

## **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

| Par       | rt 2. Information About You (continue                | d)          |               |         |                    | A-       |         |             |        |              |     |
|-----------|--|-------------|---------------|---------|--------------------|----------|---------|-------------|--------|--------------|-----|
| 0.        | Mailing Address                                      |             |               |         |                    |          |         |             |        |              |     |
|           | In Care Of Name (if any)                             |             |               |         |                    |          |         |             |        |              |     |
|           |  |             |               |         |                    |          |         |             |        |              |     |
|           | Street Number and Name                               |             |               |         |                    |          | Apt.    | Ste.        | Flr.   | Num          | ber |
|           |  |             |               |         |                    |          |         |             | Ш      |              |     |
|           | City or Town   |             |               |         | 1                  | State    |         | $\neg \Box$ | P Coc  | le + 4       |     |
|           |  |             |               |         |                    |          |         |             |        | J <b>-</b> L |     |
|           | Province (foreign address only) Postal               | Code (for   | eign address  | only)   | Country (for       | eign add | ress on | ıly)        |        |              |     |
|           |  |             |               |         |                    |          |         |             |        |              |     |
| 11.       | Physical Address                                     |             |               |         |                    |          |         |             |        |              |     |
|           | Street Number and Name (Do <b>not</b> provide a PO   | Box in this | s space unles | s it is | your <b>ONLY</b> a | ddress.) | Apt.    | Ste.        | Flr.   | Num          | ber |
|           |  |             |               |         |                    |          |         |             |        |              |     |
|           | City or Town   |             |               |         |                    | State    |         | $\neg \Box$ | P Coc  | le + 4       |     |
|           |  |             |               |         |                    |          |         |             |        | <b>] -</b>   |     |
|           | Province (foreign address only) Postal               | Code (for   | eign address  | only)   | Country (for       | eign add | ress on | ıly)        |        |              |     |
|           |  |             |               |         |                    |          |         |             |        |              |     |
| 2.        | Current Marital Status                               |             |               |         |                    |          |         |             |        |              |     |
|           | Single, Never Married Married                        | Divorced    | Wido          | wed     | Separate           | d N      | 1arriag | ge Anr      | nulled |              |     |
|           | Other (Explain):                                     |             |               |         |                    |          |         |             |        |              |     |
| 3.        | U.S. Armed Forces                                    |             |               |         |                    |          |         |             |        |              |     |
|           | Are you a member or veteran of any branch of t       | he U.S. Ar  | med Forces?   | ?       |                    |          |         | [           | Y      | es [         | No  |
| <b>4.</b> | Information About Your Admission into the Un         | ited States | and Current   | Immi    | gration Status     | <b>.</b> |         |             |        |              |     |
|           | A. I arrived in the following manner                 |             |               |         | 8                  |          |         |             |        |              |     |
|           | Port-of-Entry  |             |               |         |                    |          |         |             |        |              |     |
|           | City or Town   | State       | e             | Dat     | te of Entry (m     | ım/dd/yy | vv)     |             |        |              |     |
|           |  |             |               |         |                    |          | , , ,   | ]           |        |              |     |
|           | Exact Name Used at Time of Entry                     |             |               |         |                    |          |         | _           |        |              |     |
|           | Family Name (Last Name)                              | Given 1     | Name (First ) | Name)   | )                  | Middle   | Name    |             |        |              |     |
|           |  |             |               |         |                    |          |         |             |        |              |     |
|           | <b>B.</b> I used the following travel document to be | admitted to | the United    | States  |                    |          |         |             |        |              |     |
|           | Passport Travel Do                                   |             |               |         |                    |          |         |             |        |              |     |
|           |  | cument Nu   | ımber         |         |                    |          |         |             |        |              |     |
|           |  |             |               |         |                    |          |         |             |        |              |     |
|           | Country of Issuance for Passport or                  |             | Date Pass     | sport o | or Travel Doc      | ument    |         |             |        |              |     |
|           | Travel Document                                      |             | Issued (m     | -       |                    |          |         |             |        |              |     |
|           |  |             |               |         |                    |          |         |             |        |              |     |

