

Application for Naturalization

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form N-400 OMB No. 1615-0052 Expires 03/31/2019

	1	Date Stamp	Rec	eipt		Action Block				
For USC										
Use Onl										
Rema	arks									
otherv	► 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-									
			,			A-				
	A.	t least 18 years of	rage and:	he United States for at lea	et 5 vears					
	B	Have been a law and living with t	ful permanent resident of	the United States for at lease for the last 3 years, and	st 3 years. In ac	ddition, you have been married to s been a U.S. citizen for the last				
	С. 🗌	spouse is regular 319(b).) If your	rly engaged in specified en	nployment abroad. (See the de the United States and y	ne Immigration a you are filing un	S. citizen and your U.S. citizen and Nationality Act (INA) section der Section 319(b), select the ation interview:				
	D.		the basis of qualifying mil	litary service.		7				
	E	Other (Explain):								
Par	t 2. Info	ormation Abo	ut You (Person apply)	ing for naturalization)						
1.	Your Curi	rent Legal Name	(do not provide a nicknam	ne)						
		ame (Last Name)	-	Given Name (First Name)	Middle Name (if applicable)				
		· ·	Appears on Your Permaner	,						
	Family Na	ame (Last Name)		Given Name (First Name)	Middle Name (if applicable)				

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Pa	rt 2. Information About You (Person applying for naturalization) (continued) A-
3.	Other Names You Have Used Since Birth (include nicknames, aliases, and maiden name, if applicable)
	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
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?
	If you answered "Yes," type or print the new name you would like to use in the spaces provided below.
	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
5.	U.S. Social Security Number (if applicable) 6. USCIS Online Account Number (if any)
7.	Gender 8. Date of Birth 9. Date You Became a Lawful
	Male Female (mm/dd/yyyy) Permanent Resident (mm/dd/yyyy)
10.	Country of Birth 11. Country of Citizenship or Nationality
12.	Do you have a physical or developmental disability or mental impairment that prevents you from demonstrating your knowledge and understanding of the English language and/or civics requirements for naturalization?
	If you answered "Yes," submit a completed Form N-648, Medical Certification for Disability Exceptions, when you file your Form N-400.
13.	Exemptions from the English Language Test
	A. Are you 50 years of age or older and have you lived in the United States as a lawful permanent resident for periods totaling at least 20 years at the time you file your Form N-400?
	B. Are you 55 years of age or older and have you lived in the United States as a lawful permanent resident for periods totaling at least 15 years at the time you file your Form N-400?
	C. Are you 65 years of age or older and have you lived in the United States as a lawful permanent resident for periods totaling at least 20 years at the time you file your Form N-400? (If you meet this requirement, you will also be given a simplified version of the civics test.)
Pa	rt 3. Accommodations for Individuals With Disabilities and/or Impairments
NO	ΓΕ: 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?
	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:

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		Accommodations for Individual rements (continued)	duals With Di	sabilit	ies and/o	r	A-					
	C.	I have another type of disability disability and/or impairment as). (De	escribe	the na	ature o	of yo	ur
Pa	rt 4.	Information to Contact You										
1.	Day	time Telephone Number		2.	Work Tel	ephone Number	(if ar	ny)			_	
3.	Eve	ening Telephone Number		4.	Mobile T	elephone Numb	er (if a	any)				
5.	Ema	ail Address (if any)]								
		Information About Your Re										
1.	have	ere have you lived during the last five e lived during the last five years. If y Current Physical Address Street Number and Name City or Town Province or Region (foreign address only)		ty	additional s	sheets of paper.	tate	Apt.	Ste.		Nu	mber
		Dates of Residence From (mm/dd/yyyy)	To (mm/dd/y			(coorga waaroo						
	В.	Current Mailing Address (if differen In Care Of Name (if any)	t from the address	s above))							
		Street Number and Name						Apt.	Ste.	Flr.	Nu	mber
		City or Town	Count	ty		S	tate			IP Coo	de +	4
		Province or Region (foreign address only)	Postal Code (foreign addr	ess only	r)	Country (foreign addres	ss only	v)				

