

## **Application for Certificate of Citizenship**

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form N-600

OMB No. 1615-0057 Expires 12/31/2018

Par	rt 2. Information About You (continue	d)				A-					
0.	Mailing Address										
	In Care Of Name (if any)										
	Street Number and Name						Apt.	Ste.	Flr.	Num	ber
									Ш		
	City or Town				1	State		$\neg \Box$	P Coc	le + 4	
										J <b>-</b> L	
	Province (foreign address only) Postal	Code (for	eign address	only)	Country (for	eign add	ress on	ıly)			
11.	Physical Address										
	Street Number and Name (Do <b>not</b> provide a PO	Box in this	s space unles	s it is	your <b>ONLY</b> a	ddress.)	Apt.	Ste.	Flr.	Num	ber
	City or Town					State		$\neg \Box$	P Coc	le + 4	
										<b>] -</b>	
	Province (foreign address only) Postal	Code (for	eign address	only)	Country (for	eign add	ress on	ıly)			
2.	Current Marital Status										
	Single, Never Married Married	Divorced	Wido	wed	Separate	d N	1arriag	ge Anr	nulled		
	Other (Explain):										
3.	U.S. Armed Forces										
	Are you a member or veteran of any branch of t	he U.S. Ar	med Forces?	?				[	Y	es [	No
<b>4.</b>	Information About Your Admission into the Un	ited States	and Current	Immi	gration Status	<b>.</b>					
	A. I arrived in the following manner				8						
	Port-of-Entry										
	City or Town	State	e	Dat	te of Entry (m	ım/dd/yy	vv)				
							, , ,	]			
	Exact Name Used at Time of Entry							_			
	Family Name (Last Name)	Given 1	Name (First )	Name)	)	Middle	Name				
	<b>B.</b> I used the following travel document to be	admitted to	the United	States							
	Passport Travel Do										
		cument Nu	ımber								
	Country of Issuance for Passport or		Date Pass	sport o	or Travel Doc	ument					
	Travel Document		Issued (m	-							