Form N-600 02/13/17 N Page 2 of 15

| t 2              | 2. Information About You (co  | munueu)  |  |                         |              |                 | A-                   |        |          |        |              |          |
|------------------|---|--|--|-------------------------|--------------|-----------------|----------------------|--------|----------|--------|--------------|----------|
|                  | . I am  |  |  |                         |              |                 |                      |        |          |        |              |          |
| ٠.               | A Lawful Permanent Resident   | (LPR)  | A Nonimi   | miorant                 | ☐ A Ref      | fugee/ <i>F</i> | Asvlee               |        |          |        |              |          |
|                  |   |  |  |                         |              | - Tageo, I      |                      |        |          |        |              |          |
|                  | Other (Explain):  |  |  |                         |              |                 |                      |        |          |        |              |          |
|                  | <b>NOTE:</b> If you select "Other" and y <b>Additional Information</b> .  | you need ex  | xtra space to  | complete                | this sectior | n, use t        | he space             | prov   | ided in  | Par    | t <b>11.</b> |          |
| D.               | . I obtained LPR status through adjust  | stment of st   | tatus in the U   | nited Stat              | es or admis  | ssion a         | s a LPR              | (if ap | plicabl  | e)     |              |          |
|                  | Date I became a LPR (mm/dd/yyyy)  |  | enship and In<br>Location Whe  |                         |              | (USCI           | S) Office            | Tha    | t Grant  | ed M   | [y LP]       | R        |
| Н                | lave you previously applied for a Certi   | ficate of Ci   | itizenshin or l  | IIS Pacer               | nort?        |                 |                      |        |          |        | Yes [        |          |
|                  | You answered "Yes" to <b>Item Number</b>  |  | -  | -                       | •            | need ex         | ctra snace           | e to c | omplet   |        |              | ∟<br>ion |
|                  | ne space provided in <b>Part 11. Addition</b>   |  |  | ation belo              | w. II you i  | need e          | tiru spuc            |        | ompie    |        | 3 50001      | ,        |
|                  |   |  |  |                         |              |                 |                      |        |          |        |              |          |
| ц                | ave you ever abandoned or lost your L   | DD ctatue?   | )  |                         |              |                 |                      |        |          |        | Yes [        |          |
|                  | Eyou answered "Yes" to Item Number  |  |  | ation belo              | w If your    | need ex         | ztra s <b>n</b> ace  | e to c | omnlet   |        |              | ion      |
|                  | ne space provided in <b>Part 11. Addition</b>   |  |  | ation belo              | w. 11 you i  | need ez         | Kua spac             | 2 10 0 | ompiei   | e um   | s secu       | ion,     |
| _                |   |  |  |                         |              |                 |                      |        |          |        |              |          |
|                  | 1 1   |  |  |                         |              |                 |                      |        |          |        |              |          |
|                  | 1 1   |  |  |                         |              |                 |                      |        |          |        |              |          |
| W                | Vere you adopted?   |  |  |                         |              |                 |                      |        |          |        | Yes [        |          |
|                  |   | <b>r 17.</b> , comp  | olete <b>Items A</b>   | D.                      |              |                 |                      |        |          |        | Yes [        |          |
| If               | Vere you adopted?   | <b>r 17.</b> , comp  | olete <b>Items A</b>   | D.                      |              |                 |                      |        |          |        | Yes [        |          |
| If               | Vere you adopted? You answered "Yes" to Item Number   | <b>r 17.</b> , comp  | olete <b>Items A</b>   |                         | Country      |                 |                      |        |          |        | Yes [        |          |
| If               | Vere you adopted?  Syou answered "Yes" to <b>Item Number</b> Place of Final Adoption  | <b>r 17.</b> , comp  |  |                         | Country      |                 |                      |        |          |        | Yes [        |          |
| If <b>A.</b>     | Vere you adopted?  Fyou answered "Yes" to <b>Item Number</b> Place of Final Adoption  City or Town  |  | State  |                         |              | Date            | Physical             | Cust   | ody Re   |        | Yes [        |          |
| If               | Vere you adopted?  Fyou answered "Yes" to <b>Item Number</b> Place of Final Adoption  City or Town  | C. Date  |  |                         |              |                 | Physical<br>/dd/yyyy |        | ody Be   |        | Yes [        |          |
| If <b>A.</b>     | Vere you adopted?  Eyou answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  | C. Date  | State  Legal Custod  |                         |              |                 | •                    |        | ody Be   |        | Yes [        |          |
| If A. B.         | Vere you adopted?  You answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)   | C. Date 1 (mm/d  | State  Legal Custod dd/yyyy)   |                         |              |                 | •                    |        | ody Be   | egan   |              |          |
| If A. B.         | Vere you adopted?  Yes to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the Universe content of the | C. Date I (mm/c)   | State  Legal Custod dd/yyyy)   | y Began                 |              |                 | •                    |        | ody Bo   | egan   | Yes [        |          |
| If A. B.         | Vere you adopted?  You answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the Unity of Yes" to Item Number  | C. Date I (mm/c)   | State  Legal Custod dd/yyyy)   | y Began                 |              |                 | •                    |        | ody Be   | egan   |              |          |
| If A. B.         | Vere you adopted?  Yes to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the Universe content of the | C. Date I (mm/c)   | State  Legal Custod dd/yyyy)   | y Began                 |              |                 | •                    |        | ody Bo   | egan   |              |          |
| If A. B.         | Vere you adopted?  You answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the Unity of Yes" to Item Number  | C. Date I (mm/c)   | State  Legal Custod dd/yyyy)   | ly Began                |              |                 | •                    |        | ody Be   | egan   |              |          |
| If A. B.         | Vere you adopted?  Yes to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the Unity of Yes to Item Number  Place of Final Adoption   | C. Date I (mm/c)   | State  Legal Custod dd/yyyy)  ? plete Items A.                                 | ly Began                | D.           |                 | •                    |        | ody Bo   | egan   |              |          |
| If A. Di         | Vere you adopted?  Tyou answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the Unity of Yes" to Item Number  Place of Final Adoption  City or Town  | C. Date 1 (mm/c)   | State  Legal Custod dd/yyyy)  ? clete Items A                                  | y Began                 | D. Country   | (mm/            | /dd/yyyy             | )      |          | egan   | Yes [        |          |
| If A. B.         | Vere you adopted?  Tyou answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the Unity of Yes" to Item Number  Place of Final Adoption  City or Town  | C. Date   (mm/c)   (m | State  Legal Custod dd/yyyy)  ? plete Items A.                                 | ly Began D. Custody Be  | D. Country   | (mm/            | •                    | ysica  | ıl Custo | egan   | Yes [        |          |
| If A. Di         | Vere you adopted?  Eyou answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the Urr  Eyou answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Final Adoption   | C. Date   (mm/c)   (m | State  Legal Custod dd/yyyy)  ? clete Items A.  State  Date Legal C            | ly Began D. Custody Be  | D. Country   | (mm/            | /dd/yyyy             | ysica  | ıl Custo | egan   | Yes [        |          |
| If A. Diff A. B. | Vere you adopted?  Tyou answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the Unity of Yes" to Item Number  Place of Final Adoption  City or Town  Date of Final Adoption  (mm/dd/yyyy)  | C. Date 1 (mm/o  | State  Legal Custod dd/yyyy)  ? blete Items A  State  Date Legal C (mm/dd/yyyy | y Began  D.  Custody Be | D. Country   | (mm/            | /dd/yyyy             | ysica  | ıl Custo | egan , | Yes [        |          |
| If A. Diff A. B. | Vere you adopted?  Eyou answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the Urr  Eyou answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Final Adoption   | C. Date 1 (mm/o  | State  Legal Custod dd/yyyy)  ? blete Items A  State  Date Legal C (mm/dd/yyyy | y Began  D.  Custody Be | D. Country   | (mm/            | /dd/yyyy             | ysica  | ıl Custo | egan , | Yes [        |          |
| If A. Di If A. W | Vere you adopted?  Tyou answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the Unity of Yes" to Item Number  Place of Final Adoption  City or Town  Date of Final Adoption  (mm/dd/yyyy)  | C. Date   (mm/s)   (m | State  Legal Custod dd/yyyy)  ? blete Items A  State  Date Legal C (mm/dd/yyyy | y Began  D.  Custody Be | D. Country   | (mm/            | Date Ph              | ysica  | ıl Custo | ody F  | Yes [        |          |

