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

	1	Date Stamp	Rec	eipt		Action Block		
For USC:								
Use								
Onl	y							
Rema	arks							
otherv	vise indica	ated. Failure to a		may delay U.S. Citizenshi		the answer is none, unless on Services (USCIS) processing		
birthd www.	ay, you m uscis.gov	ay already be a U for more informa	J.S. citizen. Before you coation on this topic and to re	S. citizen by birth, or was a consider filing this application of the instructions for F or and Issuance of Certification.	on, please visit t Form N-600, App	he USCIS Website at plication for Certificate of		
	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.							
		ormation Abo	• ,	Select only one box or	your Ent	er Your 9 Digit A-Number:		
1.	You are a	t least 18 years o	f age and:					
	A.	Have been a law	ful permanent resident of	the United States for at lea	st 5 years.			
	В. 🗌	and living with t		se for the last 3 years, and		ldition, 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 er residential address is outs	nployment abroad. (See th	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 mi	litary service.				
	E	Other (Explain):						
Part	t 2. Info	ormation Abo	ut You (Person apply	ing for naturalization)				
			(do not provide a nicknam	,				
		ame (Last Name)	•	Given Name (First Name)	Middle Name (if applicable)		
	,					(MPP - W -)		
2.	Your Nan	ne Exactly As It	Appears on Your Permane	nt Resident Card (if applic	able)			
		ame (Last Name)		Given Name (First Name		Middle Name (if applicable)		

Pai	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 arguered "Ves." type or print the new name you would like to use in the spaces provided below.
	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)
J.	Scis Social Security Number (if applicable)
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.)
Pai	rt 3. Accommodations for Individuals With Disabilities and/or Impairments
NOT	TE: 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 Individements (continued)	uals With Di	sabilit	ies and/o	or	A- [
	C.	I have another type of disability disability and/or impairment an					nir). (De	scribe	the na	ture o	f your
Pa	rt 4.	Information to Contact You									
1.	Day	time Telephone Number		2.	Work Te	lephone Numb	er (if an	y)			
3.	Eve	ening Telephone Number		4.	Mobile T	Celephone Nun	nber (if a	ny)			
5.	Em	ail Address (if any)									
Pa	rt 5.	Information About Your Res	sidence								
1.	hav	ere have you lived during the last five e lived during the last five years. If yo						every l	ocation	when	e you
	Α.	Current Physical Address Street Number and Name						Apt.	Ste.	Flr.	Number
		City or Town	Count	y			State			P Cod	e + 4
		Province or Region (foreign address only)	Postal Code (foreign addre	ess only	v)	Country (foreign addi	ess only)	<u>(U.</u>	SPS ZIP	Code Lookup)
		Dates of Residence From (mm/dd/yyyy)	To (mm/dd/y Present	ууу)							
	В.	Current Mailing Address (if different In Care Of Name (if any)	from the address	s above)						
		Street Number and Name						Apt.	Ste.	Flr.	Number
		City or Town	Count	ty			State		ZII	P Cod	e + 4
		Province or Region (foreign address only)	Postal Code (foreign addre	ess only	y)	Country (foreign add	ress only)			

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Part	5. Informatio	on About Your Res	sidence (continued)		A-	
(. Physical Addr	ess 2				
	Street Number	and Name			Ap	ot. Ste. Flr. Number
	City or Town		County		State	ZIP Code + 4
	Province or Re (foreign addre		Postal Code (foreign address only)	Country (foreign ad	dress only)	
	Dates of E	From (mm/dd/yyyy)	To (mm/dd/yyyy)			
	Residence					
	. Physical Addr	ess 3				
	Street Number	and Name			Ap	ot. Ste. Flr. Number
	City or Town		County		State	ZIP Code + 4
	Province or Re (foreign addre		Postal Code (foreign address only)	Country (foreign ad	dress only)	
		37				
	Dates of E	From (mm/dd/yyyy)	To (mm/dd/yyyy)			
	Residence					
E	. Physical Addr	ess 4				
	Street Number	and Name			Ap	ot. Ste. Flr. Number
	City or Town		County		State	ZIP Code + 4
	Province or Re (foreign addre	•	Postal Code (foreign address only)	Country (foreign ad	dress only)	
		37				
	Dates of E	From (mm/dd/yyyy)	To (mm/dd/yyyy)			
	Residence					
		n About Your Par				
If neith	er one of your p	arents is a United Sta	tes citizen, then skip this	part and go to Part	7.	
1. V	Vere your parents	married before your 18	th birthday?			Yes No
Infor	mation About	Your Mother				
	s your mother a U					☐ Yes ☐ No
			owing information. If you	answered "No," go to	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/
	11-	Other
6.	нап	r color (Select only one box) Bald Black Blond Brown Gray Red Sandy White Unknown/
	Ш	(No hair)

