

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 USC:					
Use					
Onl	Remarks				
Ro	To be completed by an Attorney or Accredited epresentative (if any).	Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)		or Accredited Representative nline Account Number (if any)
► S7	TART HERE - Type or	print in black ink.			
Part	1. Information Abo	out Your Eligibility		En	ter Your 9 Digit A-Number:
1.	This application is being	filed based on the fact th	at: (Select only one box)		A-
	_	L child of a U.S. citizen	<u> </u>	TED child of a	U.S. citizen parent.
	Other (Explain fully)	:			
	NOTE: If you need extra	a space to complete this	section, use the space provide	d in Part 11. A	dditional Information.
	·				
Part	2. Information Abo	out You			
			a person applying for the Cert		
	Current Legal Name (do 1		ng for a Certificate of Citizen	snip for your m	inor chiid.
	Family Name (Last Name	•	Given Name (First Name)	Middle Name
	2 4	,		,	
2.	Your Name Exactly As It	Appears on Your Perma	anent Resident Card (if differe	ent from above)	
	Family Name (Last Name	e)	Given Name (First Name)	Middle Name
••	Other Names You Have U Provide all other names v		de nicknames, maiden name,	and aliases.	
	Family Name (Last Name		Given Name (First Name		Middle Name
		,		,	
4.	U.S. Social Security Num	ber (if any) 5. USO	CIS Online Account Number ((if any)	
		>			
6.	Date of Birth (mm/dd/yyy	7. Country	of Birth		
0			0 0 1		
8.	Country of Prior Citizens	nip or Nationality	9. Gender Male Fe	emale	
				maie	

Par	rt 2. Information About You (continued	i)				A-					
10.	Mailing Address								'		
	In Care Of Name (if any)										
	Street Number and Name						Apt.	Ste.	Flr.	Num	ber
							Ш				
	City or Town					State		$\neg \Box$	IP Coo	le + 4	
								<u></u>		J - L	
	Province (foreign address only) Postal (Code (f	foreign addres	s only)	Country (for	reign add	ress or	ıly)			
11.	Physical Address Street Number and Name (Do not provide a PO F	Doy in t	his spage uplo	na it ia	vous ONI V	oddraes)	A nt	Sto	El.	Num	hor
	Street Number and Name (Do not provide a PO E	OX III U	ins space unie	88 It IS	your ONL1 a	address.)	Αрι.		ГII.	Nulli	Dei
	City or Town					State			IP Cod	L le + 4	
	eny of rown								11 000]-[
	Province (foreign address only) Postal (Code (f	Foreign address	only)	Country (for	reign add	ress on	⊥ ∟ ılv)			
						<u>U</u>		<u> </u>			
12.	Current Marital Status										
	Single, Never Married Married I	Divorce	ed Wide	wed	Separate	ed 🔲 N	/Iarriag	ge Anı	nulled		
	Other (Explain):										
13.	U.S. Armed Forces										
	Are you a member or veteran of any branch of th	e U.S.	Armed Forces	?				Г		es [No
14.	Information About Your Admission into the Unit				aration Status			L	•	C5] 110
L -7.	A. I arrived in the following manner	.cu Stat	tes and Curren	ι 11111111	igration Status	5					
	Port-of-Entry										
	City or Town	St	ate	Da	te of Entry (m	nm/dd/vv	vv)				
					·· ·· · · · · · · · · · · · · · · · ·	, , , ,	<i>))</i> /				
	Exact Name Used at Time of Entry										
	Family Name (Last Name)	Give	n Name (First	Name)	Middle	Name				
	B. I used the following travel document to be ac	dmitted	l to the United	States							
	Passport Travel Doc	ument									
	Passport Number Travel Doc	ument l	Number								
	Country of Issuance for Passport or			_	or Travel Doc	ument					
	Travel Document		Issued (1	nm/dd	/уууу)						