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t 2	2. Information About You (co	onunuec	1)				A-					
	. I am		,									
C.	A Lawful Permanent Resident	(I PR)	□ A Non	immigrant	□ Δ Ref	fugee/ <i>A</i>	svlee					
		(LI K)	A Non	miningram			Asylec					
	Other (Explain):											
	<b>NOTE:</b> If you select "Other" and <b>Additional Information</b> .	you need	extra space	to complete	this section	n, use t	he space	provi	ided in	Part	11.	
D.	. I obtained LPR status through adju	stment of	status in the	e United Sta	tes or admis	ssion a	s a LPR	(if ap	plicabl	e)		
	Date I became a LPR (mm/dd/yyyy)		izenship and r Location V			(USCI	S) Office	Tha	t Grant	ed M	y LPI	R 
ц	lave you previously applied for a Certi	ificate of	Citizenshin .	or II S Page	enort?						Yes [	
	You answered "Yes" to <b>Item Numbe</b>		-		-	need ex	tra snace	e to c	omnlet			on
	ne space provided in <b>Part 11. Addition</b>			anation ocic	ow. II you i	need ex	ina spaci	. 10 0	ompici	C tills	scen	on,
11.	[	I DD statu	- O								7 [	
	lave you ever abandoned or lost your l Eyou answered "Yes" to <b>Item Numbe</b>			anation bala	y If you	naad ar	tro cnoo	, to a	omnlot		Yes [	
	e space provided in <b>Part 11. Additio</b>			anation beid	ow. 11 you i	need ex	ara space	2 10 0	ompiei	e mis	secu	on,
W	Vere you adopted?										Yes [	
	Vere you adopted?  Fyou answered "Yes" to <b>Item Numbe</b>	e <b>r 17.</b> , con	nplete <b>Items</b>	s A D.							Yes [	
If	•	e <b>r 17.</b> , con	nplete <b>Items</b>	s A D.							Yes [	
If	you answered "Yes" to <b>Item Numbe</b>	e <b>r 17.</b> , con	nplete <b>Items</b> State	5 A D.	Country						Yes [	
If	Fyou answered "Yes" to <b>Item Numbe</b> Place of Final Adoption	e <b>r 17.</b> , con		s A D.	Country						Yes [	
If A.	Fyou answered "Yes" to <b>Item Numbe</b> Place of Final Adoption  City or Town		State			Date	Physical	Cust	ody Be		Yes [	
If	Fyou answered "Yes" to <b>Item Numbe</b> Place of Final Adoption  City or Town	C. Date					Physical dd/yyyy		ody Be		Yes [	
If A.	Fyou answered "Yes" to <b>Item Numbe</b> Place of Final Adoption  City or Town  Date of Adoption	C. Date	State  State  Legal Cust				•		ody Be		Yes [	
If A. B.	Fyou answered "Yes" to Item Numbe  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)	C. Date (mn	State State Legal Cust n/dd/yyyy)				•		ody Be	egan		
If A. B.	Fyou answered "Yes" to Item Number.  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the University of the University	C. Date (mn	State  Legal Custon/dd/yyyy)  es?	tody Began			•		ody Be	egan	Yes [	
If A. B.	Fyou answered "Yes" to Item Number.  Place of Final Adoption City or Town  Date of Adoption (mm/dd/yyyy)  Did you have to be re-adopted in the Unit Cyou answered "Yes" to Item Number	C. Date (mn	State  Legal Custon/dd/yyyy)  es?	tody Began			•		ody Be	egan		
If A. B.	Eyou answered "Yes" to Item Number.  Place of Final Adoption City or Town  Date of Adoption (mm/dd/yyyy)  Did you have to be re-adopted in the Unit You answered "Yes" to Item Number.  Place of Final Adoption	C. Date (mn	State  e Legal Cust n/dd/yyyy)  es?  mplete Items	tody Began	D.		•		ody Be	egan		
If A. B.	Fyou answered "Yes" to Item Number.  Place of Final Adoption City or Town  Date of Adoption (mm/dd/yyyy)  Did you have to be re-adopted in the Unit Cyou answered "Yes" to Item Number	C. Date (mn	State  Legal Custon/dd/yyyy)  es?	tody Began			•		ody Be	egan		
If A. B.	Eyou answered "Yes" to Item Number.  Place of Final Adoption City or Town  Date of Adoption (mm/dd/yyyy)  Did you have to be re-adopted in the Unit You answered "Yes" to Item Number.  Place of Final Adoption	C. Date (mn	State  e Legal Cust n/dd/yyyy)  es?  mplete Items	tody Began	D.		•		ody Be	egan		
If A. B.	Eyou answered "Yes" to Item Number.  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the Uniterior of Final Adoption  City or Town  City or Town	C. Date (mn	State  e Legal Custon/dd/yyyy)  es?  nplete Items	tody Began	D. Country	(mm/	dd/yyyy	)		egan	Yes [	
B. Diff A.	Eyou answered "Yes" to Item Number.  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the Uniterior Syou answered "Yes" to Item Number.  Place of Final Adoption  City or Town	C. Date (mn	State  e Legal Cust n/dd/yyyy)  es?  mplete Items	tody Began  S A D.	D. Country	(mm/	•	ysica	l Custo	egan	Yes [	
B. Diff A.	Eyou answered "Yes" to Item Number.  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the United Styou answered "Yes" to Item Number.  Place of Final Adoption  City or Town  Date of Final Adoption	C. Date (mn	State  e Legal Cust n/dd/yyyy)  es? nplete Items  State  Date Lega	tody Began  S A D.	D. Country	(mm/	dd/yyyy	ysica	l Custo	egan	Yes [	
B. Diff A. B.	Eyou answered "Yes" to Item Number.  Place of Final Adoption City or Town  Date of Adoption (mm/dd/yyyy)  Did you have to be re-adopted in the Uniterior answered "Yes" to Item Number. Place of Final Adoption City or Town  City or Town  Date of Final Adoption (mm/dd/yyyy)	C. Date (mn) Inited State or 18., con	State  e Legal Cust n/dd/yyyy)  es?  State  State  Date Lega (mm/dd/y	s A D.	D.  Country  Began	(mm/	dd/yyyy	ysica	l Custo	egan	Yes [	
B. Diff A. B.	Eyou answered "Yes" to Item Number.  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the United Styou answered "Yes" to Item Number.  Place of Final Adoption  City or Town  Date of Final Adoption	C. Date (mn) Inited State or 18., con	State  e Legal Cust n/dd/yyyy)  es?  State  State  Date Lega (mm/dd/y	s A D.	D.  Country  Began	(mm/	dd/yyyy	ysica	l Custo	egan	Yes [	
B. Di f A. W	Eyou answered "Yes" to Item Number.  Place of Final Adoption City or Town  Date of Adoption (mm/dd/yyyy)  Did you have to be re-adopted in the Uniterior answered "Yes" to Item Number. Place of Final Adoption City or Town  City or Town  Date of Final Adoption (mm/dd/yyyy)	C. Date (mn)  mited State or 18., con  C.	State  e Legal Cust n/dd/yyyy)  es?  State  State  Date Lega (mm/dd/y	s A D.	D.  Country  Began	(mm/	dd/yyyy	ysica	l Custo	egan ody B	Yes [	