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Pai	rt 8. Information About	Your Emp	loyment an	d Schools You	Attended	A-				
perio empl unem	where you have worked or atten d. Include all military, police, a oyment, studies, or unemploym uployed, or have studied for the or print "unemployed." If you r	and/or intellige nent (if applicat last five years.	nce service. Bole). Provide the If you worked	egin by providing he locations and d d for yourself, type	information at ates where you e or print "self-	out your worked,	most r	ecent o	or curre ployed	ent l, were
1. Employer or School Name										
	Street Number and Name						Apt.	Ste.	Flr.	Number
	City or Town					State		_ ZI	P Cod	e + 4
										-
	Province or Region (foreign address only)		ostal Code oreign address	only)	Country (foreign add	lress only	/)			
	Date From (mm/dd/yyyy)	Date To (mm/	/dd/vvvv)	Your Occupation	」					
			44.)))))		···					
2.	Employer or School Name									
	Street Number and Name						Apt.	Ste.	Flr.	Number
	City or Town					Stata	j L	71	□ P Cod	
	City or Town					State			r Cou]_
	Province or Region (foreign address only)		ostal Code oreign address	only)	Country (foreign add	lress only	<i>ı</i>)			
	Date From (mm/dd/yyyy)	Date To (mm/	/dd/yyyy)	Your Occupation	on					
3.	Employer or School Name									
	Street Number and Name						Apt.	Ste.	Flr.	Number
	City or Town					State	_	 71	— P Cod	e + 4
] - [
	Province or Region (foreign address only)		ostal Code oreign address	only)	Country (foreign add	lress only	<i>ı</i>)			
	Date From (mm/dd/yyyy)	Date To (mm/	/dd/yyyy)	Your Occupation	on					

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	117.	Time Outside	the United States			A-				
	How	many total days	(24 hours or longer) d	lid you spend outside the I	United States during the	last 5 years?	days			
	How	many trips of 24	hours or longer have	you taken outside the Unit	ed States during the last	5 years?	trips			
		List below all the trips of 24 hours or longer that you have taken outside the United States during the last 5 years, your most recent trip and work backwards. If you need extra space, use additional sheets of paper.								
	U	Date You Left the United States (mm/dd/yyyy) Date You to the United States (mm/dd/yyyy)		Did Trip Last 6 Months or More?	Countries to Which You Traveled		Total Days Outside the United State			
				☐ Yes ☐ No						
				☐ Yes ☐ No						
				☐ Yes ☐ No						
				☐ Yes ☐ No						
				☐ Yes ☐ No						
				☐ Yes ☐ No						
aı	rt 10.	Information	About Your Mari	tal History						
	What	What is your current marital status?								
	☐ Si	ngle, Never Mar	ried Married	Divorced Widowe	ed Separated	Marriage Ann	ulled			
		•	ave never married, go	to Part 11.						
		•		ember of the U.S. armed t	forces?		☐ Yes ☐ N			
	How	•	you been married (incl	uding annulled marriages		ple, and				
	If you	If you are married now, provide the following information about your current spouse.								
	A. (A. Current Spouse's Legal Name								
		amily Name (La	•	Given Name (First	st Name)	Middle Name	e (if applicable)			
	B. (Current Spouse's	Previous Legal Name							
		amily Name (La	•	Given Name (First	st Name)	Middle Name	((C 1: 11)			
	F						e (if applicable)			
	F						e (if applicable)			
			d by Current Spouse (i	nclude nicknames aliases	and maiden name if an	oplicable)	e (11 applicable)			
	C. C	Other Names Use	,	nclude nicknames, aliases, Given Name (Fir	•	• '				
	C. C		•	Given Name (Fire	•	• '	e (if applicable)			

