



**Application For Naturalization**  
 Department of Homeland Security  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form N-400**  
 OMB No. 1615-0052  
 Expires 09/30/2015

|                           |                   |                |                     |
|---------------------------|-------------------|----------------|---------------------|
| <b>For USCIS Use Only</b> | <b>Date Stamp</b> | <b>Receipt</b> | <b>Action Block</b> |
| <b>Remarks</b>            |                   |                |                     |

Type or print all your answers in black ink. Type or print "N/A" if an item is not applicable or the answer is "none" unless otherwise indicated. Failure to answer all of the questions may delay USCIS processing your Form N-400. **NOTE: You must complete Parts 1. - 14.**

Add 0 in front if not 9 digits.

Make sure only one box is checked!

Must attach proof of marriage and proof of spouse's citizenship.

**Part 1. Information About Your Eligibility** (Check only one box or your Form N-400 may be delayed)

Enter Your 9 Digit A-Number:  
 ▶ A-

You are at least 18 years old and

1.  Have been a Permanent Resident of the United States for at least 5 years. Refer to dates on memo
2.  Have been a Permanent Resident of the United States for at least 3 years. In addition, you have been married to and living with the same U.S. citizen spouse for the last 3 years, and your spouse has been a U.S. citizen for the last 3 years at the time of filing your Form N-400.
3.  Are a Permanent Resident of the United States, and you are the spouse of a U.S. citizen, and your U.S. citizen spouse is regularly engaged in specified employment abroad. (Section 319(b) of the Immigration and Nationality Act)
4.  Are applying on the basis of qualifying military service.
5.  Other (explain):

**Part 2. Information About You** (Person applying for naturalization)

1. **Your Current Legal Name** (do not provide a nickname)

Use name on most recent document. May be different from name on green card or birth certificate.

|                         |                         |                             |
|-------------------------|-------------------------|-----------------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|                         |                         |                             |

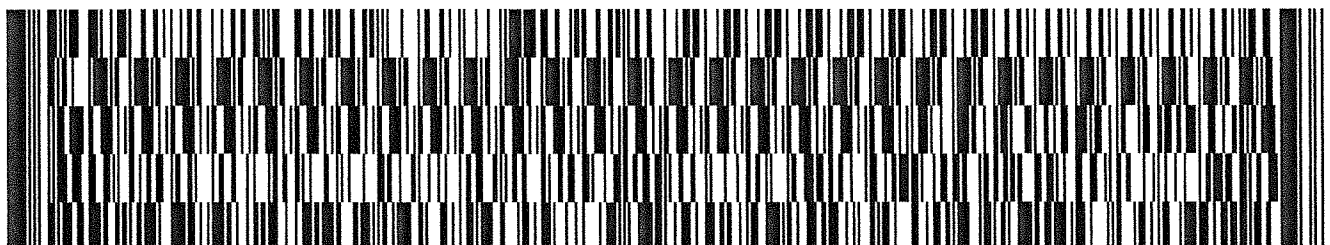
2. **Your Name Exactly As It Appears on Your Permanent Resident Card** (if applicable)

|                         |                         |                             |
|-------------------------|-------------------------|-----------------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|                         |                         |                             |

3. **Other Name(s) You Have Used Since Birth** (include nicknames, aliases, and maiden name if applicable)

All names in any country.

|                         |                         |                             |
|-------------------------|-------------------------|-----------------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|                         |                         |                             |





**Part 3. Information to Contact You**

A-

- 1. **Daytime Phone Number**  
(  )  -
- 2. **Work Phone Number (if any)**  
(  )  -
- 3. **Evening Phone Number**  
(  )  -
- 4. **Mobile Phone Number (if any)**  
(  )  -
- 5. **E-mail Address (if any)**

**Part 4. Information About Your Residence**

- 1. **Where have you lived during the last 5 years?** Begin with where you live now and then list every location where you have lived during the last 5 years. **If you need more space, use an additional sheet(s) of paper.**

Physical address, not just mailing address.