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Pa	rt 2.	Information About You (continue	d)			A-			
	C.	I am								
		A Lawful Permanent Residen	nt (LPR)	A Nonim	migrant	A Refugee/A	Asylee			
		Other (Explain):								
		NOTE: If you select "Other" and Additional Information.	d you need	extra space to	complete t	this section, use t	he space prov	ided in Pa	rt 11.	
	D.	I obtained LPR status through adj	ustment of	status in the U	Inited State	es or admission a	s a LPR (if ap	plicable)		
		Date I became a LPR (mm/dd/yyyy)		izenship and Ir r Location Whe		n Services (USCI Admitted	S) Office Tha	t Granted	My LPF	R
15.	Hay	ve you previously applied for a Cer	rtificate of	Citizenshin or	IIS Passr	nort?			Yes [☐ No
	If y	ou answered "Yes" to Item Numb space provided in Part 11. Additi	er 15. , pro	vide an explan	-		xtra space to c	complete th		
16.	Have you ever abandoned or lost your LPR status? If you answered "Yes" to Item Number 16. , provide an explanation below. If you need extra space to complete this section, use the space provided in Part 11. Additional Information .									
17.	If y	ere you adopted? You answered "Yes" to Item Numb Place of Final Adoption City or Town	er 17., con	mplete Items A State		Country			Yes [] No
	В.	Date of Adoption (mm/dd/yyyy)		e Legal Custod n/dd/yyyy)	ly Began		Physical Cust/dd/yyyy)	tody Begar	1	
18.	Did	I you have to be re-adopted in the U	United State	es?					Yes [□ No
		ou answered "Yes" to Item Numb			D.					
	A.	Place of Final Adoption								
		City or Town		State		Country				
	В.	Date of Final Adoption (mm/dd/yyyy)	C.	Date Legal C (mm/dd/yyyy	•	egan D.	Date Physica (mm/dd/yyyy	•	Began	
19.	We	ere your parents married to each oth	ner when yo	ou were born (or adopted)?			Yes	_ No
20.		l your parents marry after you were							Yes [No
21.	Do	you regularly reside in the United	States in th	ne legal and phy	ysical custo	ody of your U.S.	citizen parent	ts?	Yes [] No

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Par	t 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 only if you ar October 10, 1952. If you need extra space to comp									
	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 Stat	es								
	City or Town	St	rate							
	D. 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	St	tate							
Par	t 3. Biographic Information									
1.	Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or La	tino								
2.	Race (Select all applicable boxes) White Asian Black or African American		American Indian			r				
3.	Height Feet Inches 4. Wei	ght	Pounds []							
5.	Eye color (Select only one box) Black Blue Brown Gray		Green Hazel Maroon] Pi	nk		Unkn Other	own/		
6.	Hair color (Select only one box) Bald Black Blond Bro (No hair)	own	Gray Red Sandy		Whit	e [_	iknov her	vn/	
Par	t 4. Information About Your U.S. Citize	n Bi	ological Father (or Adoptive F	ath	er)					
NOT	E: Complete this section if you are claiming citizen mation about yourself if you are a U.S. citizen fatl gical or adopted child.	nship	through a U.S. biological father (of ad	optiv	e fa					
1.	Current Legal Name of U.S. Citizen Father									
	Family Name (Last Name)	G	iven Name (First Name)	Mie	ddle	Name				

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	art 4. Information About Your U.S. Citizen Biological Father or Adoptive Father) (continued)	A-
2.	Date of Birth (mm/dd/yyyy) 3. Country of Birth 4.	Country of Citizenship or Nationality
5.	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)
6.	My father is a U.S. citizen by	
	Birth abroad to U.S. citizen parents Certificate of Citizenship Number Alien Registration Number (A-Number A-Number (A-Number A-Number A-Number A-Number (A-Number A-Number A-Number (If any) Certificate of Naturalization Number A-Number (If any)	Date of Naturalization (mm/dd/yyyy
7.	Has your father ever lost U.S. citizenship or taken any action that would cause loss of	U.S. citizenship?
	If you answered "Yes" to Item Number 7., provide an explanation in Part 11. Additional transfer of the second of t	ional Information.
8.	Marital History	amia and
	A. How many times has your U.S. citizen father been married (including annulled m marriages to the same person)?	larriages and
	B. What is your U.S. citizen father's current marital status?	
	Single, Never Married Married Divorced Widowed S	eparated Marriage Annulled
	Other (Explain):	
	If you selected "Other," provide an explanation. If you need extra space to compleart 11. Additional Information.	lete this section, use the space provided in

