

Application for Naturalization

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form N-400 OMB No. 1615-0052 Expires 09/30/2022

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For	_		
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Only			
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otherw	ise indicated. Failure to a	rint in black ink. Type or print "N/A" if an item is nswer all of the questions may delay U.S. Citizensh must complete Parts 1 15.	
birthda www.1	y, you may already be a U scis.gov for more informa	we mother or father is a U.S. citizen by birth, or was J.S. citizen. Before you consider filing this application on this topic and to review the instructions for Application for Citizenship and Issuance of Certific	ion, please visit the USCIS Website at Form N-600, Application for Certificate of
		nts a United States citizen? If you answer "Yes," then. If you answer "No," then skip Part 6. and go to	
Part	1 Information Abo	ut Your Eligibility (Select only one box o	r vour Enter Your 9 Digit A-Number:
	n N-400 may be delay	e vitalian e e e e e e e e e e e e e e e e e e e	► A-
	3 3	,	
	You are at least 18 years of		
1		ful permanent resident of the United States for at le	
]	and living with t	ful permanent resident of the United States for at less he same U.S. citizen spouse for the last 3 years, and the you filed your Form N-400.	· · ·
•	spouse is regular 319(b).) If your	manent resident of the United States and you are the engaged in specified employment abroad. (See residential address is outside the United States and fice from the list below where you would like to ha	the Immigration and Nationality Act (INA) section you are filing under Section 319(b), select the
]	Are applying on	the basis of qualifying military service.	
]	E. Other (Explain):		
Part	2. Information Abo	ut You (Person applying for naturalization)
		(do not provide a nickname)	,
	C	` '	MILL M. CC. P. 11
]	Family Name (Last Name)	Given Name (First Nam	e) Middle Name (if applicable)
L			
2.	Your Name Exactly As It A	Appears on Your Permanent Resident Card (if appli	cable)
]	Family Name (Last Name)	Given Name (First Nam	e) Middle Name (if applicable)
_			

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? Yes No
	If you answered "Yes," type or print the new name you would like to use in the spaces provided below.
	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
_	
5.	U.S. Social Security Number (if applicable) 6. USCIS Online Account Number (if any)
_	O Date Van December 1
7.	Gender 8. Date of Birth 9. Date You Became a Lawful Male Female (mm/dd/yyyy) Permanent Resident (mm/dd/yyyy)
	- Andrea - A
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
O	ΓE: Read the information in the Form N-400 Instructions before completing this part.
l .	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.

		Accommodations for Individual rments (continued)	duals With Disabilities and/	or A-
	C.		ty and/or impairment (for example, and the accommodation you are requ	use a wheelchair). (Describe the nature of your uesting.)
Pa	rt 4.	Information to Contact You	l	
1.	Day	ytime Telephone Number	2. Work Te	elephone Number (if any)
3.	Eve	ening Telephone Number	4. Mobile	Γelephone Number (if any)
5.	Ema	ail Address (if any)		
Pai		Information About Your Re		
1.		there have you lived during the last five re lived during the last five years. If you Current Physical Address		residence and then list every location where you sheets of paper.
		Street Number and Name		Apt. Ste. Flr. Number
		City or Town	County	State ZIP Code + 4
		Province or Region (foreign address only)	Postal Code (foreign address only)	Country (foreign address only)
		Dates of Residence From (mm/dd/yyyy)	To (mm/dd/yyyy)	
	В.	Current Mailing Address (if different In Care Of Name (if any)	nt from the address above)	
		Street Number and Name		Apt. Ste. Flr. Number
		City or Town	County	State ZIP Code + 4
		Province or Region (foreign address only)	Postal Code (foreign address only)	Country (foreign address only)
				J L