Date of Residence From (mm/dd/yyyy)  To (mm/dd/yyyy)

Street Number and Name  Apt.  Ste.  Flr.  Number

City  County  State  ZIP Code + 4  -

Province or Region (foreign address only)  Country (foreign address only)  Postal Code (foreign address only)

**A. Mailing Address (if different from the address above)**

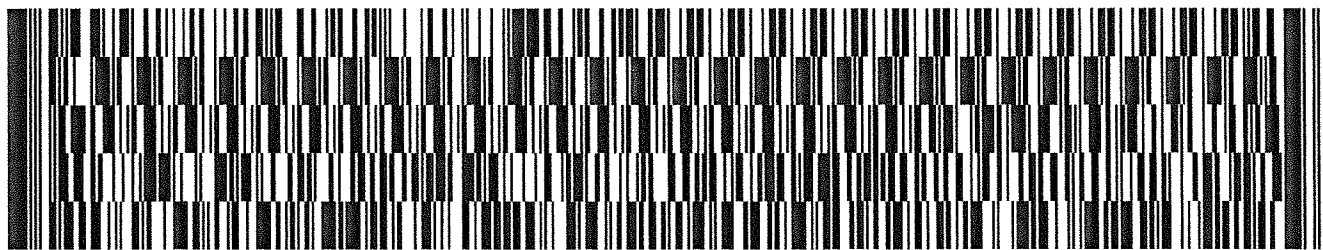
C/O ("In Care Of" Name, if applicable)

Street Number and Name  Apt.  Ste.  Flr.  Number

City  State  ZIP Code + 4  -

Province or Region (foreign address only)  Country (foreign address only)  Postal Code (foreign address only)

Ask if applicant can receive mail reliably at home. If not, give mailing address.



**Part 4. Information About Your Residence (continued)**

A-

2. Date of Residence From (mm/dd/yyyy) ▶  To (mm/dd/yyyy) ▶

Street Number and Name  Apt.  Ste.  Flr.  Number

City  County  State  ZIP Code + 4  -

Province or Region (foreign address only)  Country (foreign address only)  Postal Code (foreign address only)

3. Date of Residence From (mm/dd/yyyy) ▶  To (mm/dd/yyyy) ▶

Street Number and Name  Apt.  Ste.  Flr.  Number

City  County  State  ZIP Code + 4  -

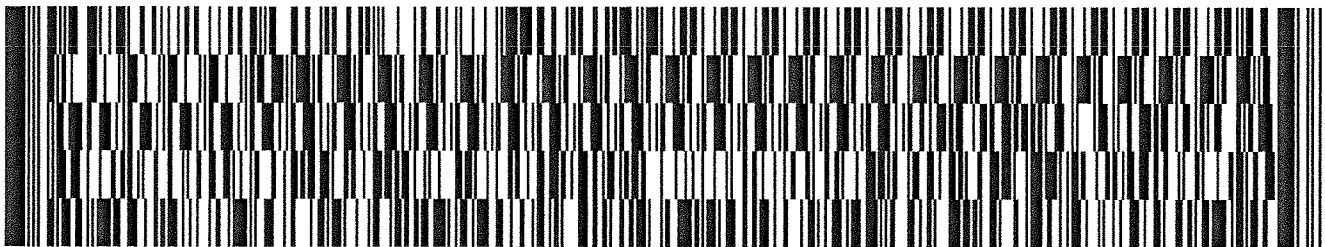
Province or Region (foreign address only)  Country (foreign address only)  Postal Code (foreign address only)

4. Date of Residence From (mm/dd/yyyy) ▶  To (mm/dd/yyyy) ▶

Street Number and Name  Apt.  Ste.  Flr.  Number

City  County  State  ZIP Code + 4  -

Province or Region (foreign address only)  Country (foreign address only)  Postal Code (foreign address only)



**Part 5. Information About Your Parents**

A-

If your biological or legally adoptive mother or father is a U.S. citizen by birth, or naturalized before you reached your 18th birthday, you may already be a U.S. citizen. Visit the USCIS Web site at [www.uscis.gov](http://www.uscis.gov) for further information on this topic before you consider filing Form N-400.

1. Were your parents married before your 18th birthday?  Yes  No
2. Is your mother a U.S. citizen?  Yes  No

If either parent is a USC, please flag for quality control

If "Yes," complete the following information.

**A. Current Legal Name of U.S. Citizen Mother**

Mother's Family Name (Last Name)  Mother's Given Name (First Name)  Mother's Middle Name (if applicable)

**B. Mother's Country of Birth**

**C. Mother's Date of Birth (mm/dd/yyyy)**

3. Is your father a U.S. citizen?  Yes  No

If "Yes," complete the information below.