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Par	rt 2. Information About You (continued)	A-								
22.	Have you been absent from the United States since you first arrived?	Yes No								
	Complete the following information only if you are claiming U.S. citizenship at the time of birth if you were born before October 10, 1952. If you need extra space to complete this section, use the space provided in Part 11. Additional Information									
	A. Date You Left the United States (mm/dd/yyyy)  B. Date You Returned to the United States (mm/dd/yyyy)									
	C. Place of Entry Upon Return to the United States									
	City or Town State									
	D. Date You Left the United States (mm/dd/yyyy)  E. Date You Returned to the United States (mm/dd/yyyy)	]								
	F. Place of Entry Upon Return to the United States	1								
	City or Town State									
Par	rt 3. Biographic Information									
1.	Ethnicity (Select <b>only one</b> box)  Hispanic or Latino  Not Hispanic or Latino									
2.		Hawaiian or acific Islander								
3.	Height Feet Inches 4. Weight Pounds									
5.	Eye color (Select <b>only one</b> box)  Black Blue Brown Gray Green Hazel Maroon	Pink Unknown/								
6.	Hair color (Select <b>only one</b> box)  Bald Black Blond Brown Gray Red Sandy (No hair)	y White Unknown/Other								
Par	rt 4. Information About Your U.S. Citizen Biological Father (or Adoptiv	e Father)								
1 ai	14. Information About Tour C.S. Citizen Biological Patrict (of Adoptiv	c ramer)								
infor	<b>FE:</b> Complete this section if you are claiming citizenship through a U.S. biological father (o <b>rmation about yourself</b> if you are a U.S. citizen father applying for a Certificate of Citizens ogical or adopted child.	•								
1.	Current Legal Name of U.S. Citizen Father									
	Family Name (Last Name) Given Name (First Name)	Middle Name								

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	t 4. Information About Your U.S. Citizen Biological Father Adoptive Father) (continued)	
2.	Date of Birth (mm/dd/yyyy)  3. Country of Birth  4. Country of Citizensh	p or Nationality
5.	Physical Address  Street Number and Name (Type or print "Deceased" and the date of death if your father has passed away.) Apt. Ste.	Flr. Number
	City or Town State Z	IP Code + 4
	Province (foreign address only)  Postal Code (foreign address only)  Country (foreign address only)	
6.	My father is a U.S. citizen by  Birth in the United States	on (mm/dd/yyyy)
7.	Has your father ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship?	Yes No
8.	If you answered "Yes" to <b>Item Number 7.</b> , provide an explanation in <b>Part 11. Additional Information</b> .  Marital History	
<b></b>	A. How many times has your U.S. citizen father been married (including annulled marriages and marriages to the same person)?	
	<b>B.</b> What is your U.S. citizen father's current marital status?	
	Single, Never Married Married Divorced Widowed Separated Marriage	Annulled
	Other (Explain):	
	If you selected "Other," provide an explanation. If you need extra space to complete this section, use the spart 11. Additional Information.	pace provided in