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Part	5. Information	About Your Res	idence (continued)		A-	
С	. Physical Address	s 2				
	Street Number a	nd Name			Ap	ot. Ste. Flr. Number
	City or Town		County		State	ZIP Code + 4
	Province or Reginal (foreign address		Postal Code (foreign address only	Country (foreign a	ddress only)	
	Dates of Fro	om (mm/dd/yyyy)	To (mm/dd/yyyy)			
	Residence					
D	. Physical Address	s 3				
	Street Number a	nd Name			Ap	ot. Ste. Flr. Number
	City or Town		County		State	ZIP Code + 4
	Province or Reginal (foreign address)		Postal Code (foreign address only	Country (foreign a	ddress only)	
	Dates of Fro	om (mm/dd/yyyy)	To (mm/dd/yyyy)			
	Residence					
E	. Physical Address	s 4				
	Street Number a	nd Name			Ap	ot. Ste. Flr. Number
	City or Town		County		State	ZIP Code + 4
	Province or Reginal (foreign address		Postal Code (foreign address only	Country (foreign a	ddress only)	
) (certigat un		
	Dates of Fro	om (mm/dd/yyyy)	To (mm/dd/yyyy)			
	Residence					
Part	6. Information	About Your Par	ents			
If neith	er one of your par	ents is a United Stat	tes citizen, then skip th	is part and go to Par	t 7.	
1. W	ere your parents m	arried before your 18	th birthday?			Yes No
Infor	mation About Y	our Mother				
2. Is	your mother a U.S.	. citizen?				☐ Yes ☐ No
			wing information. If yo	u answered "No," go t	o Item Numbe	

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

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_		- ·								
Par	t 8. Information About Your	Employment an	d Schools You	Attended	A-					
perio emplo unem	where you have worked or attended sold. Include all military, police, and/or in payment, studies, or unemployment (if a ployed, or have studied for the last five or print "unemployed." If you need ex	ntelligence service. E applicable). Provide t e years. If you worke	Begin by providing the locations and date of the for yourself, type	information ab ates where you e or print "self-o	out your worked,	most r	ecent o	or curr ployed	ent d, wer	re
ι.	Employer or School Name									
	Street Number and Name					Ant	Ste.	E1	M	
	Street Number and Name					Αρι. □	Sic.	ГП.	Nulli	1061
	City or Town				State		$\neg \Box$	P Cod	le + 4	
] - [_	
	Province or Region	Postal Code		Country						
	(foreign address only)	(foreign address	s only)	(foreign add	ress only	<u>') </u>				
	Date From (mm/dd/yyyy) Date T	o (mm/dd/yyyy)	Your Occupation	on						
	F 1 C1 1N									
2.	Employer or School Name									
	Street Number and Name					Apt.	Ste.	Flr.	Num	ber
	City or Town				State		ZI	P Cod	le + 4	
]-[
	Province or Region	Postal Code		Country						
	(foreign address only)	(foreign address	s only)	(foreign address only)						
	Date From (mm/dd/yyyy) Date T	o (mm/dd/yyyy)	Your Occupation	nn						
				,11 						
3.	Employer or School Name									
	Street Number and Name					Apt.	Ste.	Flr.	Num	ber
	City on Town				Stata		71	P Cod	L	
	City or Town				State			P Cou	16 + 4] [
] - [
	Province or Region	Postal Code	1 \	Country	1	`				
	(foreign address only)	(foreign address	s only)	(foreign add	ress only	')				
	Date From (mm/dd/yyyy) Date T	o (mm/dd/yyyy)	Your Occupation	on						
										·