**A. Current Legal Name of U.S. Citizen Father**

Father's Family Name (Last Name)  Father's Given Name (First Name)  Father's Middle Name (if applicable)

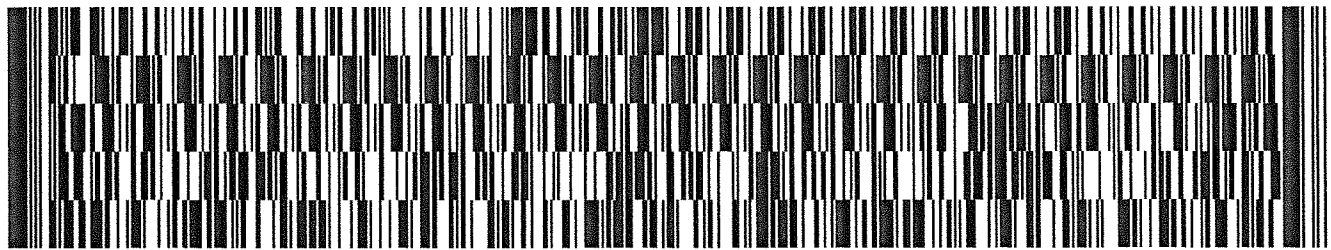
**B. Father's Country of Birth**

**C. Father's Date of Birth (mm/dd/yyyy)**

**Part 6. Information for Criminal Records Check**

**NOTE:** USCIS requires you to complete the categories below to conduct background checks. (See Form N-400 Instructions for more information)

1. Gender  Male  Female      2. Height Feet  Inches
3. Ethnicity (Select one)  
 Hispanic or Latino     Not Hispanic or Latino
4. Race (Select one or more)  
 White     Asian     Black or African American     American Indian or Alaska Native     Native Hawaiian or Other Pacific Islander
5. Hair color  
 Black     Brown     Blonde     Gray     White     Red     Sandy     Bald (No hair)







**Part 7. Information About Your Employment and Schools You Attended**  
(continued)

A-

3. Employer or School Name

Street Number and Name

Apt. Ste. Flr. Number

City

State

ZIP Code + 4

 - 

Province or Region (foreign address only)

Country (foreign address only)

Postal Code (foreign address only)

Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

Your Occupation

**Part 8. Time Outside the United States**

1. How many **total days (24 hours or longer)** did you spend outside the United States during the last 5 years?

 days

2. How many trips of **24 hours or longer** have you taken outside the United States during the last 5 years?

 trips

3. List below all the trips of **24 hours or longer** that you have taken outside the United States during the last 5 years.

Begin with your most recent trip and work backwards. **If you need more space, use an additional sheet(s) of paper.**

Use Citizenship Works app for calculation.

**If yes, flag for quality control.**

| Date 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?                                     | Countries to Which You Traveled | Total Days Outside the United States |
|--|---|---|---------------------------------|--------------------------------------|
|  |   | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                 |                                      |
|  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                                 |                                      |
|  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                                 |                                      |
|  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                                 |                                      |
|  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                                 |                                      |
|  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |                                 |                                      |

This is not a memory test for the applicant. Dates can be approximate. Check passport stamps if available.

**Part 9. Information About Your Marital History**

A-

1. What is your current marital status?

- Single, never married    Married    Separated    Divorced    Widowed    Marriage annulled

Flag for quality control if using three-year eligibility. Only check if legally separated.

2. If you are married, is your spouse a current member of the U.S. Armed Forces?

- Yes    No

3. How many times have you been married (including annulled marriages and marriage(s) to the same person)?

If you are single and have never been married, indicate "0" and go to Part 10.

