



4 Faneuil South Market Building,
3rd Floor
Boston, MA 02109
Phone: 617-694-5949
Fax: 617-859-9993
info@projectcitizenship.org

DATE

MEDICAL PROFESSIONAL
ADDRESS
ADDRESS

Re: PATIENT NAME (DOB)

Dear MEDICAL PROFESSIONAL:

Thank you for completing the N-648 for PATIENT. As you may know, we are assisting her to apply for U.S. citizenship. Unfortunately, U.S. Citizenship & Immigration Services (USCIS) may not approve the disability waiver as the N-648 is currently completed. Based on the N-648 version we have received from your office, I have typed up an N-648 that is attached to this letter.

Please read the attached form and **if, in your medical opinion, it is true and accurate**, please sign the medical professional certification of page 5, stating how you verified Seraphin's identity. The signed original of the form can be mailed to us at the above address.

Please do not hesitate to contact me should you have any questions. I am available by phone at (617) 694-5949 or via email at sroth@projectcitizenship.org. I am attaching a copy of the form you completed, for your reference. Copies may be faxed to us for review at the number below, and signed originals may then be mailed to us.

Thank you,

Stephen A. Roth, Esq.
Staff Attorney