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	11 7. Time Outsic	le the United States		A						
•	How many total day	ys (24 hours or longer) o	lid you spend outside the U	Inited States during the la	st 5 years?	days				
	How many trips of 2	4 hours or longer have	you taken outside the Unite	ed States during the last 5	years?	trips				
			that you have taken outsic f you need extra space, use			ars. Start with				
	Date You Left the United States (mm/dd/yyyy)	United States to the United States 6 M		nited States to the United States 6 Months or Which Yo		Countries to Which You Traveled		Total Days Outside the United State		
			☐ Yes ☐ No							
			☐ Yes ☐ No							
			☐ Yes ☐ No							
			☐ Yes ☐ No							
			☐ Yes ☐ No							
			☐ Yes ☐ No							
al	rt 10. Informatio	n About Your Mari	ital History							
	What is your current marital status?									
	-	arried Married	Divorced Widowe	ed Separated N	Marriage Annu	ılled				
		have never married, go	to Part 11.		C					
			nember of the U.S. armed for	orces?	Γ	☐ Yes ☐ No				
	•	ve you been married (incl	luding annulled marriages,		e, and					
	If you are married no	ow, provide the following	g information about your co	urrent spouse.						
	If you are married now, provide the following information about your current spouse. A. Current Spouse's Legal Name									
	A. Current Spouse'	s Legal Name								
	A. Current Spouse' Family Name (I	•	Given Name (Firs	t Name)	Middle Name	(if applicable)				
	-	•	Given Name (Firs	at Name)	Middle Name	(if applicable)				
	Family Name (I	Last Name)	Given Name (Firs	it Name)	Middle Name	(if applicable)				
	Family Name (I	Last Name) s Previous Legal Name								
	Family Name (I	Last Name) s Previous Legal Name	Given Name (Firs			(if applicable)				
	Family Name (I B. Current Spouse' Family Name (I	Last Name) s Previous Legal Name Last Name)	Given Name (Firs	st Name)	Middle Name					
	Family Name (I B. Current Spouse' Family Name (I C. Other Names U	s Previous Legal Name Last Name) sed by Current Spouse (in	Given Name (Firs	and maiden name, if appl	Middle Name	(if applicable)				
	Family Name (I B. Current Spouse' Family Name (I	s Previous Legal Name Last Name) sed by Current Spouse (in	Given Name (Firs	and maiden name, if appl	Middle Name					

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Pa	art 10	0. Information About Your Marital History (continued)	A-								
	F.	Current Spouse's Present Home Address									
		Street Number and Name		Apt.	Ste.	Flr.	Numb	er			
		City or Town County Stat				P Cod	le + 4				
] - [
		Province or Region Postal Code Country (foreign address only) (foreign address only) (foreign address only)	ss only	·)							
	G.	Current Spouse's Current Employer or Company									
5.	-	your current spouse a U.S. citizen?			L	Ye	es	No			
	•	you answered "Yes," answer Item Number 6. If you answered "No," go to Item Number	· 7 .								
6.	•	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.									
	В.	Date Your Current Spouse Became a U.S. Citizen (mm/dd/yyyy)									
7.	Ιfν	your current spouse is not a U.S. citizen, complete the following information.									
	A.										
		► A-									
	C.	Current Spouse's Immigration Status									
		Lawful Permanent Resident Other (Explain):									
8.		w many times has your current spouse been married (including annulled marriages, marrie	_)							
		er people, and marriages to the same person)? If your current spouse has been married be vide the following information about your current spouse's prior spouse.	efore,								
	-	your current spouse has had more than one previous marriage, provide that information on additional sheets of paper.									
	•	Legal Name of My Current Spouse's Prior Spouse									
		Family Name (Last Name) Given Name (First Name)	Mide	dle Naı	ne (if	applic	able)				
	В.	Immigration Status of My Current Spouse's Prior Spouse (if known)	J [
		U.S. Citizen Lawful Permanent Resident Other (Explain):									
	C.	Date of Birth of My Current Spouse's D. Country of Birth of My Current Spouse's									
		Prior Spouse (mm/dd/yyyy) Prior Spouse									
	E.	Country of Citizenship or Nationality of My Current Spouse's Prior Spouse									

