



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

For USCIS Use Only	Date Stamp	Receipt	Action Block
Remarks			

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.**

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-

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You are at least 18 years old **and**

- ☐ Have been a Permanent Resident of the United States for at least 5 years.
- ☐ 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.
- ☐ 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*)
- ☐ Are applying on the basis of qualifying military service.
- ☐ Other (explain):

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

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

Family Name (*Last Name*)

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Given Name (*First Name*)

--

Middle Name (*if applicable*)

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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*)

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3. **Other Name(s) 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*)

Part 2. Information About You (continued)A-

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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 "Yes," print the new name you would like to use in the space below.*

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

5. U.S. Social Security Number (if applicable)

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6. Date of Birth (mm/dd/yyyy)▶ **7. Date You Became a Permanent Resident (mm/dd/yyyy)**▶ **8. Country of Birth****9. Country of Citizenship or Nationality****10. Are you requesting an accommodation(s) to the naturalization process because of a disability and/or an impairment? (See Form N-400 Instructions for accommodation examples)** ☐ Yes ☐ No*If "Yes," check the box(es) below that applies:*☐ Deaf or hard of hearing and need an interpreter who uses the following sign language (e.g., American Sign Language):☐ Use a wheelchair or other device that assists with mobility.☐ Blind or low vision.☐ Require another type of accommodation. (explain):**11. 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?** ☐ Yes ☐ No*If "Yes," submit a completed Form N-648, Medical Certification for Disability Exceptions, when you file your Form N-400.***12. 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 Permanent Resident for periods totaling at least **20** years at the time of filing your Form N-400? ☐ Yes ☐ No**B.** Are you **55** years of age or older **and** have you lived in the United States as a Permanent Resident for periods totaling at least **15** years at the time of filing your Form N-400? ☐ Yes ☐ No**C.** Are you **65** years of age or older **and** have you lived in the United States as a Permanent Resident for periods totaling at least **20** years at the time of filing your Form N-400? (If you meet this requirement, you will also be given a simplified version of the civics test.) ☐ Yes ☐ No

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- ## Part 4. Information About Your Residence

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

Street Number and Name	Apt.	Ste.	Flr.	Number
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

City _____ County _____ State _____ ZIP Code + 4 _____ - _____

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

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

	1	0	-0	1 1	7

Street Number and Name	Apt.	Ste.	Flr.	Number
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

City _____ State _____ ZIP Code + 4 _____ - _____

Province or Region <i>(foreign address only)</i>	Country <i>(foreign address only)</i>	Postal Code <i>(foreign address only)</i>

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

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

Street Number and Name

Apt. Ste. Flr. Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

County

State

ZIP Code + 4

<input type="text"/>	-	<input type="text"/>
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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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

County

State

ZIP Code + 4

<input type="text"/>	-	<input type="text"/>
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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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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City

County

State

ZIP Code + 4

<input type="text"/>	-	<input type="text"/>
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Province or Region *(foreign address only)*Country *(foreign address only)*Postal Code *(foreign address only)*

Part 5. Information About Your Parents

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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 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 "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 6. Information for Criminal Records Check (continued)

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6. Eye color

☐ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray ☐ Black ☐ Pink ☐ Maroon ☐ Other

Part 7. Information About Your Employment and Schools You Attended

List where you have worked or attended school full time or part time during the last 5 years. Provide information for the complete time period. Include all military, police, and/or intelligence service. Begin by providing information about your most recent or current employment, studies, or unemployment (*if applicable*). Provide the locations and dates where you worked, were self-employed, were unemployed, or have studied for the last 5 years. If you worked for yourself, write "self-employed." If you were unemployed, write "unemployed." **If you need more space, use an additional sheet(s) of paper to complete Part 7.**

1. Employer or School Name

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Street Number and Name

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Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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City

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State

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ZIP Code + 4

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Province or Region (*foreign address only*)

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Country (*foreign address only*)

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Postal Code (*foreign address only*)

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Date From (*mm/dd/yyyy*)

▶	
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Date To (*mm/dd/yyyy*)

▶	
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Your Occupation

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2. Employer or School Name

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Street Number and Name

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Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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City

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State

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ZIP Code + 4

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Province or Region (*foreign address only*)

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Country (*foreign address only*)

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Postal Code (*foreign address only*)

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Date From (*mm/dd/yyyy*)

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Date To (*mm/dd/yyyy*)

▶	
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Your Occupation

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

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3. Employer or School Name

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Street Number and Name

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Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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City