4. If you are married now, provide the following information about your current spouse.

If currently married and no other marriages, answer "1"

**A. Legal Name of Current Spouse**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

**B. Previous Legal Name of Current Spouse**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

**C. Other Names Used by Current Spouse (include nicknames, aliases, and maiden name, if applicable)**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

**D. Current Spouse's Date of Birth**

(mm/dd/yyyy) ▶

**E. Date You Entered into Marriage with Current Spouse**

(mm/dd/yyyy) ▶

**F. Current Spouse's Present Home Address**

Street Number and Name

Apt. Ste. Flr. Number

City

County

State

ZIP Code + 4

 - 

Province or Region (foreign address only)

Country (foreign address only)

Postal Code (foreign address only)

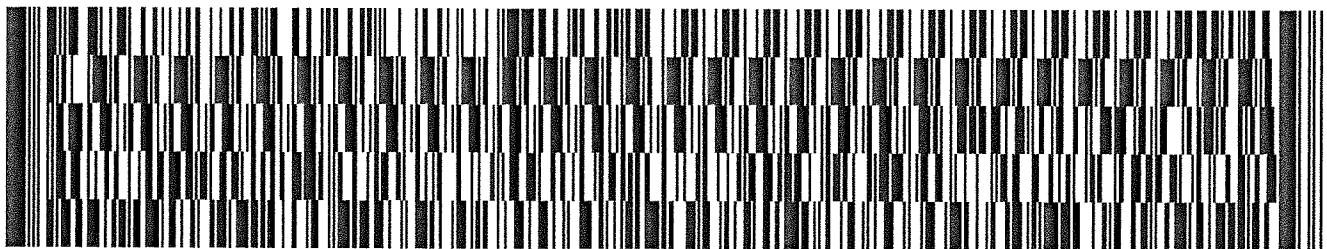
**G. Current Spouse's Present Employer**

5. Is your current spouse a U.S. citizen?

- Yes    No

If "Yes," answer Item Number 6.

If "No," go to Item Number 7.





**Part 9. Information About Your Marital History (continued)**

A-

6. If 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.

B. Date your current spouse became a U.S. citizen

(mm/dd/yyyy) ▶

If spouse is undocumented, check "other" and write "non-LPR." If I-130 is pending, write "adjustment application pending."

7. If your current spouse is not a U.S. citizen, complete the following information.

A. Current Spouse's Country of Citizenship or Nationality

B. Current Spouse's A-Number (if applicable)

▶ A-

C. Current Spouse's Immigration Status

- Permanent Resident       Other (explain):

8. How many times has your current spouse been married (including annulled marriages and marriage(s) to the same person)? If your current spouse has been married before, provide the following information about your current spouse's prior spouse.

If no other marriages, write "1"

If your current spouse has had more than one previous marriage, use an additional sheet(s) of paper to provide the information requested in Items A. - H. below for each marriage.

A. Prior Spouse's Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

B. Prior Spouse's Immigration Status

- U.S. Citizen       Permanent Resident       Other (explain):

C. Prior Spouse's Date of Birth

(mm/dd/yyyy) ▶

D. Prior Spouse's Country of Birth

E. Prior Spouse's Country of Citizenship or Nationality

F. Date of Marriage with Prior Spouse

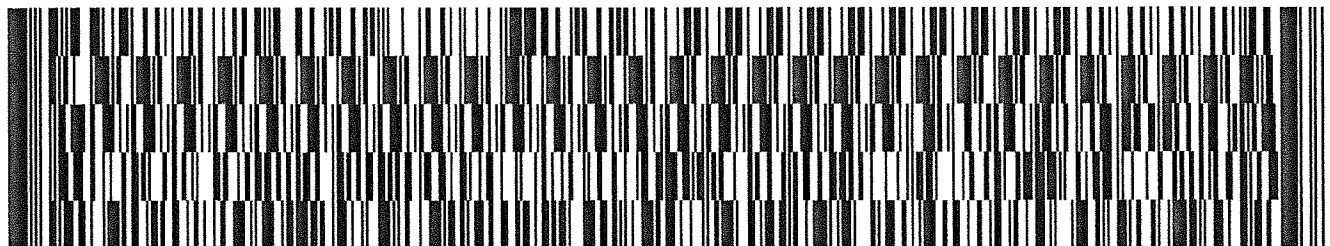
(mm/dd/yyyy) ▶

G. Date Marriage Ended with Prior Spouse

(mm/dd/yyyy) ▶

H. How Marriage Ended with Prior Spouse

- Annulled       Divorced       Spouse Deceased       Other (explain):



**Part 9. Information About Your Marital History (continued)**

A-

9. If you were married before, provide the following information about your prior spouse. **If you have more than one previous marriage, use an additional sheet(s) of paper to provide the information requested in Items A. - H. below for each marriage.**