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

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_	Current Address		
S	Street Number and Name		Apt. Ste. Flr. Numb
C	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 tepchild, legally adopted child)	you? (for example, biological chil	ld,
. C	Child 2		
C	Current Legal Name		
	Family Name (Last Name)	Given Name (First N	Name) Middle Name (if applicable
			, arphaese
	Number (if one)	Data of Dirth (mm/dd/mm	T) Country of Dirth
	A-Number (if any) ► A-	Date of Birth (mm/dd/yyy	y) Country of Birth
C	Current Address		
S	street Number and Name		Apt. Ste. Flr. Numb
- 1			
_	City or Town	County	State $ZIP Code + 4$
C	City or Town	County	State ZIP Code + 4 - -
	City or Town Province or Region	County Postal Code	State ZIP Code + 4 Country
P			-
P	Province or Region	Postal Code	Country -
P (f	Province or Region foreign address only)	Postal Code	Country (foreign address only)
P (f W st	Province or Region foreign address only) What is your child's relationship to	Postal Code (foreign address only)	Country (foreign address only)
P (f	Province or Region foreign address only) What is your child's relationship to tepchild, legally adopted child)	Postal Code (foreign address only)	Country (foreign address only)
P (ff W st	Province or Region foreign address only) What is your child's relationship to tepchild, legally adopted child) Child 3	Postal Code (foreign address only)	Country (foreign address only)
P (ff W st	Province or Region foreign address only) What is your child's relationship to tepchild, legally adopted child) Child 3 Current Legal Name	Postal Code (foreign address only) you? (for example, biological chil	Country (foreign address only)

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Pa	rt 11	l. Information About Your Chi	Idren (continued)	A	-				
		Current Address							
		Street Number and Name			_ Apt.	Ste.	Flr.	Nun	nber
		City or Town	County	State		ZI	P Cod	e + 4	ļ
] - [
		Province or Region Postal Code Country (foreign address only) (foreign address only) (foreign address only)			lw)				
		(foreign address only) (foreign address only) (foreign address only)							
		What is your child's relationship to you stepchild, legally adopted child)	? (for example, biological child,						
	D.	Child 4							
		Current Legal Name							
		Family Name (Last Name)	Given Name (First Nam	ne)	Middle 1	Name	(if app	lical	ole)
		A-Number (if any)	Date of Birth (mm/dd/yyyy)	Country of Birth					
		► A-							
		Current Address							
		Street Number and Name			Apt.	Ste.	Flr.	Nun	nber
						Ш			
		City or Town County		State		$\neg \Box$	P Cod	e + 4]	<u>+</u>
		Dravinas ar Dagian	Postal Code	Country] - [
		Province or Region (foreign address only)	(foreign address only)	Country (foreign address on	ly)				
		What is your child's relationship to you	? (for example, biological child,						
		stepchild, legally adopted child)							
Pai	rt 12	2. Additional Information Abou	at You (Person Applying for	r Naturalization)					
		tem Numbers 1 21. If you answer "Y paper.	es" to any of these questions, incl	lude a typed or printe	ed explai	nation	on add	ditio	nal
1.	Hav	ve you EVER claimed to be a U.S. citize	en (in writing or any other way)?				Ye	s [] No
2.	Hav	ve you EVER registered to vote in any F	ederal, state, or local election in t	he United States?			Ye	s [No
3.	Hav	ve you EVER voted in any Federal, state	e, or local election in the United S	tates?			Ye	s [] No
4.	A.	Do you now have, or did you EVER ha country?	eve, a hereditary title or an order of	of nobility in any for	eign		Ye	es [] No
	B.	If you answered "Yes," are you willing have in a foreign country at your natural		orders of nobility tha	t you		Ye	es [] No
5.	Hav	ve you EVER been declared legally inco	mpetent or been confined to a me	ental institution?			Ye	s [] No