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Pa	rt 10	0. Information About Your Ma	arital	History (continue	ed)	A-				
		Current Spouse's Present Home Addre			,					
		Street Number and Name			Apt.	Ste.	Flr.	Number		
							<u>ا</u> ا			
		City or Town		County		State	, —		P Cod	le + 4
		City of Town						$\neg \Box$.1 000]_
		Province or Region	Post	l ∟al Code	Country					
		(foreign address only)		eign address only)	(foreign add	ress only	7)			
	G.	Current Spouse's Current Employer or	r Comp	any						
5.	Is y	our current spouse a U.S. citizen?						[Ye	es No
	If y	ou answered "Yes," answer Item Numb	ber 6.	If you answered "No,	" go to Item Numb	er 7.				
6.	If y	your current spouse is a U.S. citizen, complete the following information.								
	A.	When did your current spouse become a U.S. citizen?								
		At Birth - Go to Item Number 8. Other - Complete the following information.								
	В.	Date Your Current Spouse Became a U.S. Citizen (mm/dd/yyyy)								
7.	If y	If your current spouse is not a U.S. citizen, complete the following information.								
	A.	A. Current Spouse's Country of Citizenship or Nationality B. Current Spouse's A-Number (if any)								
		► A-								
	C.	Current Spouse's Immigration Status								
		Lawful Permanent Resident	Other ((Explain):						
8.		w many times has your current spouse b		-	_	_)			
		er people, and marriages to the same per vide the following information about yo		-		before,				
	•	your current spouse has had more than or		1 1		on addit	ional cl	neets c	f nanc	ar.
	•	Legal Name of My Current Spouse's P	-	O 1 I	e that information (on addit	ionai si	iccis (и рарс	л.
	А.	Family Name (Last Name)	1101 5	Given Name (First	Name)	Mid	dle Na	me (if	annlic	pable)
		Taminy Name (East Name)		Given Ivame (1 iist	- Ivanie)		uic iva	1110 (11	аррпс	<i>aoic)</i>
	В.	Immigration Status of My Current Spo	ougo!a I	Prior Spausa (if known	2)					
	В.	U.S. Citizen Lawful Perman		• ,	Explain):					
	C	Date of Birth of My Current Spouse's		Country of Birth of M	1 /					
	C.	Prior Spouse (mm/dd/yyyy)		Prior Spouse	ly Current spouse's					
	E.	Country of Citizenship or Nationality	of My	Current			_			
		Spouse's Prior Spouse								

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Pa	rt 10	A- Information About Your Marital History (continued) A-					
	F.	My Current Spouse's Date of Marriage 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):					
9.		ou were married before, provide the following information about your prior spouse. If you have more than one previous riage, provide that information on additional sheets of paper.					
	A. My Prior Spouse's Legal Name						
		Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)					
	В.	My Prior Spouse's Immigration Status When My Marriage Ended (if known)					
	ъ.	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):					
Par	rt 11	Information About Vour Children					
1.	Part 11. Information About Your Children Indicate your total number of children. (You must indicate ALL children, including: children who are alive, missing, or deceased; children born in the United States or in other countries; children under 18 years of age or older; children who are currently married or unmarried; children living with you or elsewhere; current stepchildren; legally adopted children; and children born when you were not married.)						
2.		vide the following information about all your children (sons and daughters) listed in Item Number 1. , regardless of age. list any additional children, use additional sheets of paper.					
	A.	Child 1					
		Current Legal Name					
		Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)					
		A-Number (if any) Date of Birth (mm/dd/yyyy) Country of Birth					
		► A-					

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Part 1	1. Information About Your (Children (continued)	A-
	Current Address		
	Street Number and Name		Apt. Ste. Flr. Number
	City or Town	County	State ZIP Code + 4
	Province or Region	Postal Code	Country
	(foreign address only)	(foreign address only)	(foreign address only)
	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 Nar	me) Middle Name (if applicable)
	Turning Traine (East Traine)	Given i tunie (i list i tuni	ine) initiate (it applicable)
		D (CD: d ((11/	C t CP: 1
	A-Number (if any) ► A-	Date of Birth (mm/dd/yyyy)	Country of Birth
	Current Address		
	Street Number and Name		Apt. Ste. Flr. Number
	City or Town	County	State ZIP Code + 4
	Province or Region	Postal Code	Country
	(foreign address only)	(foreign address only)	(foreign address only)
	What is your child's relationship to stepchild, legally adopted child)	you? (for example, biological child,	
	stepenna, regarry adopted crima)		
C.	Child 3		
	Current Legal Name		
	Family Name (Last Name)	Given Name (First Nar	me) Middle Name (if applicable)
	A-Number (if any)	Date of Birth (mm/dd/yyyy)	Country of Birth
	► A-		