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State

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ZIP Code + 4

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Province or Region (foreign address only)

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Country (foreign address only)

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Postal Code (foreign address only)

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Date From (mm/dd/yyyy)

▶	
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Date To (mm/dd/yyyy)

▶	
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Your Occupation

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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.**

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 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		

Part 9. Information About Your Marital History

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1. What is your current marital status?☐ Single, never married ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Marriage annulled**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.****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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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City

County

State

ZIP Code + 4

<input type="text"/>	-	<input type="text"/>
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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)*

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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) ▶

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7. If your current spouse is not a U.S. citizen, complete the following information.**A. Current Spouse's Country of Citizenship or Nationality**

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

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C. Current Spouse's Immigration Status☐ Permanent Resident ☐ Other (explain):

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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.

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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)*

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Given Name *(First Name)*

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Middle Name *(if applicable)*

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B. Prior Spouse's Immigration Status☐ U.S. Citizen ☐ Permanent Resident ☐ Other (explain):

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C. Prior Spouse's Date of Birth

(mm/dd/yyyy) ▶

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D. Prior Spouse's Country of Birth

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E. Prior Spouse's Country of Citizenship or Nationality

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F. Date of Marriage with Prior Spouse

(mm/dd/yyyy) ▶

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G. Date Marriage Ended with Prior Spouse

(mm/dd/yyyy) ▶

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

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

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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)*

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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):

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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.)*

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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)*

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

► A-

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

(mm/dd/yyyy) ►

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

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

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A.5. Child's Current Address

Street Number and Name

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Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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City

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County

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State

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ZIP Code + 4

	-	
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Province or Region *(foreign address only)*

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Country *(foreign address only)*

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Postal Code *(foreign address only)*

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

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B.1. Child's Current Legal NameFamily Name *(Last Name)*

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Given Name *(First Name)*

--

Middle Name *(if applicable)*

--

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

► A-

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B.3. Child's Date of Birth*(mm/dd/yyyy)* ►

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B.4. Child's Country of Birth

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B.5. Child's Current Address

Street Number and Name

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Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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City

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County

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State

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ZIP Code + 4

	-	
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Province or Region *(foreign address only)*

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Country *(foreign address only)*

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Postal Code *(foreign address only)*

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

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Part 10. Information About Your Children (continued)A-

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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-

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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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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City

County

State

ZIP Code + 4

<input type="text"/>	-	<input type="text"/>
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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-

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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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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City

County

State

ZIP Code + 4

<input type="text"/>	-	<input type="text"/>
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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 11. Additional Information

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Answer **Item Numbers 1. - 21.** If you answer **"Yes"** to any of these questions, include a written explanation on an additional sheet(s) of paper and provide any evidence to support your answer.

1. Have you **ever** claimed to be a U.S. citizen (*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, State, or local election in the United States? ☐ Yes ☐ No
4. Do you now have, or did you **ever** have, a hereditary title or an order of nobility in any foreign country? ☐ Yes ☐ No
5. Have you **ever** been declared legally incompetent, or been confined to a mental institution? ☐ Yes ☐ No
6. Do you owe any overdue Federal, State, or local taxes? ☐ Yes ☐ No
7. **A.** Have you **ever** not filed a Federal, State, or local tax return since you became a Permanent Resident? ☐ Yes ☐ No
B. If "Yes," did you consider yourself to be a "non-U.S. resident"? ☐ Yes ☐ No
8. Have you called yourself a "non-U.S. resident" on a Federal, State, or local tax return since you became a Permanent Resident? ☐ Yes ☐ No
9. **A.** Have you **ever** been a member of, involved in, or in any way associated with, any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? ☐ Yes ☐ No
B. If "Yes," provide the information below. **If you need more space, attach the names of the other group(s) on an additional sheet(s) of paper and provide any evidence to support your answer.**

Name of Group	Purpose of the Group	Dates of Membership	
		From (mm/dd/yyyy)	To (mm/dd/yyyy)

10. Have you **ever** been a member of, or in any way associated (*either directly or indirectly*) with:
- A.** The Communist Party? ☐ Yes ☐ No
- B.** Any other totalitarian party? ☐ Yes ☐ No
- C.** A terrorist organization? ☐ Yes ☐ No