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		2. Additional Information About You lization) (continued)	ou (Person Applying for	A -	
6.	Do	you owe any overdue Federal, state, or local to	axes?		Yes No
7.	A.	Have you EVER not filed a Federal, state, or resident?	r local tax return since you became a lawful per	rmanent	Yes No
	B.	If you answered "Yes," did you consider you	rself to be a "non-U.S. resident"?		Yes No
8.		ve you called yourself a "non-U.S. resident" or ful permanent resident?	n a Federal, state, or local tax return since you	became a	Yes No
9.	A.		d in, or in any way associated with, any organizatety, or similar group in the United States or in		Yes No
	В.	If you answered "Yes," provide the information additional sheets of paper and provide any experience of the provide and provide any experience of the provid	ion below. If you need extra space, attach the ridence to support your answers.	names of the oth	er groups on
		Name Purpose of the			Iembership
		of the Group	of the Group	From (mm/dd/yyyy)	To (mm/dd/yyyy)
		-			
10.	Hav	ve you EVER been a member of, or in any wa	y 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.		we you EVER advocated (either directly or inclence?	lirectly) the overthrow of any government by f	force or	Yes No
12.		we you EVER persecuted (either directly or ingin, membership in a particular social group, o	directly) any person because of race, religion, r political opinion?	national [Yes No
13.		ween March 23, 1933 and May 8, 1945, did yo irectly) with:	ou work for or associate in any way (either dire	ectly or	
	A.	The Nazi government of Germany?			Yes No
	B.	Any government in any area occupied by, all government of Germany?	ied with, or established with the help of the Na	ızi	Yes No
	C.		amilitary unit, self-defense unit, vigilante unit, remination camp, concentration camp, prisone		Yes No

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

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

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.)

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		2. Additional Information About You (Person Applying for lization) (continued)	A-							
		tem Numbers 30 46. If you answer "Yes" to any of these questions, except Item Numbers planation on additional sheets of paper and provide any evidence to support your answers.	rs 3	37. a	ınd 3	38 ., i	nclu	ıde a	type	d or
30.	Ha	ve you EVER:								
	A.	Been a habitual drunkard?						Yes		No
	B.	Been a prostitute, or procured anyone for prostitution?						Yes		No
	C.	Sold or smuggled controlled substances, illegal drugs, or narcotics?						Yes		No
	D.	Been married to more than one person at the same time?						Yes		No
	E.	Married someone in order to obtain an immigration benefit?						Yes		No
	F.	Helped anyone to enter, or try to enter, the United States illegally?						Yes		No
	G.	Gambled illegally or received income from illegal gambling?						Yes		No
	Н.	Failed to support your dependents or to pay alimony?						Yes		No
	I.	Made any misrepresentation to obtain any public benefit in the United States?						Yes		No
31.		we you EVER given any U.S. Government officials any information or documentation that valuent, or misleading?	vas	fals	e,	[Yes		No
32.		we you EVER lied to any U.S. Government officials to gain entry or admission into the Unit gain immigration benefits while in the United States?	ed S	State	es or	:		Yes		No
33.	Ha	we you EVER been removed, excluded, or deported from the United States?						Yes		No
34.	Ha	ve you EVER been ordered removed, excluded, or deported from the United States?						Yes		No
35.	Ha	ve you EVER been placed in removal, exclusion, rescission, or deportation proceedings?						Yes		No
36.		e removal, exclusion, rescission, or deportation proceedings (including administratively close ceedings) currently pending against you?	ed					Yes		No
37.	Ha	ve 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
	В.	If you answered "Yes," are you scheduled to deploy overseas, including to a vessel, within three months? (Refer to the Address Change section in the Instructions on how to notify by 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.		we you EVER been court-martialed, administratively separated, or disciplined, or have you rer than honorable discharge, while in the U.S. armed forces?	ece	ived	l an	[Yes		No
40.	Ha ^s alie	we you EVER been discharged from training or service in the U.S. armed forces because you en?	1 W6	ere a	an			Yes		No
41.	Ha	ve you EVER left the United States to avoid being drafted in the U.S. armed forces?						Yes		No
42.	Ha	we you EVER applied for any kind of exemption from military service in the U.S. armed for	ces	?				Yes		No
43.	Ha	ve you EVER deserted from the U.S. armed forces?						Yes		No