**A. Your Prior Spouse's Family Name (Last Name)**  **Given Name (First Name)**  **Middle Name (if applicable)**

**B. Your Prior Spouse's Immigration Status When Your Marriage Ended**  
 U.S. Citizen  Permanent Resident  Other (explain):

**C. Your Prior Spouse's Date of Birth** (mm/dd/yyyy) ▶  **D. Your Prior Spouse's Country of Birth**

**E. Your Prior Spouse's Country of Citizenship or Nationality**

**F. Date of Marriage with Your Prior Spouse** (mm/dd/yyyy) ▶  **G. Date Marriage Ended with Your Prior Spouse** (mm/dd/yyyy) ▶

**H. How Marriage Ended with Your Prior Spouse**  
 Annulled  Divorced  Spouse Deceased  Other (explain):

**Part 10. Information About Your Children**

1. **Indicate your total number of children.** (All children should be indicated, including: A. Children who are alive, missing, deceased; B. Children born in the United States or in other countries; C. Children under 18 years of age or older; D. Children who are currently married or unmarried; E. Children living with you or elsewhere; F. Current stepchildren; G. Legally adopted children; and H. Children born when you were not married.)

2. Provide the following information about **all your children (sons and daughters) listed in Item Number 1., regardless of age.** Use an additional sheet(s) of paper to list any additional children.

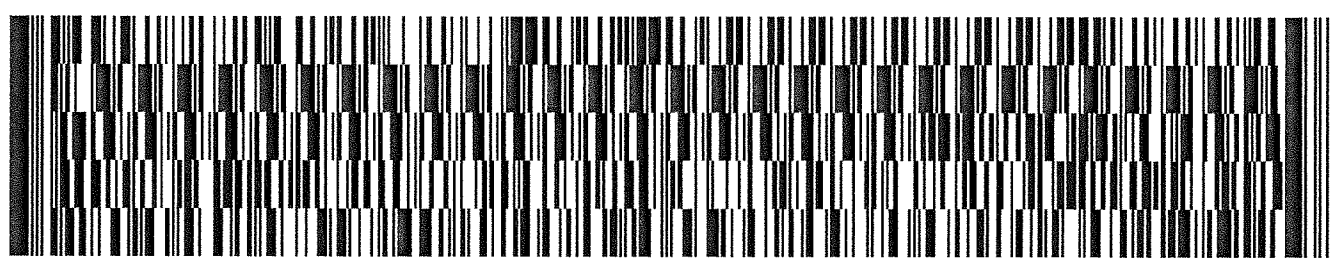
**A.1. Child's Current Legal Name**  
Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)

**A.2. Child's A-Number (if applicable)** ▶ A-  **A.3. Child's Date of Birth** (mm/dd/yyyy) ▶

**A.4. Child's Country of Birth**

If no A#, write N/A

Country name as it was when child was born.





**Part 10. Information About Your Children (continued)**

A-

**C.1. Child's Current Legal Name**

Family Name (*Last Name*)

Given Name (*First Name*)

Middle Name (*if applicable*)

**C.2. Child's A-Number (if applicable)**

▶ A-

**C.3. Child's Date of Birth**

(*mm/dd/yyyy*) ▶

**C.4. Child's Country of Birth**

**C.5. Child's Current Address**

Street Number and Name

Apt. Ste. Flr. Number

City

County

State

ZIP Code + 4

Province or Region (*foreign address only*)

Country (*foreign address only*)

Postal Code (*foreign address only*)

**C.6. What is your child's relationship to you? (e.g., biological child, stepchild, legally adopted child)**

**D.1. Child's Current Legal Name**

Family Name (*Last Name*)

Given Name (*First Name*)

Middle Name (*if applicable*)