Part 11. Additional Information *(continued)*

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11. Have you **ever** advocated (*either directly or indirectly*) the overthrow of any government by force or violence? ☐ Yes ☐ No
12. Have you **ever** persecuted (*either directly or indirectly*) any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☐ No
13. Between March 23, 1933 and May 8, 1945, did you work for or associate in any way (*either directly or indirectly*) with:
- A. The Nazi government of Germany? ☐ Yes ☐ No
- B. Any government in any area (1) occupied by, (2) allied with, or (3) established with the help of the Nazi government of Germany? ☐ Yes ☐ No
- C. Any German, Nazi, or S.S. military unit, paramilitary unit, self-defense unit, vigilante unit, citizen unit, police unit, government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, or transit camp? ☐ Yes ☐ No
14. Were you **ever** involved in any way with any of the following:
- A. Genocide? ☐ Yes ☐ No
- B. Torture? ☐ Yes ☐ No
- C. Killing, or trying to kill, someone? ☐ 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. Were you **ever** a member of, or did you **ever** serve in, help, or otherwise participate in, any of the following groups:
- A. Military unit? ☐ Yes ☐ No
- B. Paramilitary unit? (*a group of people who act like a military group but are not part of the official military*) ☐ 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
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Part 11. Additional Information (continued)A-

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16. Were you **ever** a worker, volunteer, or soldier, or did you otherwise **ever** serve in any of the following:
- 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. Were you **ever** a part of any group, or did you **ever** help any group, unit, or organization that used a weapon against any person, or threatened to do so?
- A. If "Yes," when you were part of this group, or when you helped this group, did you ever use a weapon against another person? ☐ Yes ☐ No
 - B. If "Yes," when you were part of this group, or when you helped this group, did you ever tell another person that you would use a weapon against that person? ☐ Yes ☐ No
18. Did you **ever** sell, give, or provide weapons to any person, or help another person sell, give, or provide weapons to any person?
- A. If "Yes," did you know that this person was going to use the weapons against another person? ☐ Yes ☐ No
 - B. If "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
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 age 15 to serve in or help an armed force or group? ☐ Yes ☐ No
21. Did you **ever** use any person under age 15 to do anything that helped or supported people in combat? ☐ Yes ☐ No

If any of Item Numbers 22. - 28. apply to you, you must answer "Yes" even if your records have been sealed, expunged, or otherwise cleared. You must disclose this information even if anyone, including a judge, law enforcement officer, or attorney, told you 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 and all immigration officials or 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 (*e.g., diversion, deferred prosecution, withheld adjudication, deferred adjudication*)? ☐ Yes ☐ No
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Part 11. Additional Information (continued)

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27. A. Have you **ever** received a suspended sentence, been placed on probation, or been paroled? ☐ Yes ☐ No
B. If "Yes," have you completed the probation or parole? ☐ Yes ☐ No
28. A. Have you **ever** been in jail or prison? ☐ Yes ☐ No
B. If "Yes," how long were you in jail or prison? Years Months Days
29. If you answered "Yes" to Item Numbers 23. - 28., complete the following table. **If you need more space, use an additional sheet(s) of paper and provide any evidence to support your answer.** If you answered "No" to *all* Item Numbers 23. - 28., go to Item Number 30.

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, State, Country)	Outcome or disposition of the arrest, citation, detention or charge (no charges filed, charges dismissed, jail, probation, etc.)

Answer Item Numbers 30. - 46. If you answer "Yes" to any of these questions, except Item Numbers 37. and 38., include a written explanation on an additional sheet(s) of paper and provide any evidence to support your answer.

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

Part 11. Additional Information (continued)

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31. Have you **ever** given any U.S. Government official(s) **any** information or documentation that was false, fraudulent, or misleading? ☐ Yes ☐ No
32. Have you **ever** lied to any U.S. Government official to gain entry or admission into the United States or to gain immigration benefits while in the United States? ☐ 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. Are you **currently** a member of the U.S. Armed Forces? ☐ Yes ☐ No
39. If you are **currently** a member of the U.S. Armed Forces, are you scheduled to deploy overseas, including to a vessel, within the next 3 months? (*Refer to the **Address Change** section within the Form N-400 Instructions on how to notify USCIS if you learn of your deployment plans after you file your Form N-400.*) ☐ Yes ☐ No
40. If you are **currently** a member of the U.S. Armed Forces, are you **currently** stationed overseas? ☐ Yes ☐ No
41. Have you **ever** been court-martialed, administratively separated, or disciplined, or have you received an other than honorable discharge, while in the U.S. Armed Forces? ☐ Yes ☐ No
42. Have you **ever** been discharged from training or service in the U.S. Armed Forces because you were an alien? ☐ Yes ☐ No
43. Have you **ever** left the United States to avoid being drafted in the U.S. Armed Forces? ☐ Yes ☐ No
44. Have you **ever** applied for any kind of exemption from military service in the U.S. Armed Forces? ☐ Yes ☐ No
45. Have you **ever** deserted from the U.S. Armed Forces? ☐ Yes ☐ No
46. 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.*) ☐ Yes ☐ No