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Part	t 11. Information About Your C	hildren (continued)	A-	
	Current Address	,		
	Street Number and Name		Apt.	Ste. Flr. Number
	City or Town	County	State	ZIP Code + 4
				-
	Province or Region	Postal Code	Country	
	(foreign address only)	(foreign address only)	(foreign address only)	
	What is your child's relationship to your stepchild, legally adopted child)	ou? (for example, biological child,		
	D. Child 4			
	Current Legal Name			
	Family Name (Last Name)	Given Name (First Nam	me) Middle N	Name (if applicable)
	A-Number (if any)	Date of Birth (mm/dd/yyyy)	Country of Birth	
	► A-			
	Current Address			
	Street Number and Name		Apt.	Ste. Flr. Number
	City or Town	County	State	ZIP Code + 4
	Province or Region	Postal Code	Country	
	(foreign address only)	(foreign address only)	(foreign address only)	
	What is your child's relationship to your stepchild, legally adopted child)	ou? (for example, biological child,		
Part	t 12. Additional Information Abo	out You (Person Applying fo	r Naturalization)	
	er Item Numbers 1 21. If you answer s of paper.	"Yes" to any of these questions, inc	clude a typed or printed explar	nation on additional
1.	Have you EVER claimed to be a U.S. citi	izen (in writing or any other way)?		Yes No
2.	Have you EVER registered to vote in any	Federal, state, or local election in	the United States?	Yes No
3.	Have you EVER voted in any Federal, sta	ate, or local election in the United S	States?	Yes No
4.	A. Do you now have, or did you EVER country?	have, a hereditary title or an order	of nobility in any foreign	Yes No
	B. If you answered "Yes," are you willin have in a foreign country at your nature.		orders of nobility that you	Yes No
5.	Have you EVER been declared legally in	competent or been confined to a mo	ental institution?	☐ Yes ☐ 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 t	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	rmanent	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 in		Yes No				
	В.	B. If you answered "Yes," provide the information below. If you need extra space, attach the names of the other additional sheets of paper and provide any evidence to support your answers.							
		Name	Purpose	Dates of M	embership				
		of the	of the	From	To				
		Group	Group	(mm/dd/yyyy)	(mm/dd/yyyy)				
10.	Hav	we you EVER been a member of, or in any wa	y associated (either directly or indirectly) with	:					
		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?	directly) the overthrow of any government by f	force or	Yes No				
12.		we you EVER persecuted (either directly or in gin, membership in a particular social group, o	directly) any person because of race, religion, a prolitical opinion?	national	Yes No				
13.		ween March 23, 1933 and May 8, 1945, did y 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?	lied with, or established with the help of the Na	azi	Yes No				
	C.		amilitary unit, self-defense unit, vigilante unit, termination camp, concentration camp, prisone		Yes No				

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Par Nat					
14.	We	re you EVER involved in any way with any of the following:			
		Genocide?	Γ	Yes	s No
	B.	Torture?		Yes	s 🔲 No
	C.	Killing, or trying to kill, someone?		Yes	s No
	D.	Badly hurting, or trying to hurt, a person on purpose?		Yes	s 🗌 No
	E.	Forcing, or trying to force, someone to have any kind of sexual contact or relations?		Yes	s 🗌 No
	F.	Not letting someone practice his or her religion?		Yes	s 🗌 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	s 🗌 No
	B.	Paramilitary unit (a group of people who act like a military group but are not part of the officia military)?	l [Yes	s No
	C.	Police unit?		Yes	s 🗌 No
	D.	Self-defense unit?		Yes	s 🗌 No
	E.	Vigilante unit (a group of people who act like the police, but are not part of the official police)?	? [Yes	s No
	F.	Rebel group?		Yes	s No
	G.	Guerrilla group (a group of people who use weapons against or otherwise physically attack the military, police, government, or other people)?		Yes	s No
	H.	Militia (an army of people, not part of the official military)?		Yes	s 🗌 No
	I.	Insurgent organization (a group that uses weapons and fights against a government)?		Yes	s 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	s 🗌 No
	B.	Prison camp?		Yes	s 🗌 No
	C.	Detention facility (a place where people are forced to stay)?		Yes	s No
	D.	Labor camp (a place where people are forced to work)?		Yes	s No
	E.	Any other place where people were forced to stay?		Yes	s No
17.		re 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?	sed a	Yes	s 🗌 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	s 🗌 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	s 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	s No
	A.	If you answered "Yes," did you know that this person was going to use the weapons against and person?	other [Yes	s 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	s 🗌 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.	5. Have you EVER been convicted of a crime or offense?			
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	ıber 30.		
	If you answered "Yes" to any question in Item Numbers 23 28. , then complete this table. If you need ext additional sheets of paper and provide any evidence to support your answers.	ra space, use		