Part	5. Informati	on About Your Res	idence	(continued)		A-			
(. Physical Add	lress 2							
	Street Number	er and Name					Apt.	Ste. 1	Flr. Number
	City or Town	1		County		State		ZIP	Code + 4
		Province or Region (foreign address only)		Postal Code Country (foreign address only) (foreign addr		ece only	(z)		
	(Toreign addr			gn address only)	(Toreign addit		y)		
	Dates of	From (mm/dd/yyyy)		nm/dd/yyyy)					
	Residence								
т	DI 1 1 1 1	1 2							
L	 Physical Add Street Number 						Ant	Sto 1	Flr. Number
	Succi Number	er and rvame					Apt.		
	City or Town	1		County		State		 ZIP	Code + 4
								$\exists \Box$	-
	Province or F	Region	Postal	Code	Country				
	(foreign addr	(foreign address only) (foreig			(foreign addre	ess only	y)		
	Dates of			mm/dd/yyyy)					
	Residence								
E	. Physical Add	lress 4							
	Street Number	er and Name					Apt.	Ste. 1	Flr. Number
								Ш	
	City or Town	1		County		State			Code + 4
	Province or F (foreign addr	C	Postal (foreig	Code gn address only)	Country (foreign addre	ess only	y)		
				• •			<u> </u>		
	Dates of	From (mm/dd/yyyy)	To (1	nm/dd/yyyy)					
	Residence								
Part	6. Informati	on About Your Par	rents						
If neith	er one of your	parents is a United Stat	tes citizei	n, then skip this part a	and go to Part 7.				
1. V	Vere your parent	s married before your 18	th birthda	ny?					Yes No
T C	· 41	. W. M. A							
Infor	mation Abou	t Your Mother							
2. Is	your mother a	U.S. citizen?							Yes No
I	you answered "	Yes," complete the follo	wing info	ormation. If you answe	ered "No," go to It	tem Nu	ımber i	3.	

Pa	rt 6.	Information About Your Parents (continued) A-
	A.	Current Legal Name of U.S. Citizen Mother
		Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
	B.	Mother's Country of Birth C. Mother's Date of Birth (mm/dd/yyyy)
	D.	Date Mother Became a U.S. Citizen E. Mother's A-Number
		(if known) (mm/dd/yyyy) (if any) ► A-
Inf	orm	ation About Your Father
3.	Is y	our father a U.S. citizen?
	If y	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)
	D.	Date Father Became a U.S. Citizen E. Father's A-Number
		(if known) (mm/dd/yyyy) (if any) ► A-
Pai	rt 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.	Hei	ght Feet Inches 4. Weight Pounds III
5.	Eye	color (Select only one box)
	Ш	Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other
6.	Hai	r color (Select only one box)
		Bald Black Blond Brown Gray Red Sandy White Unknown/ (No hair)
		(No nan)

Pai	rt 8. Information Abou	t Your Employment ar	d Schools You	Attended					
List verice construction of the construction o	where you have worked or atte od. Include all military, police, loyment, studies, or unemploy aployed, or have studied for the or print "unemployed." If you	ended school full time or part to and/or intelligence service. Est ment (if applicable). Provide to e last five years. If you worke	ime during the last Begin by providing the locations and day of for yourself, type	five years. Provinformation about the where you we or print "self-en	ide info ut your : orked, y	most ro were so	ecent o	or curr ployed	rent d, were
1.	Employer or School Name								
	Street Number and Name					Apt.	Ste.	Flr.	Number
	City or Town				State			 P Cod	L
	City of Town				state			1 000]_
	Province or Region (foreign address only)	Postal Code (foreign address	s only)	Country (foreign addre	ss only))			
	Date From (mm/dd/yyyy)	Date To (mm/dd/yyyy)	Your Occupatio	n					
2.	Employer or School Name								
	Street Number and Name					Apt.	Ste.	Flr.	Number
	City or Town			S	State		ZI	P Cod	le + 4
									-
	Province or Region (foreign address only)	Postal Code (foreign address	s only)	Country (foreign addre	ss only))			
	Date From (mm/dd/yyyy)	Date To (mm/dd/yyyy)	Your Occupation	n					
3.	Employer or School Name								
	Street Number and Name					Apt.	Ste.	Flr.	Number
	City or Town			S	State			P Cod	le + 4
	Province or Region (foreign address only)	Postal Code (foreign address	s only)	Country (foreign addre	ss only))			
	Date From (mm/dd/yyyy)	Date To (mm/dd/yyyy)	Your Occupatio	n					