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		2. Additional Information About You (Person Applying for lization) (continued) A-								
44.	14. A. Are you a male who lived in the United States at any time between your 18th and 26th birthdays? (This does not include living in the United States as a lawful nonimmigrant.)									
	B. If you answered "Yes," when did you register for the Selective Service? Provide the information below. Date Registered Selective Service (mm/dd/yyyy) Number									
	C.	If you answered "Yes," but 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 information above; OR	e Selective Service							
		2. Now 26 to 31 years of age (29 years of age if you are filing under INA section 319(a)), but you did Selective Service, you must attach a statement explaining why you did not register, and provide a letter from the Selective Service.								
		tem Numbers 45 50. If you answer "No" to any of these questions, include a typed or printed explanation paper and provide any evidence to support your answers.	nation on additional							
45.	Do	you support the Constitution and form of Government of the United States?	Yes No							
46.	Do	you understand the full Oath of Allegiance to the United States?	☐ Yes ☐ No							
47.	Are	e you willing to take the full Oath of Allegiance to the United States?	Yes No							
48.	If t	he law requires it, are you willing to bear arms on behalf of the United States?	Yes No							
49.	If t	he law requires it, are you willing to perform noncombatant services in the U.S. armed forces?	Yes No							
50.	If t	he law requires it, are you willing to perform work of national importance under civilian direction?	☐ Yes ☐ No							
Pa	rt 13	3. Applicant's Statement, Certification, and Signature								
		Read the Penalties section of the Form N-400 Instructions before completing this part.								
Ap	plic	ant's Statement								
NO	ΓE:	Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Numb	per 2.							
1.	Ap	plicant's Statement Regarding the Interpreter								
	A.	I can read and understand English, and I have read and understand every question and instruction and my answer to every question.	on this application							
	В.	The interpreter named in Part 14. read to me every question and instruction on this application are question in, a language in which I am fluent, and I	-							
2.	Ap	plicant's Statement Regarding the Preparer								
		At my request, the preparer named in Part 15. , prepared this application for me based only upon information I provided or authorized.								

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Pai	rt 13. Applicant's Statement, Certification, and Sig	nature (continued) A-
App	plicant's Certification	
requi	ies of any documents I have submitted are exact photocopies of ur ire that I submit original documents to USCIS at a later date. Fur- records that USCIS may need to determine my eligibility for the ir	thermore, I authorize the release of any information from any of
	ther authorize release of information contained in this application, ies and persons where necessary for the administration and enforce	• • • • • • • • • • • • • • • • • • • •
	derstand that USCIS will require me to appear for an appointment ature) and, at that time, I will be required to sign an oath reaffirmi	
	1) I reviewed and provided or authorized all of the information	n in my application;
	2) I understood all of the information contained in, and submit	ted with, my application; and
	3) All of this information was complete, true, and correct at the	e time of filing.
	tify, under penalty of perjury, that I provided or authorized all of trmation contained in, and submitted with, my application, and that	
App	plicant's Signature	
3.	Applicant's Signature	Date of Signature (mm/dd/yyyy)
\Rightarrow		
Instr Pa	TE TO ALL APPLICANTS: If you do not completely fill out the fuctions, USCIS may deny your application. rt 14. Interpreter's Contact Information, Certification of the fill of	
	ride 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.	Interpreter's Business or Organization Name (if any)	
Int	terpreter's Mailing Address	
	Street Number and Name	Apt. Ste. Flr. Number
<i>Int</i> 3.	•	Apt. Ste. Flr. Number State ZIP Code + 4