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		Information About Yo optive Father) (continue		. Citizen	Biological Fat	ther		A-				
9.	Info	rmation About U.S. Citizen F	ather's C	Current Spo	ouse							
	A.	Family Name (Last Name)		C	Given Name (First l	Name)		Middle	e Name			
	В.	Date of Birth (mm/dd/yyyy)		C. Countr	y of Birth							
	D.	Country of Citizenship or Na	tionality									
	Е.	Spouse's Physical Address Street Number and Name							Apt.	Ste.	Flr.	Number
											Ш	
		City or Town						State		$\neg \Box$	P Cod	le + 4
		Province (foreign address only)		Postal (foreign	Code n address only)		untry reign add	ress onl	y)			] - []
	F.	Date of Marriage (mm/dd/yy	уу)									
	G.	Place of Marriage										
		City or Town			State	Country	Į.					
	Н.	Spouse's Immigration Status										
		U.S. Citizen Lawfu	ıl Perma	nent Resid	lent							
		Other (Explain):										
		If you selected "Other," prov Part 11. Additional Informa		xplanation.	. If you need extra	space to c	omplete t	his sect	ion, use	the sp	ace pi	ovided in
	I.	Is your U.S. citizen father's c	urrent sp	ouse also	your biological (or	adopted)	mother?				Ye	es 🗌 No
Par	t 5.	<b>Information About Yo</b>	ur U.S	. Citizen	Biological Mo	ther (or	Adopti	ve Mo	ther)			
infor	mati	Complete this section if you are or adopted child.										
1.	_	rent Legal Name of U.S. Citiz	en Moth	ier								
		nily Name (Last Name)			Given Name (Fir	rst Name)		M	iddle N	ame		
		·										
2.	Dat	e of Birth (mm/dd/yyyy)	3.	Country o	f Birth		4. (	Country	of Citi	zenshij	or N	ationality
							l [					

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		Information About Your U.S. Citizen Biological Mother optive Mother) (continued)
5.		sical Address
٥.	•	et Number and Name (Type or print "Deceased" and the date of death if your mother has passed away.) Apt. Ste. Flr. Number
	City	y or Town State ZIP Code + 4
		-
	Pro	vince (foreign address only) Postal Code (foreign address only) Country (foreign address only)
6.	My	mother is a U.S. citizen by
		Birth in the United States
		Birth abroad to U.S. citizen parents
		Certificate of Citizenship Number A-Number (if any)
		► A-
		Naturalization
		Place of Naturalization (Name of Court or USCIS Office Location)
		City or Town State
		Certificate of Naturalization Number  A-Number (if any)  Date of Naturalization (mm/dd/yyyy)
		► A-
7.	Has	your mother ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship?
	If y	ou answered "Yes" to <b>Item Number 7.</b> , provide an explanation in <b>Part 11. Additional Information</b> .
8.	Mai	rital History
	<b>A.</b>	How many times has your U.S. citizen mother been married (including annulled marriages and marriages to the same person)?
	B.	What is your U.S. citizen mother's current marital status?
		☐ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Marriage Annulled
		Other (Explain):
		If you selected "Other," provide an explanation. If you need extra space to complete this section, use the space provided in <b>Part 11. Additional Information</b> .
9.	Info	ormation About U.S. Citizen Mother's Current Spouse
	A.	Family Name (Last Name) Given Name (First Name) Middle Name
	B.	Date of Birth (mm/dd/yyyy) C. Country of Birth

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			our U.S. Citizen Biologi	ical M	other	A-					
(or		optive Mother) (continu	,								
	D.	Country of Citizenship or N	ationality								
	E	Spousa's Physical Address									
	Е.	Spouse's Physical Address Street Number and Name					Ant	Ste.	Flr	Nun	nher
		Street Ivaniber and Ivanie					7 pt.		Π.		
		City or Town				State		 ZII	 P Cod	le + 4	 1
										] - [	
		Province	Postal Code		Country						
		(foreign address only)	(foreign address	only)	(foreign addre	ess only	)				
	F.	Date of Marriage (mm/dd/yy	ууу)								
	G.	Place of Marriage									
		City or Town	State		Country						
	H.	Spouse's Immigration Status									
		U.S. Citizen Lawf	ful Permanent Resident								
		Other									
		•	vide an explanation. If you ne	ed extra	a space to complete thi	is sectio	n, use	the spa	ice pr	ovid	ed in
	_	Part 11. Additional Inform						_	¬	_	
	I.	Is your U.S. citizen mother's	s current spouse also your bio	logical	(or adopted) father?			L	_ Y€	es L	No
Dar	t 6	Physical Presence in the	he United States From	Rirth	Until Filing of Fo	rm N-	600				
		<u> </u>							1 11	41	1.4
when	you	r U.S. citizen biological fathe	the United States claiming to er or U.S. citizen biological m								
birth		il the date you file your For									
1.	Indi	cate whether this information	n relates to your U.S. citizen f	ather or	mother						
		U.S. Citizen Father U.	S. Citizen Mother								
2.	Phy	sical Presence in the United	States								
	A.	From (mm/dd/yyyy)	To (mm/dd/yyyy)	<b>B.</b>	From (mm/dd/yyyy)		To (r	nm/dd/	уууу	)	
	C.	From (mm/dd/yyyy)	To (mm/dd/yyyy)	<b>D.</b>	From (mm/dd/yyyy)		To (r	nm/dd/	уууу	)	
	E.	From (mm/dd/yyyy)	To (mm/dd/yyyy)	<b>F.</b>	From (mm/dd/yyyy)		To (r	nm/dd/	уууу	)	
	G.	From (mm/dd/yyyy)	To (mm/dd/yyyy)	<b>H.</b>	From (mm/dd/yyyy)		To (r	nm/dd/	уууу	)	