Pa	rt 9.	Time Outside	e the United States			A-	
- •• .					ide the United States duri		days
•			-				uays
2.	Hov	w many trips of 24	hours or longer have	you taken outside t	the United States during t	he last 5 years?	trips
3.					en outside the United Stat ace, use additional sheets		s. Start with
		ate You Left the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)	Did Trip Last 6 Months or More?	Whic	tries to h You veled	Total Days Outside the United States
				Yes No			
				Yes No			
				Yes No			
				Yes No			
				☐ Yes ☐ No			
				Yes No			
Pa	rt 10). Information	About Your Mar	ital History			
ι.	Wha	at is your current r	narital status?				
		Single, Never Mar	ried Married	Divorced	Widowed Separated	d Marriage Annul	led
	If y	ou are single and h	nave never married, go	to Part 11.			
2.	If y	ou are married, is	your spouse a current m	nember of the U.S.	armed forces?		Yes No
3.		w many times have riages to the same		luding annulled ma	arriages, marriages to other	er people, and	
١.	If y	ou are married nov	w, provide the following	g information abou	t your current spouse.		
	A.	Current Spouse's	Legal Name				
		Family Name (La	ast Name)	Given Na	me (First Name)	Middle Name (if applicable)
	B.	Current Spouse's	Previous Legal Name			,	
		Family Name (La	ast Name)	Given Na	me (First Name)	Middle Name (if applicable)
	C.	Other Names Use	ed by Current Spouse (i	nclude nicknames,	aliases, and maiden name	e, if applicable)	
		Family Name (La	•		me (First Name)	Middle Name (if applicable)
					•		
	D.	Current Spouse's (mm/dd/yyyy)		Date You Entered with Current Spou			

Pa	rt 1(0. Information About Your Marit	al H	listory (continued)		A-					
	F.	Current Spouse's Present Home Address				_					
		Street Number and Name					Apt.	Ste.	Flr.	Nu	mber
		City or Town	(County	S	tate		ZI	P Cod	le +	4
] - [
		Č		Code en address only)	Country (foreign addres	s only	·)				
	G.	Current Spouse's Current Employer or Cor	mpan	ny							
5.	Is y	your current spouse a U.S. citizen?							Y	es [No
	If y	ou answered "Yes," answer Item Number	6. If	you answered "No," go t	o Item Number	7.					
6.	If y	our current spouse is a U.S. citizen, comple	te the	e following information.							
	A.	When did your current spouse become a U	J.S. c	itizen?							
		At Birth - Go to Item Number 8.		Other - Complete the fo	llowing informat	ion.					
	В.	Date Your Current Spouse Became a U.S. Citizen (mm/dd/yyyy)									
7.	If y	our current spouse is not a U.S. citizen, con	nplet	e the following informati	on.						
	A.	Current Spouse's Country of Citizenship of	r Nat	tionality B. Current S	Spouse's A-Numl	er (if	any)				
				► A-							
	C.	Current Spouse's Immigration Status									
		Lawful Permanent Resident Othe	er (Ex	xplain):							
8.	Но	w many times has your current spouse been	marı	ried (including annulled i	marriages, marria	iges to)				
		er people, and marriages to the same person vide the following information about your c	*	•	been married be	fore,					
	-				. · · · · · ·	1.11.7			C		
		your current spouse has had more than one p		5 7 1	t information on	additi	onal si	ieets o	1 pape	er.	
	Α.	Legal Name of My Current Spouse's Prior	Spoi)	M: 1	41 - NJ -	(:C	1:.	-1.1.	. `
		Family Name (Last Name)		Given Name (First Nam	ie)	Mila	dle Na	me (11	аррис	abie	e)
	В.	Immigration Status of My Current Spouse' U.S. Citizen Lawful Permanent		• ,	nin):						
	C.	Date of Birth of My Current Spouse's D .			rrent Spouse's						
		Prior Spouse (mm/dd/yyyy)	Pr	rior Spouse			\neg				
			L								
	Е.	Country of Citizenship or Nationality of M Spouse's Prior Spouse	Iy Cı	urrent							

