

Addendum, Form N-400, Part 5. Information About Your ResidenceA-

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Physical Address

Street Number and Name											Apt.	Ste.	Flr.	Number	
<input type="text"/>											<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	
City or Town				County				State		ZIP Code + 4					
<input type="text"/>				<input type="text"/>				<input type="text"/>		<input type="text"/>	-	<input type="text"/>			
Province or Region (foreign address only)				Postal Code (foreign address only)				Country (foreign address only)							
<input type="text"/>				<input type="text"/>				<input type="text"/>							
Dates of Residence	From (mm/dd/yyyy)			To (mm/dd/yyyy)											
<input type="text"/>	<input type="text"/>			<input type="text"/>											

Physical Address

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City or Town				County				State		ZIP Code + 4					
<input type="text"/>				<input type="text"/>				<input type="text"/>		<input type="text"/>	-	<input type="text"/>			
Province or Region (foreign address only)				Postal Code (foreign address only)				Country (foreign address only)							
<input type="text"/>				<input type="text"/>				<input type="text"/>							
Dates of Residence	From (mm/dd/yyyy)			To (mm/dd/yyyy)											
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<input type="text"/>				<input type="text"/>				<input type="text"/>		<input type="text"/>	-	<input type="text"/>			
Province or Region (foreign address only)				Postal Code (foreign address only)				Country (foreign address only)							
<input type="text"/>				<input type="text"/>				<input type="text"/>							
Dates of Residence	From (mm/dd/yyyy)			To (mm/dd/yyyy)											
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City or Town				County				State		ZIP Code + 4					
<input type="text"/>				<input type="text"/>				<input type="text"/>		<input type="text"/>	-	<input type="text"/>			
Province or Region (foreign address only)				Postal Code (foreign address only)				Country (foreign address only)							
<input type="text"/>				<input type="text"/>				<input type="text"/>							
Dates of Residence	From (mm/dd/yyyy)			To (mm/dd/yyyy)											
<input type="text"/>	<input type="text"/>			<input type="text"/>											