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	rt 14. Interpreter's Contact Information, Certifontinued)	ficatio	n,	and Signature	A-	
Int	terpreter's Contact Information					
4.	Interpreter's Daytime Telephone Number	5.	Int	erpreter's Mobile	Telephone Nu	mber (if any)
6.	Interpreter's Email Address (if any)]				
Int	terpreter's Certification					
I cer	tify, under penalty of perjury, that:					
or he appl	Number 1. , and I have read to this applicant in the identified or answer to every question. The applicant informed me that ication, including the Applicant's Certification and has veri	he or s	he t	inderstands every i	nstruction, qu	
	terpreter's Signature					
7.	Interpreter's Signature				Date o	of Signature (mm/dd/yy
	rt 15. Contact Information, Declaration, and Si her Than the Applicant	gnatu	ıre	of the Person F	Preparing T	This Application, i
Prov	ride the following information about the preparer.					
Pre	eparer's Full Name					
1.	Preparer's Family Name (Last Name)		Prep	oarer's Given Name	e (First Name))
2.	Preparer's Business or Organization Name (if any)					
Pre	eparer's Mailing Address					
3.	Street Number and Name			A	pt. Ste. Flr.	Number
	City or Town			St	tate	ZIP Code + 4
	Province Postal Co	de		Country		

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	rt 15. Contact Information, Declaration, and Signature of the Person eparing This Application, if Other Than the Applicant (continued)	A-							
Pr	eparer's Contact Information								
4.	Preparer's Daytime Telephone Number 5. Preparer's Mobile Teleph	one Number (if any)							
6.	Preparer's Email Address (if any)								
Pr	eparer's Statement								
7.	A. I am not an attorney or accredited representative but have prepared this application of the applicant and with the applicant's consent.	n behalf of							
	B. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.								
	NOTE: If you are an attorney or accredited representative whose representation exterpreparation of this application, you may be obliged to submit a completed Form G-28 Entry of Appearance as Attorney or Accredited Representative, with this application.	3, Notice of							
Pr	eparer's Certification								
com	n, his or her application, including the Applicant's Certification , and that all of this information pleted this application based only on information that the applicant provided to me or authorized eparer'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 instrinterview.	ructs you to do so at the							
Pa	rt 16. Signature at Interview								
this	ear (affirm) and certify under penalty of perjury under the laws of the United States of America Form N-400, Application for Naturalization, subscribed by me, including corrections number 1 plete, true, and correct. The evidence submitted by me on numbered pages 1 throughect.	through, are							
Sub	scribed to and sworn to (affirmed) before me								
	USCIS Officer's Printed Name or Stamp	Date of Signature (mm/dd/yyyy)							
Δnn	olicant's Signature USCIS Officer's Signature								
-rhh	OSCIS Officer's Signature								

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David 17 Danum sighting of Fausian Tidas											
Part 17. Renunciation of Foreign Titles			A								
If you answered "Yes" to Part 12., Items A. and B. in Item	m Numbe	er 4., then you must affirm	the follo	wing l	pefore	a USC	IS off	icer:			
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 belonge											
(list order of nobility)											
Applicant's Printed Name		Applicant's Signature									
USCIS Officer's Printed Name	1	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 following Oath of Allegiance immediately prior to become willingness and ability to take this oath:											
I hereby declare on oath, that I absolutely and entirely rendstate, or sovereignty, of whom or which I have heretofore			fidelity to	any f	oreign	prince	, pote	ntate,			
that I will support and defend the Constitution and laws of	the Unite	ed States of America again	st all ene	mies,	foreign	, and c	domes	tic;			
that I will bear true faith and allegiance to the same;											
that I will bear arms on behalf of the United States when re	equired by	y the law;									
that I will perform noncombatant service in the armed force	es of the	United States when requir	ed by the	law;							
that I will perform work of national importance under civil	lian direc	tion when required by the	law; and								
that I take this obligation freely, without any mental reserv	vation or p	ourpose of evasion; so help	me God								
Applicant's Printed Name											
••	Cirron No	om a (Eirat Nama)		1 ; 441.	Nome	(if one	alioobl	la)			
Family Name (Last Name)	Given Na	ame (First Name)		naale	Name	(11 apj	piicabl	.5)			
			L								
Applicant's Signature			Date of	f Sign:	ature (mm/d	d/yyyy	<u>/) </u>			

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