t I	. 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) with Prior Spouse (mm/dd/yyyy)	
Н.	How My Current Spouse's Marriage Ended with Prior Spouse Annulled Divorced Spouse Deceased Other (Explain):	
	ou were married before, provide the following information about your prior spouse. If you	have more than one previous
Α.	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	7
Е.	My Prior Spouse's Country of Citizenship or Nationality F. Date of Marriage with My Prior Spouse (mm/dd/yyyy)	
	Prior Spouse (mm/dd/yyyy)	
rt 11	. Information About Your Children	
mis olde	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;	B years of age or
		Number 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 Rirth (mm/dd/yyyyy) Country of Rirth	
	► A-	
	F. H. If you man A. B. C. H. Indimiss olde step Prov To I	F. My Current Spouse's Date of Marriage G. Date My Current Spouse's Marriage Ended with Prior Spouse (mm/dd/yyyy) H. How My Current Spouse's Marriage Ended with Prior Spouse Other (Explain):

art 1	1. Information About Your Children (continued)	A	-			
	Current Address					
	Street Number and Name		_ Apt.	Ste.	Flr.	Number
	City or Town County	State		_ ZI	P Cod	le + 4
] - [
	Province or Region Postal Code Country					
	(foreign address only) (foreign address only) (foreign add	ress on	ly)			
	What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)					
В.	Child 2					
	Current Legal Name					
	Family Name (Last Name) Given Name (First Name)		Middle	Name	(if app	olicable)
	A-Number (if any) Date of Birth (mm/dd/yyyy) Country of E	Birth				
	► A-					
	Current Address					
	Street Number and Name		Apt.	Ste.	Flr.	Number
	City or Town County	State		ZI	P Cod	le + 4
						-
	Province or Region Postal Code Country					
	(foreign address only) (foreign address only) (foreign add	ress on	ly)			
	What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)					
C.	Child 3					
	Current Legal Name					
	Family Name (Last Name) Given Name (First Name)		Middle	Name	(if ap	olicable)
	A-Number (if any) Date of Birth (mm/dd/yyyy) Country of E	Birth				
	► A-					

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Par	t 11	1. Information About Your Chile	dren (continued)	A-			
		Current Address					
		Street Number and Name		Apt.	Ste. Flr. Number		
		City or Town	County	State	ZIP Code + 4		
		\mathcal{E}	Postal Code (foreign address only)	Country (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 N	Jame (if applicable)		
		A-Number (if any)	Date of Birth (mm/dd/yyyy)	Country of Birth			
		► A-					
		Current Address					
		Street Number and Name		Apt.	Ste. Flr. Number		
		City or Town	County	State	ZIP Code + 4		
					-		
		\mathcal{E}	Postal Code	Country			
		(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,				
Par	t 12	2. Additional Information About	t You (Person Applying for	Naturalization)			
		tem Numbers 1 21. If you answer "Ye paper.	s" to any of these questions, incl	ude a typed or printed explan	ation on additional		
1.	Hav	ve you EVER claimed to be a U.S. citizer	(in writing or any other way)?		Yes No		
2.	Hav	ve you EVER registered to vote in any Fe	deral, state, or local election in the	he United States?	Yes No		
3.	Hav	ve you EVER voted in any Federal, state,	or local election in the United St	tates?	Yes No		
4.	A.	Do you now have, or did you EVER have country?	e, a hereditary title or an order o	of nobility in any foreign	Yes No		
	В.	If you answered "Yes," are you willing t have in a foreign country at your natural		orders of nobility that you	Yes No		
5.	Hav	ve you EVER been declared legally incom	npetent or been confined to a me	ental institution?	☐ Yes ☐ No		

		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 pe	ermanent	Yes No
	B.	If you answered "Yes," did you consider you	rrself 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 organiciety, or similar group in the United States or i		Yes No
	В.	If you answered "Yes," provide the informati additional sheets of paper and provide any ev	ion below. If you need extra space, attach the vidence to support your answers.	names of the oth	er groups on
		Name	Purpose	Dates of M	Iembership
		of the	of the	From	To
		Group	Group	(mm/dd/yyyy)	(mm/dd/yyyy)
10.	Ha	ve you EVER been a member of, or in any wa	y associated (either directly or indirectly) with	1:	
		The Communist Party?		Γ	☐ Yes ☐ No
		Any other totalitarian party?			Yes No
		A terrorist organization?			Yes No
	C.	A terrorist organization?		L	
11.		we you EVER advocated (either directly or incline)	directly) the overthrow of any government by	force or	Yes No
12.		we you EVER persecuted (either directly or inc gin, membership in a particular social group, o	directly) any person because of race, religion, or 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 dir	rectly or	
	A.	The Nazi government of Germany?			Yes No
	В.	Any government in any area occupied by, all government of Germany?	ied with, or established with the help of the N	azi [Yes No
	C.		amilitary unit, self-defense unit, vigilante unit, termination camp, concentration camp, prisone		Yes No

