

Application for Certificate of Citizenship

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form N-600

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

	Date Stamp		Receipt	Action Block
For USCIS Use Only		DR	AFT	
	Remarks			
	To be completed by an Attorney or Accredited oresentative (if any).	Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
► STA	ART HERE - Type or	print in black ink.		A# on every page!
Part 1	1. Information Abo	out Your Eligibility	,	Enter Your 9 Digit A-Number:
1. T	his application is being	filed based on the fact th	nat: (Select only one box)	► A-
7	I am a BIOLOGICA	L child of a U.S. citizen	parent I am an ADOPTE	ED child of a U.S. citizen parent.
se 🗡	Other (Explain fully)	:		
N	OTE: If you need extra	space to complete this	section, use the space provided i	n Part 11. Additional Information.
	,	r	, I	
Part 2	2. Information Abo	out You		
NOTE	: Provide information al	oout yourself if you are	a person applying for the Certific	cate of Citizenship. Provide information
about y	y our child if you are a U	S. citizen parent applyi	ng for a Certificate of Citizenshi	<u> </u>
1. C	Current Legal Name (do	not provide a nickname)	Name on Applicant's Birth Certifi	cate unless changed by legal action
F	amily Name (Last Name	;)	Given Name (First Name)	Middle Name
2. Y				
_	our Name Exactly As It	Appears on Your Perm	anent Resident Card (if different	from above)
F	our Name Exactly As It amily Name (Last Name	**	Given Name (First Name)	from above) Middle Name
F		**		
3. C	amily Name (Last Name	Jsed Since Birth	Given Name (First Name)	Middle Name
3. C	amily Name (Last Name Other Names You Have Universely all other names y	Jsed Since Birth ou have ever used, inclu	Given Name (First Name) de nicknames, maiden name, and	Middle Name d aliases.
3. C P	amily Name (Last Name Other Names You Have University of the Parker of t	Jsed Since Birth ou have ever used, inclu	Given Name (First Name) de nicknames, maiden name, and Given Name (First Name)	Middle Name
3. C P	amily Name (Last Name Other Names You Have Universely all other names y	Jsed Since Birth ou have ever used, inclu	Given Name (First Name) de nicknames, maiden name, and Given Name (First Name)	Middle Name d aliases.
3. C P	amily Name (Last Name Other Names You Have Universal other names you have I wanted all other names you hamily Name (Last Name Include all nicknames, main	Jsed Since Birth ou have ever used, inclue) den names, and false name	Given Name (First Name) Ide nicknames, maiden name, and Given Name (First Name)	Middle Name d aliases. Middle Name
3. C P	amily Name (Last Name Other Names You Have Under all other names your manily Name (Last Name Include all nicknames, main J.S. Social Security Nume	Jsed Since Birth ou have ever used, inclue) den names, and false name	Given Name (First Name) de nicknames, maiden name, and Given Name (First Name)	Middle Name d aliases. Middle Name
3. C P F	amily Name (Last Name Other Names You Have Under all other names your manily Name (Last Name Include all nicknames, main J.S. Social Security Nume	Jsed Since Birth ou have ever used, include den names, and false name aber (if any) 5. USO	Given Name (First Name) Ide nicknames, maiden name, and Given Name (First Name)	Middle Name d aliases. Middle Name
3. CP P F 4. U	amily Name (Last Name Other Names You Have Urovide all other names you amily Name (Last Name Include all nicknames, main Include all nicknames and Include all nicknames and Include all nicknames and Include all nicknames, main Include all nicknames, main Include all nicknames and Include all nicknam	Jsed Since Birth ou have ever used, include) den names, and false name aber (if any) Journal of the second of the	Given Name (First Name) Ide nicknames, maiden name, and Given Name (First Name) S CIS Online Account Number (if a part of Birth	Middle Name d aliases. Middle Name
3. CP P F 4. U	amily Name (Last Name Other Names You Have Unrovide all other names your maily Name (Last Name Include all nicknames, main U.S. Social Security Num	Jsed Since Birth ou have ever used, include) den names, and false name aber (if any) Journal of the second of the	Given Name (First Name) de nicknames, maiden name, and Given Name (First Name) s CIS Online Account Number (if	Middle Name d aliases. Middle Name any)