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Par	ct 7. Information About Military Service of U. S. Citizen Parents  A-
NOT	<b>TE:</b> Complete this only if you are an applicant claiming U.S. citizenship at time of birth abroad.
1.	Has your U.S. citizen parent served in the U.S. Armed Forces?
2.	If you answered "Yes" to <b>Item Number 1.</b> , which parent served in the U.S. Armed Forces?
	U.S. Citizen Father U.S. Citizen Mother
3.	Dates of Service (mm/dd/yyyy) (If time of service fulfills any of the required physical presence, submit evidence of the service.)
	A. From (mm/dd/yyyy) To (mm/dd/yyyy)  B. From (mm/dd/yyyy) To (mm/dd/yyyy)  To (mm/dd/yyyy)
4.	Type of Discharge
	☐ Honorable ☐ Other than Honorable ☐ Dishonorable
Par	et 8. Applicant's Statement, Contact Information, Certification, and Signature
NOT	ΓΕ: Read the <b>Penalties</b> section of the Form N-600 Instructions before completing this part.
App	plicant's Statement
NOT	TE: 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 9. 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 <b>Part 10.</b> , prepared this application for me based only upon information I provided or authorized.
App	plicant's Contact Information
3.	Applicant's Daytime Telephone Number  4. Applicant's Mobile Telephone Number (if any)
5.	Applicant's Email Address (if any)

## 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 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.

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	rt 8. Applicant's Statement, Contact Information, Certification, d Signature (continued)	A-
	derstand that USCIS may require me to appear for an appointment to take my biometrics (finger ature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath	
	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.	
	rtify, under penalty of perjury, that I provided or authorized all of the information in my applicar rmation contained in, and submitted with, my application, and that all of this information is con-	
App	plicant's Signature	
6.	Applicant's Signature (sign in ink)	Date of Signature (mm/dd/yyyy)
$\Rightarrow$		
	<b>TE TO ALL APPLICANTS:</b> If you do not completely fill out this application or fail to submiructions, USCIS may deny your application.	it required documents listed in the
Par	rt 9. Interpreter's Contact Information, Certification, and Signature	
Prov	ride the following information about the interpreter.	
Int	erpreter's Full Name	
1.	Interpreter's Family Name (Last Name)  Interpreter's Given Name (F	First Name)
2.	Interpreter's Business or Organization Name (if any)	
Int	erpreter's Mailing Address	
3.	Street Number and Name Apt. 5	Ste. Flr. Number
	City or Town State	ZIP Code + 4
	Province Postal Code Country	
Int	erpreter's Contact Information	
4.	Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Tele	ephone Number (if any)

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6.