		2. Additional Information About You (Person Applying for lization) (continued) A-	
14.	We	re you EVER involved in any way with any of the following:	
	A.	Yes No	
	B.	Torture?	Yes No
	C.	☐ Yes ☐ No	
	D.	Badly hurting, or trying to hurt, a person on purpose?	☐ Yes ☐ No
	E.	Forcing, or trying to force, someone to have any kind of sexual contact or relations?	Yes No
	F.	Not letting someone practice his or her religion?	☐ Yes ☐ No
15.		re you EVER a member of, or did you EVER serve in, help, or otherwise participate in, any of owing 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 officia 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	ollowing:
	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.		are you EVER a part of any group, or did you EVER help any group, unit, or organization that unapon against any person, or threatened to do so?	ased 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?	you ever Yes No
	В.	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?	vou ever Yes No
18.		I you EVER sell, give, or provide weapons to any person, or help another person sell, give, or prapons to any person?	rovide 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

	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?							
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	iber 30.						
	If you answered "Yes" to any question in Item Numbers 23 28. , then complete this table. If you need extra additional sheets of paper and provide any evidence to support your answers.	a space, use						
	Why were you Date arrested, cited, Where were you Outcome or	disposition of the						

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.)

	rt 12. Additional Information About You (Person Applying for turalization) (continued) A-	
	wer Item Numbers 30 46. If you answer "Yes" to any of these questions, except Item Numbers 37. a sed explanation on additional sheets of paper and provide any evidence to support your answers.	nd 38., include a typed or
30.	Have 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
	H. 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.	Have you EVER given any U.S. Government officials any information or documentation that was falso fraudulent, or misleading?	e, Yes No
32.	Have you EVER lied to any U.S. Government officials to gain entry or admission into the United State to gain immigration benefits while in the United States?	es or Yes No
33.	Have you EVER been removed, excluded, or deported from the United States?	Yes No
34.	Have you EVER been ordered removed, excluded, or deported from the United States?	☐ Yes ☐ No
35.	Have you EVER been placed in removal, exclusion, rescission, or deportation proceedings?	☐ Yes ☐ No
36.	Are removal, exclusion, rescission, or deportation proceedings (including administratively closed proceedings) currently pending against you?	Yes No
37.	Have you EVER served in the U.S. armed forces?	☐ Yes ☐ No
38.	A. Are you currently a member of the U.S. armed forces?	Yes No
	B. If you answered "Yes," are you scheduled to deploy overseas, including to a vessel, within the next three months? (Refer to the Address Change section in the Instructions on how to notify USCIS is you learn of your deployment plans after you file your Form N-400.)	
	C. If you answered "Yes," are you currently stationed overseas?	Yes No
39.	Have you EVER been court-martialed, administratively separated, or disciplined, or have you received other than honorable discharge, while in the U.S. armed forces?	an Yes No
40.	Have you EVER been discharged from training or service in the U.S. armed forces because you were a alien?	n Yes No
41.	Have you EVER left the United States to avoid being drafted in the U.S. armed forces?	Yes No
42.	Have you EVER applied for any kind of exemption from military service in the U.S. armed forces?	☐ Yes ☐ No
43.	Have you EVER deserted from the U.S. armed forces?	☐ Yes ☐ No