	rt 2. Information About You (continued) A-
10.	Mailing Address If different from Physical address. May be P.O. Box
	In Care Of Name (if any)
	Street Number and Name Apt. Ste. Flr. Number
	City or Town State ZIP Code + 4
	Province (foreign address only) Postal Code (foreign address only) Country (foreign address only)
11.	Physical Address Must be physical address
	Street Number and Name (Do not provide a PO Box in this space unless it is your ONLY address.) Apt. Ste. Flr. Number
	City or Town State ZIP Code + 4
	Province (foreign address only) Postal Code (foreign address only) Country (foreign address only)
12.	Current Marital Status
	Single, Never Married Married Divorced Widowed Separated Marriage Annulled
	Other (Explain): Check this box if marriage was otherwise legally terminated
12	U.S. Armed Forces
13.	
	Are you a member or veteran of any branch of the U.S. Armed Forces?
14.	Information About Your Admission into the United States and Current Immigration Status
	A. I arrived in the following manner
	Port-of-Entry
	City or Town State Date of Entry (mm/dd/yyyy)
	Exact Name Used at Time of Entry
	Family Name (Last Name) Given Name (First Name) Middle Name
	B. I used the following travel document to be admitted to the United States
	Passport Travel Document Fill out all known information
	Passport Number Travel Document Number
	1 assport ivamoer Fraver Bocument ivamoer
	Country of Issuance for Passport or Date Passport or Travel Document
	Country of Issuance for Passport or Travel Document Travel Document Issued (mm/dd/yyyy)
_ /	

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art 2	. Information About You (continued) A-
C.	I am (applicant holds a green card) A Lawful Permanent Resider	
	Other (Explain):	
	NOTE: If you select "Other" and Additional Information.	d you need extra space to complete this section, use the space provided in Part 11.
D.	I obtained LPR status through adj	justment of status in the United States or admission as a LPR (if applicable)
	Date I became a LPR (mm/dd/yyyy)	U.S. Citizenship and Immigration Services (USCIS) Office That Granted My LPR Status or Location Where I Was Admitted Some older green cards list Ports of Entry / USCIS Office
		Come state green states in the state of Entry / Coole Smoot
If y	• • • • • • • • • • • • • • • • • • • •	rtificate of Citizenship © U.S. Passport?
If y	eve you ever abandoned or lost your you answered "Yes" to Item Numb space provided in Part 11. Addition	er 16. , provide an explanation below. If you need extra space to complete this section, use
If :	ere you adopted? you answered "Yes" to Item Numb Place of <u>Final</u> Adoption City or Town	Yes No No Yes Country
В.	Date of Adoption (mm/dd/yyyy)	C. Date Legal Custody Began (mm/dd/yyyy) D. Date Physical Custody Began (mm/dd/yyyy)
	(IIIII/dd/yyyy)	Date custody granted by Court Date Applicant began living w/ USC parent
If y	d you have to be re-adopted in the U you answered "Yes" to Item Numb Place of Final Adoption	United States? Yes No
	City or Town	State Country
В.	Date of Final Adoption (mm/dd/yyyy)	C. Date Legal Custody Began (mm/dd/yyyy) D. Date Physical Custody Began (mm/dd/yyyy) If applicant was born wedlock, mark "no" oparents were subset
We	ere your parents married to each oth	ner when you were born (or adopted)?
	d your parents marry <u>after</u> you were	
Do	you regularly reside in the United	States in the <u>legal and physical custody</u> of your U.S. citizen parents? Yes No