Interpreter's Email Address (if any)

	t 9. Interpreter's Contact Information, Certification, and Signature atinued)
Inte	rpreter's Certification
I cert	ify, under penalty of perjury, that:
<b>Item</b> appli	fluent in English and, which is the same language specified in <b>Part 8.</b> , <b>B.</b> in <b>Item Number 1.</b> , and I have read to this applicant in the identified language every question and instruction on this cation and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, nswer on the application, including the <b>Applicant's Certification</b> , and has verified the accuracy of every answer.
Inte	rpreter's Signature
7.	Interpreter's Signature (sign in ink)  Date of Signature (mm/dd/yyyy)
	t 10. Contact Information, Declaration, and Signature of the Person Preparing this Application, if er Than the Applicant
Provi	de 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)
Pre	parer's Mailing Address
3.	Street Number and Name  Apt. Ste. Flr. Number
	City or Town         State         ZIP Code + 4           -         -
	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)

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			Contact Information. Declaration, and Signature of the Person this Application, if Other Than the Applicant (continued)	A-
Pr	ера	rer's	Statement	
7.	A		I am not an attorney or accredited representative but have prepared this application of the applicant and with the applicant's consent.	n behalf of
	В		I am an attorney or accredited representative and my representation of the applicant i extends does not extend beyond the preparation of this application.	in this case
			<b>NOTE:</b> If you are an attorney or accredited representative whose representation externation, you may be obliged to submit a completed Form G-28, Notice of Entry of Accredited Representative, with this application.	• • •
Pr	ера	rer's	Certification	
revi witl	ewe	ed this s or h	ure, I certify, under penalty of perjury, that I prepared this application at the request of completed application and informed me that he or she understands all of the information application, including the Applicant's Certification, and that all of this information is application based only on information that the applicant provided to me or authorize	ion contained in, and submitted s complete, true, and correct. I
Pr	ера	rer's	Signature	
8.	P	repare	r's Signature (sign in ink)	Date of Signature (mm/dd/yyyy)

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Pa	rt 11	. Additional	Info	rmation						A-			
than Typ	If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the <b>Page Number</b> , <b>Part Number</b> , and <b>Item Number</b> to which your answer refers; and sign and date each sheet.												
1.	Fan	Family Name (Last Name)				Given Name (First Name) Midd					Name		
2.	A-N	Number (if any)	► A	<b>\-</b>									
3.	A.	Page Number	В.	Part Numb	er	C.	Item Number						
	D.							I					
4.	A.	Page Number	В.	Part Numb	er	C.	Item Number	]					
	D.												
5.	Α.	Page Number	В.	Part Numb	oer	C.	Item Number						
	D.												
6.	<b>A.</b>	Page Number	В.	Part Numb	er	C.	Item Number						
	D.												

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## Part 12. Affidavit (do NOT complete this part unless instructed to do so AT THE INTERVIEW) I, the (applicant, parent, or 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 this application signed by me, and the attached supplementary pages number \_\_\_\_\_ to \_\_\_\_ inclusive, that the same are true and correct to the best of my knowledge, and that corrections number to were made by me or at my request. Applicant's, Parent'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 (parent, legal, guardian) on Date (mm/dd/yyyy) at (Location) USCIS Officer's Printed Name USCIS Officer's Title USCIS Officer's Signature (Sign in ink) Date of Signature (mm/dd/yyyy) Part 13. Officer Report and Recommendation on Application for Certificate of Citizenship (for USCIS use **ONLY**) On the basis of the documents, records, the testimony of persons examined, and the identification upon personal appearance of the underage beneficiary, I find that all the facts and conclusions set forth under oath in this application are: 1. True and correct 2. The applicant derived or acquired U.S. citizenship on Date (mm/dd/yyyy) The applicant derived or acquired U.S. citizenship through (Select the box next to the appropriate section of law, or if the 3. section of law is not reflected, type or print the applicable section of law in the space next to "Other.") INA Section 301 INA Section 309 INA Section 320 INA Section 321 **E.** Other The applicant has not been expatriated since that time 4.

NOTE: Do not complete Parts 12. and 13. unless the USCIS officer instructs you to do so at the interview.

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Part 13. Officer Report and Recommendation on Application for Certificate of Citizenship (for USCIS use ONLY) (continued)						
I recommend that this Form N-600 be: A	pproved Denied					
Issue Certificate of Citizenship in the name of						
Family Name (Last Name)	Given Name (First Name)	Middle Name				
USCIS Officer's Printed Name	USCIS Officer's Tit	le				
USCIS Officer's Signature (Sign in ink)	Date of Signature (mm/dd/yyyy)					
☐ I do ☐ do not concur with the USCIS Off	icer's recommendation of Form N-600.					
USCIS District Director's or Field Office Director	Date of Signature (mm/dd/yyyy)					

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