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		Information About Your Uoptive Father) (continued)	J .S. (Citizen	Biological Fat	ther		A-				
9.	Info	ormation About U.S. Citizen Father	's Cui	rrent Spo	ouse							
	A.	Family Name (Last Name)		G	iven Name (First	Name)		Middle	e Name			
	B.	Date of Birth (mm/dd/yyyy)	C.	Country	of Birth							
	D.	Country of Citizenship or Nationa	lity									
	E.	Spouse's Physical Address										
		Street Number and Name							Apt.	Ste.	Flr.	Number
		City or Town						State	_	ZI	P Cod	le + 4
		Province		Postal C			ountry	,	`			
		(foreign address only)		(foreign	address only)	(10	reign add	ress onl	y)			
	107	Data of Marriaga (mm/dd/nyny)										
	F.	Date of Marriage (mm/dd/yyyy)										
	G.	Place of Marriage										
		City or Town			State	Countr	y					
	H.	Spouse's Immigration Status										
		U.S. Citizen Lawful Per	mane	nt Reside	ent							
		Other (Explain):										
		If you selected "Other," provide a Part 11. Additional Information	-	anation.	If you need extra	space to c	complete t	his sect	ion, use	the sp	ace p	rovided in
	I.	Is your U.S. citizen father's curren	ıt spoı	ise also y	your biological (or	adopted)	mother?				Ye	es 🗌 No
Par	t 5.	Information About Your U	J .S. (Citizen	Biological Mo	other (or	Adopti	ve Mo	ther)			
infoı	mat	Complete this section if you are classical about yourself if you are a U.S. I or adopted child.										
1.	_	rrent Legal Name of U.S. Citizen M	[other									
		mily Name (Last Name)			Given Name (Fi	rst Name)		M	iddle N	ame		
		- , , ,			,				· ·			
2.	Dat	te of Birth (mm/dd/yyyy) 3.	Co	ountry of	f Birth		4. (— ∟ Country	of Citiz	zenshi	p or N	ationality