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Par	2. Information About You (continued)			A-					
22.	Have you been absent from the United States since	you	first arrived?					Yes	☐ No
	Complete the following information <u>only if you are claiming U.S. citizenship at the time of birth if you were born before</u> October 10, 1952. If you need extra space to complete this section, use the space provided in Part 11. Additional Information								
	A. Date You Left the United States (mm/dd/yyyy)	В	Date You Returned to the United States (mm/dd/yyyy)						
	C. Place of Entry Upon Return to the United State	es							
	City or Town	S	tate						
	Date You Left the United States (mm/dd/yyyy)	E	Date You Returned to the United States (mm/dd/yyyy)						
	F. Place of Entry Upon Return to the United State	es							
	City or Town		tate						
Par	3. Biographic Information								
1.	Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Lat	ino							
2.	Race (Select all applicable boxes) White Asian Black or African American		American Indian Native Haw or Alaska Native Other Pacifi			r			
3.	Height Feet Inches 4. Weig	ght	Pounds []						
5.	Eye color (Select only one box)								
	Black Blue Brown Gray		Green Hazel Maroon	Pi	nk		Unkno Other	own/	
6.	Hair color (Select only one box) Bald Black Blond Bro (No hair)	own	Gray Red Sandy		Whi	e [Un Otl	knov ner	/n/
Don	4. Information About Your U.S. Citizen	n D	iological Eather (or Adentive E	ath	020)				
rai	4. Information About 1 our U.S. Citizen	1 D	lological rather (of Adoptive r	aun	er)				
nfor	E: Complete this section if you are claiming citizer nation about yourself if you are a U.S. citizen fath gical or adopted child.	er aj	pplying for a Certificate of Citizenship						
1.	Comple		art 4 if Applicant is claiming hrough USC father or both parents.						
	Family Name (Last Name)	G	iven Name (First Name)	Mic	ldle	Name			

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	Adoptive Father) (continued)
•	Date of Birth (mm/dd/yyyy) 3. Country of Birth 4. Country of Citizenship or Nationality
•	Physical Address Street Number and Name (Type or print "Deceased" and the date of death if your father has passed away.) Apt. Ste. Flr. Number
	City or Town State ZIP Code + 4
	Province (foreign address only) Postal Code (foreign address only) Country (foreign address only)
	My father is a U.S. citizen by Choose one
	Birth in the United States Acquisition after birth through naturalization of alien parents (derivation)
	Birth abroad to U.S. citizen parents
	Certificate of Citizenship Number Alien Registration Number (A-Number) (if any) ▶ A-
	Naturalization
	Place of Naturalization (Name of Court or USCIS Office Location)
	City or Town State
	Certificate of Naturalization Number A-Number (if any) Date of Naturalization (mm/dd/yyyy) ► A-
	Has your father ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship? Yes N
	If you answered "Yes" to Item Number 7. , provide an explanation in Part 11. Additional Information .
	Marital History
	A. How many times has your U.S. citizen father been married (including annulled marriages and marriages to the same person)?
	B. What is your U.S. citizen father's current marital status? As of the date of filing N-600 Legally separated
	☐ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Marriage Annulled
	Other (Explain):