B. If "Yes," when did you register for the Selective Service? Provide the information below.

Date Registered (mm/dd/yyyy) ►

Selective Service Number

Part 11. Additional Information *(continued)*A-

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C. If "Yes," but you **did not register** with the Selective Service System and you are:

1. Still under 26 years of age, you must register before you apply for naturalization, and complete the Selective Service information above; **OR**
2. Now 26 years of age or older but you did not register with the Selective Service, you must attach a statement explaining why you did not register, and a status information letter from the Selective Service.

Answer Item Numbers 47. - 53. If you answer "No" to any of these questions, include a written explanation on an additional sheet(s) of paper and provide any evidence to support your answer.

47. Do you support the Constitution and form of government of the United States? ☐ Yes ☐ No
48. Do you understand the full Oath of Allegiance to the United States? ☐ Yes ☐ No
49. Are you willing to take the full Oath of Allegiance to the United States? ☐ Yes ☐ No
50. If the law requires it, are you willing to bear arms on behalf of the United States? ☐ Yes ☐ No
51. If the law requires it, are you willing to perform noncombatant services in the U.S. Armed Forces? ☐ Yes ☐ No
52. If the law requires it, are you willing to perform work of national importance under civilian direction? ☐ Yes ☐ No

NOTE: Answer the next question **ONLY** if you answered "Yes" to **Part 11., Item Number 4.** of Form N-400.

53. At your naturalization ceremony, are you willing to give up any inherited title(s) or order(s) of nobility that you have in a foreign country? ☐ Yes ☐ No

Part 12. Your Signature *(USCIS will reject your Form N-400 if it is not signed)***Your Statement**

I certify, under penalty of perjury under the laws of the United States of America, that this application, and the evidence submitted with it, are all true and correct. I authorize the release of any information USCIS needs to determine my eligibility for naturalization.

Your Signature

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Date *(mm/dd/yyyy)*

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

By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of the applicant. I completed the form based only on responses the applicant provided to me. After completing the form, I reviewed it and all of the applicant's responses with the applicant, who agreed with every answer he or she provided for each question on the form and, when required, supplied additional information to respond to a question on the form.

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

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Preparer's Printed Name

Family Name *(Last Name)*

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Given Name *(First Name)*

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Middle Name *(if applicable)*

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Preparer's Signature

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Date *(mm/dd/yyyy)*

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Preparer's Firm or Organization Name *(if applicable)*

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Preparer's Daytime Phone Number

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Preparer's Address

Street Number and Name

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Apt. Ste. Flr. Number

Apt. <input type="checkbox"/>	Ste. <input type="checkbox"/>	Flr. <input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 20px;"> </td></tr></table>	

City

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County

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State

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ZIP Code + 4

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Province or Region *(foreign address only)*

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Country *(foreign address only)*

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Postal Code *(foreign address only)*

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Preparer's E-mail Address

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Preparer's Fax Number

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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

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Date *(mm/dd/yyyy)*

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I certify that I am fluent in English and

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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.

Family Name (*Last Name*)

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Given Name (*First Name*)

Middle Name *(if applicable)*

[illegible]**Date** (*mm/dd/yyyy*)

$$\left(\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} \right) \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}$$

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

[illegible]

USCIS Officer's Signature

[illegible]

Part 16. Renunciation of Foreign TitlesA-

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If you answered "Yes" to **Part 11., Item Numbers 4. and 53.**, then you must affirm the following before a USCIS officer:

I further renounce the title of _____ which I have heretofore held; or
(list title(s))

I further renounce the order of nobility of _____ to which I have heretofore belonged.
(list order of nobility)

Applicant's Printed Name**Applicant's Signature****USCIS Officer's Printed Name****USCIS Officer's Signature****Part 17. 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 required by the law;

that I will perform noncombatant service in the Armed Forces of the United States when required by the law;

that I will perform work of national importance under civilian direction when required by the law; and

that I will take this obligation freely, without any mental reservation or purpose of evasion, so help me God.

Applicant's Printed Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Applicant's Signature