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		Information About Your U.S. Citizen Biological Mother optive Mother) (continued)
5.	•	viscal Address eet Number and Name (Type or print "Deceased" and the date of death if your mother has passed away.) Apt. Ste. Flr. Number
		The indirect and realite (Type of print: Deceased and the date of death if your mother has passed away.) Apr. Ste. 111. Fedinoci
	City	y or Town State ZIP Code + 4
		, si 10 m
	Pro	vince (foreign address only) Postal Code (foreign address only) Country (foreign address only)
6.	Му	mother is a U.S. citizen by
		Birth in the United States Acquisition after birth through naturalization of alien parents
		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	s your mother ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship?
	If y	you answered "Yes" to Item Number 7., provide an explanation in Part 11. Additional Information.
8.	-	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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		Information About Y		Citizen I	Biological	l Mo	other		A-					
(or		optive Mother) (continue Country of Citizenship or N												
	υ.	Country of Citizenship of 19	vationanty											
	E.	Spouse's Physical Address												
		Street Number and Name								Apt.	Ste.	Flr.	Nu	mber
		City or Town							State		ZI	P Co	de +	4
		Province		Postal Co		`		Country	1	`				
		(foreign address only)		(Toreign a	address only	y)		(foreign ad	aress only	')				
	F.	Date of Marriage (mm/dd/y												
		The second secon	7.5557											
	G.	Place of Marriage												
		City or Town			State		Co	untry						
	H.	Spouse's Immigration Statu	ıs											
		U.S. Citizen Law	ful Permaner	nt Resider	nt									
		Other												
		If you selected "Other," pro		anation. I	f you need o	extra	space	to complete	this section	on, use	the sp	ace p	rovi	led in
	I.	Is your U.S. citizen mother	's current spo	use also y	our biologi	cal (d	or ado	pted) father?				_ Y	es	No
Par	t 6.	Physical Presence in t	the United	States	From Bir	th U	Until	Filing of I	Form N	600				
when	you	Only applicants born outside or U.S. citizen biological fath til the date you file your Fo	ner or U.S. cit											
1.	Indi	icate whether this information	on relates to y	our U.S.	citizen fathe	er or	mothe	er						
		U.S. Citizen Father U	J.S. Citizen M	Iother										
2.	Phy	vsical Presence in the United	States											
	A.	From (mm/dd/yyyy)	To (mm/de	d/yyyy)		В.	From	(mm/dd/yyy	y)	To (r	nm/dd	/ууу:	y)	
	C.	From (mm/dd/yyyy)	To (mm/de	d/yyyy)		D.	From	(mm/dd/yyy	y)	To (r	nm/dd	/ууу:	y)	
	E.	From (mm/dd/yyyy)	To (mm/de	d/yyyy)		F.	From	(mm/dd/yyy	y)	To (r	nm/dd	/ууу:	y)	
	٠.					_		,				,		
	G.	From (mm/dd/yyyy)	To (mm/de	d/yyyy)		н.	From	(mm/dd/yyy	y)	To (r	nm/dd	/ууу:	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 Inf d Signature (continued)	ormation, Cert	ification,	A-	
	derstand that USCIS may require me to appear for a ature) and, at that time, if I am required to provide				
	1) I reviewed and provided or authorized all of	the information in r	ny application;		
	2) I understood all of the information contained	in, and submitted v	vith, my applicati	on; and	
	3) All of this information was complete, true, ar	nd correct at the tim	e of filing.		
	tify, under penalty of perjury, that I provided or au rmation contained in, and submitted with, my appli		•		
Ap	plicant's Signature				
6.	Applicant's Signature			Date o	f Signature (mm/dd/yyyy)
	rt 9. Interpreter's Contact Information,	•	and Signature		
	erpreter's Full Name				
1.	Interpreter's Family Name (Last Name)	In	terpreter's Given	Name (First Nam	(A)
1.	merpreter's Family Ivaine (East Ivaine)		terpreter's Given	ivanie (i list ivani	
2.	Interpreter's Business or Organization Name (if a	ny)			
Int	erpreter's Mailing Address				
3.	Street Number and Name			Apt. Ste. Flr.	Number
	City or Town			State	ZIP Code + 4
	Province	Postal Code	Country		
Int	erpreter's Contact Information				

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Interpreter's Email Address (if any)

6.

	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, nswer on the application, including the Applicant's Certification , and has verified the accuracy of every answer.
Inte	rpreter's Signature
7.	Interpreter's Signature Date of Signature (mm/dd/yyyy)
	t 10. Contact Information, Declaration, and Signature of the Person Preparing this Application, if er 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 \[\begin{array}{cccccccccccccccccccccccccccccccccccc
	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 are 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 authorized	ion contained in, and submitted s complete, true, and correct. I
Pr	ера	rer's	Signature	
8.	P	repare	r's Signature	Date of Signature (mm/dd/yyyy)

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Pai	rt 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) Mide	ile N	ame						
2.	A-N	Jumber (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.	A.	Page Number B. Part Number C. Item Number								
	D.									

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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 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 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: Approved Denied											
Issue Certificate of Citizenship in the name of											
Family Name (Last Name)	Given Name (First Name)	Midd	lle Name								
USCIS Officer's Printed Name	USCIS	Officer's Title									
USCIS Officer's Signature			Date of Signature (mm/dd/yyyy)								
☐ I do ☐ do not concur with the USCIS Of	ficer's recommendation of Fo	orm N-600.									
USCIS District Director's or Field Office Director	Date of Signature (mm/dd/yyyy)										

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