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		Information About Your Uptive Father) (continued)	J .S	. Citizen	1]	Biological Father		A	A-				
9.	Info	rmation About U.S. Citizen Father	's C	Current Spe	ou	se							
		Family Name (Last Name)	~L			ven Name (First Name)		Mide	ile Nam	e			
•	•	(2000)			_	(, (, ,				<u>- </u>			
]	В.	Date of Birth (mm/dd/yyyy)	C	C. Countr	y	of Birth							
]	D.	Country of Citizenship or Nationa	lity	,		7							
]	E.	Spouse's Physical Address											
		Street Number and Name							Apt	. Ste.	Flr.	Numbe	er
		City or Town						State	 }	Z	IP Cod	le + 4	
]-[
		Province		Postal		nde Co	ountry						
		(foreign address only)					oreign add	ress o	nly)				
1	F.	Date of Marriage (mm/dd/yyyy)											
	••												
	G.	Place of Marriage											
	.	City or Town				State Country	v						
		City of Town				State Country	<u>y</u>						
1	н	Spouse's Immigration Status											
	11.	U.S. Citizen Lawful Per	ma	nant Pacid	اما	nt .							
			IIIa	ment Kesid	ici								
		Other (Explain):											
		If you selected "Other," provide ar Part 11. Additional Information		xplanation.	.]	f you need extra space to o	complete t	his se	ction, us	se the s	pace p	rovided	in
]	I.	Is your U.S. citizen father's curren	t sp	oouse also	yo	our biological (or adopted) (not stepmother)	mother?				Y	es	No
Part	5.	Information About Your U	J .S	. Citizen	1]	Biological Mother (or	Adopti	ve N	Iother)			
NOTE	E• (Complete this section if you are claim	imi	no citizen	sh	in through a U.S. citizen bi	iological r	nothe	r (or add	ntive n	nother	Provi	—— ide
		on about yourself if you are a U.S											luc
oiolog	ical	or adopted child.				e Part 5 if Applicant applying							
l. (Cur	ent Legal Name of U.S. Citizen M	loth	ier <mark>throug</mark>	jh	USC mother or both parents.							
]	Fam	ily Name (Last Name)			,	Given Name (First Name)			Middle	Name			
2.	Date	of Birth (mm/dd/yyyy) 3.		Country o	f l	Birth	4.	Count	ry of Ci	tizensh	ip or N	lationali	ity
					_		– l						-

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

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Part	5.	Information About Y	Your U.S. (Citizen	Biologic	al M	other		A-					
		optive Mother) (contin		CIUZUI	Diologic	41 111	ounci							
]	— D.	Country of Citizenship or	Nationality											
			•											
]	Ε.	Spouse's Physical Address	3											
		Street Number and Name								Apt.	Ste.	Flr	. Nı	ımber
		City or Town							State		Z	IP Co	∟ + ode	- 4
		Province		Postal C	ode.			Country						
		(foreign address only)			address or	ıly)		(foreign add	ress only)				
]	F.	Date of Marriage (mm/dd/	′уууу)											
	G.	Place of Marriage												
	•	City or Town			State		Cor	untry						
								<u> </u>						
,	LT	Snouse's Immigration State	110] [
	H.	Spouse's Immigration Stat U.S. Citizen Law	us vful Permane	ent Reside	ent									
				Treside										
		Other												
		If you selected "Other," pr		lanation.	If you need	d extra	space	to complete tl	his sectio	n, use	the sp	oace j	orovi	ded in
		Part 11. Additional Infor	mation.											
]	[.	Is your U.S. citizen mother	r's current spo	ouse also	·			pted) father?					Yes	☐ No
					(no	t stepfa	ather)							
Part	6.	Physical Presence in	the United	d States	From B	irth	Until 1	Filing of F	orm N-	600				
when y	you	Only applicants born outsid r U.S. citizen biological fat il the date you file your Fo	her or U.S. ci					n the United S	States. Ir	clude				
1.]	[ndi	icate whether this informati	on relates to	your U.S.	. citizen fat	ther or	mothe	acquisition r	cases!	J				
Г		U.S. Citizen Father	U.S. Citizen I	Mother										
,		_		Ī	Being station									
	•	rsical Presence in the United From (mm/dd/yyyy)	To (mm/c		government			nts as "residing (mm/dd/yyyy)		To (mm/do	1/	•••	
1	A.	From (mm/dd/yyyy)		uu/yyyy)		В.	FIOIII	(IIIII/dd/yyyy	<i>)</i>	10 (iiiii/ac	1/ y y y	у)	
	~			11/		ъ		(11)	`		/ 1	1/		
(C.	From (mm/dd/yyyy)	To (mm/c	ad/yyyy)		р.	From ((mm/dd/yyyy))	10 (1	mm/do	1/yyy	у)	
	_					_		, ,						
]	Е.	From (mm/dd/yyyy)	To (mm/c	dd/yyyy)		F.	From ((mm/dd/yyyy))	To (mm/do	l/yyy	y)	
(G.	From (mm/dd/yyyy)	To (mm/c	dd/yyyy)		Н.	From ((mm/dd/yyyy))	To (1	mm/do	l/yyy	y)	