Why were you arrested, cited,	Date arrested, cited, detained, or	Where were you arrested, cited, detained, or	Outcome or disposition of the arrest, citation, detention, or
detained, or	charged.	charged? (City or Town,	charge (no charges filed, charges
charged?	(mm/dd/yyyy)	State, Country)	dismissed, jail, probation, etc.)

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		2. Additional Information About You (Person Applying for lization) (continued) A-				
		Item Numbers 30 46. If you answer "Yes" to any of these questions, except Item Numbers 37. and application on additional sheets of paper and provide any evidence to support your answers.	38 ., inclu	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.		ve you EVER given any U.S. Government officials any information or documentation that was false, udulent, or misleading?		Yes		No
32.		ve you EVER lied to any U.S. Government officials to gain entry or admission into the United States of gain immigration benefits while in the United States?	or	Yes		No
33.	Ha	ve 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 closed oceedings) currently pending against you?		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 the next three months? (Refer to the Address Change section in the Instructions on how to notify USCIS if you learn of your deployment plans after you file your Form N-400.)		Yes		No
	C.	If you answered "Yes," are you currently stationed overseas?		Yes		No
39.		ve you EVER been court-martialed, administratively separated, or disciplined, or have you received an er than honorable discharge, while in the U.S. armed forces?	1 🗌	Yes		No
40.		ve you EVER been discharged from training or service in the U.S. armed forces because you were an en?		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	ve you EVER applied for any kind of exemption from military service in the U.S. armed forces?		Yes		No
43.	Ha	ve you EVER deserted from the U.S. armed forces?		Yes		No

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		2. Additional Informati	on About You (Person Applying for A-			
44.	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.)					
	В.	If you answered "Yes," when Date Registered (mm/dd/yyyy)	a did you register for the Selective Service? Provide the information below Selective Service Number	v.		
	C.	If you answered "Yes," but y	rou did not register with the Selective Service System and you are:			
		1. Still under 26 years of ag information above; OR	ge, you must register before you apply for naturalization, and complete the	e Selective Service		
			ge (29 years of age if you are filing under INA section 319(a)), but you dinust attach a statement explaining why you did not register, and provide a Service.			
		tem Numbers 45 50. If you paper and provide any evidence	u answer "No" to any of these questions, include a typed or printed explance to support your answers.	ation on additional		
45.	Do	you support the Constitution a	and form of Government of the United States?	Yes No		
46.	Do	you understand the full Oath	of Allegiance to the United States?	Yes No		
47.	Are you willing to take the full Oath of Allegiance to the United States? Yes N					
48.	If t	he law requires it, are you will	ling to bear arms on behalf of the United States?	Yes No		
49.	If t	he law requires it, are you will	ling to perform noncombatant services in the U.S. armed forces?	☐ Yes ☐ No		
50.	If t	he law requires it, are you will	ing to perform work of national importance under civilian direction?	Yes No		
Pa	rt 1.	3. Applicant's Statemen	nt, Certification, and Signature			
NO	ΓE:	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	er 2.		
1.	Applicant's Statement Regarding the Interpreter					
	A.	I can read and understan and my answer to every	d English, and I have read and understand every question and instruction question.	on this application		
	В.	The interpreter named in question in	Part 14. read to me every question and instruction on this application and 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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Pa	rt 13. Applicant's Statement,	Certification, and Signature (continued) A-
Ap	pplicant's Certification	
requ	ire that I submit original documents t	d are exact photocopies of unaltered, original documents, and I understand that USCIS may o USCIS at a later date. Furthermore, I authorize the release of any information from any of mine my eligibility for the immigration benefit that I seek.
		contained in this application, in supporting documents, and in my USCIS records to other he administration and enforcement of U.S. immigration laws.
	derstand that USCIS will require me tature) and, at that time, I will be requ	o appear for an appointment to take my biometrics (fingerprints, photograph, and/or ired to sign an oath reaffirming that:
	1) I reviewed and provided or aut	norized all of the information in my application;
	2) I understood all of the informat	ion contained in, and submitted with, my application; and
	3) All of this information was con	applete, true, and correct at the time of filing.
		rovided or authorized all of the information in my application, I understand all of the with, my application, and that all of this information is complete, true, and correct.
Ap	pplicant's Signature	
3.	Applicant's Signature	Date of Signature (mm/dd/yyyy)
	TE TO ALL APPLICANTS: If you ructions, USCIS may deny your applications.	do not completely fill out this application or fail to submit required documents listed in the cation.
Pa	art 14. Interpreter's Contact I	nformation, Certification, and Signature
Prov	vide the following information about t	he interpreter.
Int	terpreter's Full Name	
1.	Interpreter's Family Name (Last Na	me) Interpreter's Given Name (First Name)
2.	Interpreter's Business or Organization	on Name (if any)
Int	terpreter's Mailing Address	
3.	Street Number and Name	Apt. Ste. Flr. Number
	C'to a Trans	
	City or Town	State ZIP Code + 4
	Province	Postal Code Country

