Number | В. | Part Number | C. | Item Number |] | | | | | | | | |
| | D. | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |

Form N-600K 02/13/17 N Page 12 of 13

| Part 12. Affidavit (At the time of Interview) | A- |
|--|--|
| I, the parent/grandparent/legal guardian, | do swear or affirm, under |
| penalty of perjury under the laws of the United States, that I know and understand the contents of the attached supplementary pages number to to inclusive, that the same are true and cand that corrections number to were made by me or at my request. | |
| Applicant's, Parent's, or Grandparent's or Legal Guardian's Signature (sign in ink) | Date of Signature (mm/dd/yyyy) |
| | |
| Subscribed and sworn or affirmed before me upon examination of the applicant (U.S. citizen paren Date (mm/dd/yyyy) (Location) | nt, grandparent, or legal guardian) on |
| Interviewing USCIS Officer's Name Interviewing USCIS Officer | r's Title |
| | |
| Interviewing USCIS Officer's Signature (sign in ink) | Date of Signature (mm/dd/yyyy) |
| | |
| | |
| Part 13. USCIS Officer Report and Recommendation | |
| On the basis of the documents, records and the testimony of person examined, and the identification underage beneficiary, I find that all the facts and conclusions set forth under oath in this application. | |
| 1. True and correct; | |
| 2. The applicant derived or acquired U.S. citizenship on Date (mm/dd/yyyy) | |
| 3. | |
| A. INA Section 322(a)(2)(A) of the (Parent residence); | |
| B. INA Section 322(a)(2)(B) of the (Grandparent residence); or | |
| C. Other | |
| I recommend that this Form N-600K be: Approved Denied | |
| Issue Certificate of Citizenship in the Name of | |
| Family Name (Last Name) Given Name (First Name) Midd | le Name |
| | |
| USCIS Officer's Printed Name USCIS Officer's Title | |
| | |
| USCIS Officer's Signature (sign in ink) Da | ate of Signature (mm/dd/yyyy) |
| | |
| | |
| ☐ I do ☐ do not concur with the USCIS officer's recommendation of the Form N-600K. | |
| | ate of Signature (mm/dd/yyyy) |
| | |

Form N-600K 02/13/17 N Page 13 of 13