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Par	rt 7. Information About Military Service of U. S. Citizen Parents A-
NOT	TE: Complete this only if you are an applicant claiming U.S. citizenship at time of birth abroad.
1.	Has your U.S. citizen parent served in the U.S. Armed Forces?
2.	If you answered "Yes" to Item Number 1. , which parent served in the U.S. Armed Forces?
	U.S. Citizen Father U.S. Citizen Mother
3.	Dates of Service (mm/dd/yyyy) (If time of service fulfills any of the required physical presence, submit evidence of the service.)
	A. From (mm/dd/yyyy) To (mm/dd/yyyy) B. From (mm/dd/yyyy) To (mm/dd/yyyy)
4.	Type of Discharge
	☐ Honorable ☐ Other than Honorable ☐ Dishonorable
Par	et 8. Applicant's Statement, Contact Information, Certification, and Signature
NO	TE: Read the Penalties section of the Form N-600 Instructions before completing this part.
App	plicant's Statement
NOT	TE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.
1.	Applicant's Statement Regarding the Interpreter
	A. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
	B The interpreter named in Part 9. read to me every question and instruction on this application and my answer to
	every question, in, a language in which I am fluent and I understood everything.
2.	Applicant's Statement Regarding the Preparer
	At my request, the preparer named in Part 10. , prepared this application for me based only upon information I provided or authorized.
App	plicant's Contact Information
3.	Applicant's Daytime Telephone Number 4. Applicant's Mobile Telephone Number (if any)
_	
5.	Applicant's Email Address (if any)

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

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

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6.

Interpreter's Email Address (if any)

	t 9. Interpreter's Contact Information, Certification, and Signature atinued)
Inte	rpreter's Certification
I cert	ify, under penalty of perjury, that:
Item appli	fluent in English and, which is the same language specified in Part 8. , B. in Item Number 1. , and I have read to this applicant in the identified language every question and instruction on this cation and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, inswer on the application, including the Applicant's Certification , and has verified the accuracy of every answer.
Inte	rpreter's Signature
7.	Interpreter's Signature (sign in ink) Date of Signature (mm/dd/yyyy)
	t 10. Contact Information, Declaration, and Signature of the Person Preparing this Application, if her Than the Applicant
Provi	de the following information about the preparer.
Pre	parer's Full Name
1.	Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2.	Preparer's Business or Organization Name (if any)
Pre	parer's Mailing Address
3.	Street Number and Name Apt. Ste. Flr. Number
	City or Town State ZIP Code + 4 - -
	Province Postal Code Country
Pre	parer's Contact Information
4.	Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)
6.	Preparer's Email Address (if any)

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

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Par	t 11	. Additional Information	A-							
If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number , Part Number , and Item Number to which your answer refers; and sign and date each sheet.										
1.	Fan	nily Name (Last Name) Given Name (First Name) N	Aiddle N	dle Name						
2.	A-N	Number (if any) ► A-								
3.	A.	Page Number B. Part Number C. Item Number								
	D.									
4.	A.	Page Number B. Part Number C. Item Number								
	D.									
5.	Α.	Page Number B. Part Number C. Item Number								
	D.									
_										
6.	Α.	Page Number B. Part Number C. Item Number								
	_									
	D.									

DO NOT COMPLETE ANY MORE OF THE APPLICATION UNTIL THE INTERVIEW!

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

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

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

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