		2. Additional Information Aboutization) (continued)	ut You (Person Ap	oplying for	A-	
44.	A.	Are you a male who lived in the United (This does not include living in the United (This does not include livi	— birthdays?	Yes No		
	B.	v.				
	C.	If you answered "Yes," but you did no	t register with the Se	lective Service System and	you are:	
		1. Still under 26 years of age, you mu information above; OR	ıst register before you	apply for naturalization, a	nd complete the	e Selective Service
		2. Now 26 to 31 years of age (29 yea Selective Service, you must attach letter from the Selective Service.				
		tem Numbers 45 50. If you answer ". paper and provide any evidence to support		uestions, include a typed or	printed explana	ation on additional
45.	Do	you support the Constitution and form of	f Government of the	United States?		Yes No
46.	Do	you understand the full Oath of Allegian	nce to the United State	es?		Yes No
47.	Are	you willing to take the full Oath of Alle	egiance to the United	States?		☐ Yes ☐ No
48.	If t	ne law requires it, are you willing to bear	r arms on behalf of th	e United States?		☐ Yes ☐ No
49.	If t	ne law requires it, are you willing to perf	Form noncombatant se	ervices in the U.S. armed for	orces?	☐ Yes ☐ No
50.	If th	ne law requires it, are you willing to perf	form work of national	importance under civilian	direction?	Yes No
Pa	rt 13	3. Applicant's Statement, Certi	fication, and Sign	nature		
NO	ГЕ:	Read the Penalties section of the Form 1	N-400 Instructions be	fore completing this part.		
Ap	plice	ant's Statement				
NO	ΓE:	Select the box for either Item A. or B. in	Item Number 1. If	applicable, select the box f	or Item Numb	er 2.
1.	Ap	olicant's Statement Regarding the Interpr	reter			
	A.	I can read and understand English, and my answer to every question.	and I have read and u	understand every question a	and instruction	on this application
	В.	The interpreter named in Part 14. question in	read to me every ques	stion and instruction on this , a language in which I a		•
2.	Ap	plicant's Statement Regarding the Prepar	rer			
		At my request, the preparer named in P prepared this application for me based		n I provided or authorized.		,

Pai	rt 13	3. Applicant's Statement, Certificati	on, and Sig	natu	re (continued)	A	۸-			
App	plica	ant's Certification								
requi	re th	any documents I have submitted are exact phast I submit original documents to USCIS at a data that USCIS may need to determine my eligi	later date. Furt	therm	ore, I authorize the	release				_
	further authorize release of information contained in this application, in supporting documents, and in my USCIS records to other ntities and persons where necessary for the administration and enforcement of U.S. immigration laws.									
	I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:						r			
	1)	I reviewed and provided or authorized all of	the information	ı in m	y application;					
	2)	I understood all of the information contained	in, and submit	ted w	ith, my application	; and				
	3)	All of this information was complete, true, ar	nd correct at the	e time	e of filing.					
		under penalty of perjury, that I provided or aut on contained in, and submitted with, my applie								he
App	plica	ant's Signature								
3.	App	olicant's Signature					Date of	Signati	ıre (mm	n/dd/yyyy)
\Rightarrow										
Instr	uctio	O ALL APPLICANTS: If you do not complete, USCIS may deny your application.				ubmit r	equired	docum	ents list	ed in the
		4. Interpreter's Contact Information	<u> </u>	ion,	and Signature					
Prov	ide tl	he following information about the interpreter.								
Int	erpr	eter's Full Name								
1.	Inte	erpreter's Family Name (Last Name)		Inte	rpreter's Given Na	me (Firs	t Name	e)		
2.	Inte	erpreter's Business or Organization Name (if a	nv)							
		Aprilo 2 de mares de la companion de mares (n. m.]						
Int	orni	eter's Mailing Address		•						
	-	<u> </u>			Α.	C40	El	Numb		
3.	Stre	eet Number and Name			A	pt. Ste	. FIF.	Nume	ber	
	City	y or Town			S	tate		ZIP C	ode + 4	
	Pro	vince	Postal Code		Country					