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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 T	elephone Nun	nber (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 identifier answer to every question. The applicant informed me that ication, including the Applicant's Certification and has veri	he or s	he u	inderstands every in	struction, que	
	terpreter's Signature					
7.	Interpreter's Signature				Date of	Signature (mm/dd/yyyy)
Ot	rt 15. Contact Information, Declaration, and Si her Than the Applicant	gnatu	ire	of the Person P	reparing T	his Application, if
	ride the following information about the preparer.					
Pre	eparer's Full Name					
1.	Preparer's Family Name (Last Name)		Prep	parer's Given Name	(First Name)	
2.	Preparer's Business or Organization Name (if any)					
Pre	eparer's Mailing Address					
3.	Street Number and Name			A _F	ot. Ste. Flr.	Number
	City or Town			Sta	ate	ZIP Code + 4
	Province Postal Co	de		Country		

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	reparing This Application, if Other Than the Applicant (continued) A-
Pı	reparer's Contact Information
4.	Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)
6.	Preparer's Email Address (if any)
Pı	reparer'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	reparer's Certification
witl con	newed this completed application and informed me that he or she understands all of the information contained in, and submitted the head of the information is complete, true, and correct. I application based only on information that the applicant provided to me or authorized me to obtain or use. **reparer's Signature**
8.	Preparer's Signature Date of Signature (mm/dd/yyyy)
	NOTE: Do not complete Parts 16., 17., or 18. until the USCIS Officer instructs you to do so at the interview.
Pa	art 16. Signature at Interview
this con	vear (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 nplete, true, and correct. The evidence submitted by me on numbered pages 1 through are complete, true, and rect.
Sub	escribed to and sworn to (affirmed) before me
	USCIS Officer's Printed Name or Stamp Date of Signature (mm/dd/yyyy)
۸	
App	blicant's Signature USCIS Officer's Signature

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Part 17. Renunciation of Foreign Titles		A-				
	Number 4 then you mu					
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 (list titl	1as)	which I have heretofore held; or				
`	ies)					
I further renounce the order of nobility of	(list order of nobility)	to which I have heretofore belonged.				
· ·	3,	turo				
Applicant's Printed Name	Applicant's Signa	ture				
USCIS Officer's Printed 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 a public oath ceremony at which time you will be required to take the following Oath of Allegiance immediately prior to becoming a naturalized citizen. By signing below you acknowledge your willingness and ability to take this oath:						
· · · · · · · · · · · · · · · · · · ·	I hereby declare on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, of whom or which I have heretofore been a subject or citizen;					
that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign, and domestic;						
that I will bear true faith and allegiance to the same;						
that I will bear arms on behalf of the United States when req	uired by the law;					
that I will perform noncombatant service in the armed forces	s of the United States who	en required by the law;				
that I will perform work of national importance under civilia	an direction when require	d by the law; and				
that I take this obligation freely, without any mental reservation or purpose of evasion; so help me God.						
		•				
Applicant's Printed Name						
Family Name (Last Name) G	iven Name (First Name)	Middle Name (if applicable)				
Applicant's Signature		Date of Signature (mm/dd/yyyy)				

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