**D.2. Child's A-Number (if applicable)**

▶ A-

**D.3. Child's Date of Birth**

(*mm/dd/yyyy*) ▶

**D.4. Child's Country of Birth**

**D.5. Child's Current Address**

Street Number and Name

Apt. Ste. Flr. Number

City

County

State

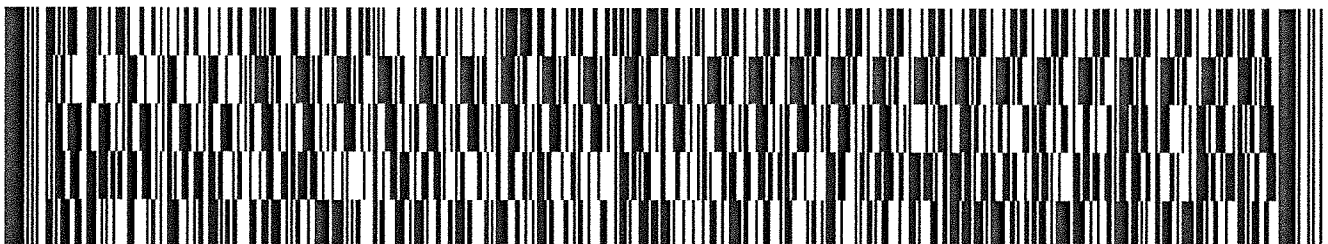
ZIP Code + 4

Province or Region (*foreign address only*)

Country (*foreign address only*)

Postal Code (*foreign address only*)

**D.6. What is your child's relationship to you? (e.g., biological child, stepchild, legally adopted child)**





















**Part 13. Signature and Contact Information of the Person Who Prepared This Form, If Other Than the Applicant (continued)**

A-

Preparer's Printed Name

Check with clinic manager for information.

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Preparer's Signature

Date (mm/dd/yyyy)

Preparer's Firm or Organization Name (if applicable)

Preparer's Daytime Phone Number

(    )  -

Preparer's Address

Street Number and Name

Apt. Ste. Flr. Number

City

County

State

ZIP Code + 4

-

Province or Region (foreign address only)

Country (foreign address only)

Postal Code (foreign address only)

Preparer's E-mail Address

Preparer's Fax Number

(    )  -

**Part 14. Statement of Applicants Who Used an Interpreter**

**NOTE:** If you answered "Yes" to Part 2., Item Numbers 11. or 12. of this form and during the completion of the form used an interpreter to interpret the questions on the form, then you and your interpreter must complete this section.

**Applicant's Statement**

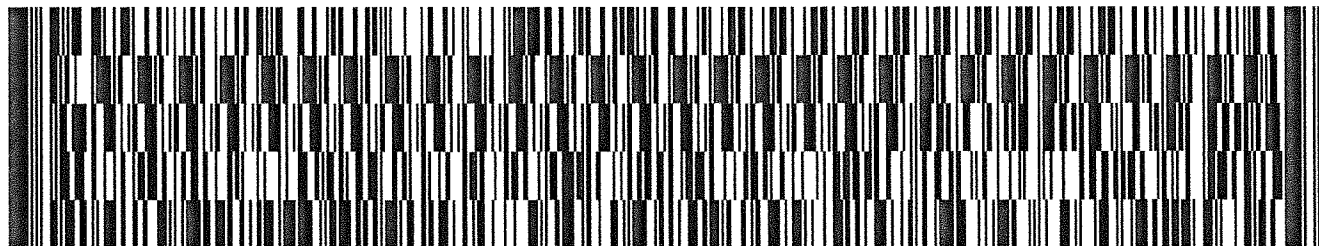
Each and every question and instruction on this form, as well as my answer to each question, has been read to me by the interpreter named below in , a language in which I am fluent.

(language used)

I understand each and every question and instruction on this form, as translated to me by my interpreter, and have provided true and correct responses in the language indicated above.

Your Signature

Date (mm/dd/yyyy)



**Part 14. Statement of Applicants Who Used an Interpreter (continued)**

A-

**Your Interpreter's Statement**

I certify that I am fluent in English and   
(language used)

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has informed me that he or she has understood each and every instruction and question on the form, as well as the answer to each question.

**Interpreter's Printed Name**

Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)

**Interpreter's Signature**

Date (mm/dd/yyyy)

**Telephone Number**

(    )    -

**NOTE: Do not complete Parts 15., 16., and 17. until the USCIS Officer instructs you to do so at the interview.**

**LEAVE BLANK**

**Part 15. Signature at Interview**

I swear (*affirm*) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form N-400, Application for Naturalization, subscribed by me, including corrections number 1 through \_\_\_\_\_, are true and correct. The evidence submitted by me on numbered pages 1 through \_\_\_\_\_ is true and correct.

Subscribed to and sworn to (*affirmed*) before me

USCIS Officer's Printed Name or Stamp Date (mm/dd/yyyy)

**Applicant's Signature**

**USCIS Officer's Signature**