	art 14. Interpreter's Contact Information, Certificat ontinued)	ion, and Signature A-
In	terpreter's Contact Information	
4.	Interpreter's Daytime Telephone Number 5.	Interpreter's Mobile Telephone Number (if any)
6.	Interpreter's Email Address (if any)	
In	terpreter's Certification	
I cei	ertify, under penalty of perjury, that:	
Iten or h appl	m fluent in English and Mumber 1., and I have read to this applicant in the identified lander answer to every question. The applicant informed me that he or dication, including the Applicant's Certification and has verified to exterpreter's Signature	she understands every instruction, question and answer on the
		To 100 100 100 100 100 100 100 100 100 10
7. →	Interpreter's Signature	Date of Signature (mm/dd/yyyy)
Ot	art 15. Contact Information, Declaration, and Signate ther Than the Applicant vide the following information about the preparer.	ture of the Person Preparing This Application, if
Ot Prov	ther Than the Applicant	ture of the Person Preparing This Application, if
Prov	vide the following information about the preparer.	Preparer's Given Name (First Name)
Ot Prov	ther Than the Applicant vide the following information about the preparer. reparer's Full Name	
Prov. 1. 2.	ther Than the Applicant vide the following information about the preparer. reparer's Full Name Preparer's Family Name (Last Name)	
Prov. 1. 2.	ther Than the Applicant vide the following information about the preparer. reparer's Full Name Preparer's Family Name (Last Name) Preparer's Business or Organization Name (if any)	
Province Pro	ther Than the Applicant vide the following information about the preparer. reparer's Full Name Preparer's Family Name (Last Name) Preparer's Business or Organization Name (if any) reparer's Mailing Address	Preparer's Given Name (First Name)

	art 15. Contact Information, Declaration, and Signature of the Person reparing This Application, if Other Than the Applicant (continued)
Pr	eparer's Contact Information
4.	Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone 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 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.
Pr	eparer's Certification
revi with	my 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 in, his or her application, including the Applicant's Certification , and that all of this information is complete, true, and correct. I appleted this application based only on information that the applicant provided to me or authorized me to obtain or use. **Expansion 1.5** **Expansion 2.5** **Expansion 2.5** **Expansion 3.5** **Ex
8.	Preparer's Signature Date of Signature (mm/dd/yyyy)
•. →	Dute of Signature (IIIII) dayyyyy)
	NOTE: Do not complete Parts 16., 17., or 18. until the USCIS Officer instructs you to do so at the interview.
Pa	ort 16. Signature at Interview
this com	rear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of Form N-400, Application for Naturalization, subscribed by me, including corrections number 1 through, are uplete, true, and correct. The evidence submitted by me on numbered pages 1 through are complete, true, and sect. scribed to and sworn to (affirmed) before me
	USCIS Officer's Printed Name or Stamp Date of Signature (mm/dd/yyyy)
App	olicant's Signature USCIS Officer's Signature

Part 17. Renunciation of Foreign Titles				A-				
	om Numb	or 1 then you mi	ict affirm t		ing before	a a USCI	IS offic	cer:
If you answered "Yes" to Part 12., Items A. and B. in Item Number 4., then you must affirm the following before a USCIS officer:								
I further renounce the title of wh (list titles)				ave here	tofore he	ld; or		
· ·	t titles)							
I further renounce the order of nobility of	(list ord	er of nobility)	1	o which	I have he	eretofore	e belon	iged.
Applicant's Printed Name		Applicant's Signa	ture					
Applicant's Finited Ivaine		Tippiicant's Signa	ture					
USCIS Officer's Printed Name		LISCIS Officer's	Signatura					
OSCIS Officer's Fillinear Name		USCIS Officer's S	Signature					
Date of Signature (mm/dd/yyyy)								
Part 18. Oath of Allegiance								
If your application is approved, you will be scheduled for 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 restate, or sovereignty, of whom or which I have heretofore			ince and fic	lelity to a	any foreig	n prince,	poten	tate,
that I will support and defend the Constitution and laws of	of the Unit	ed States of Amer	rica against	all enem	ies, foreig	gn, and d	omesti	c;
that I will bear true faith and allegiance to the same;								
that I will bear arms on behalf of the United States when	required b	y the law;						
that I will perform noncombatant service in the armed for	orces of the	United States who	en required	by the l	aw;			
that I will perform work of national importance under civ	vilian direc	tion when require	d by the la	w; and				
that I take this obligation freely, without any mental reservant	ervation or	purpose of evasion	n; so help r	ne God.				
Applicant's Printed Name								
Family Name (Last Name)	Given Na	ame (First Name)		<u>M</u> :	iddle Nam	e (if app	licable	;)
Applicant's Signature				Date of	Signature	e (mm/dd	l/yyyy))