Form N-600 02/13/17 N Page 3 of 15

| Par   | t 2. Information About You (continued)  |      |   | <b>A-</b> |      |      |   |              |     |    |
|-------|---|------|---|-----------|------|------|---|--------------|-----|----|
| 22.   | Have you been absent from the United States since   | you  | first arrived?                                      |           |      |      |   | Yes          |     | No |
|       | Complete the following information only if you are claiming U.S. citizenship at the time of birth if you were born before 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  | St   | tate  |           |      |      |   |              |     |    |
|       | 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 <b>only one</b> box)  Hispanic or Latino Not Hispanic or La   | tino |   |           |      |      |   |              |     |    |
| 2.    | Race (Select <b>all applicable</b> boxes)  White Asian Black or African American  |      | American Indian Other Pacific                       |           |      | r    |   |              |     |    |
| 3.    | Height Feet Inches 4. Wei   | ght  | Pounds  |           |      |      |   |              |     |    |
| 5.    | Eye color (Select <b>only one</b> box)  Black Blue Brown Gray   |      | Green   | ] Pi      | nk   |      |   | own/         |     |    |
| 6.    | Hair color (Select <b>only one</b> box)  Bald Black Blond Bro  (No hair)  | own  | Gray Red Sandy                                      |           | Whit |      | _ | nknov<br>her | vn/ |    |
| Par   | t 4. Information About Your U.S. Citize   | n Ri | iological Father (or Adoptive F                     | ath       | er)  |      |   |              |     |    |
| 1 a1  | 14. Information About 1 our 0.5. Citize   | пы   | lological Father (of Adoptive I                     | aun       |      |      |   |              |     |    |
| infor | <b>E:</b> Complete this section if you are claiming citizen <b>mation about yourself</b> if you are a U.S. citizen fath gical or adopted child.   |      |   |           |      |      |   |              |     |    |
| 1.    | Current Legal Name of U.S. Citizen Father   |      |   |           |      |      |   |              |     |    |
|       | Family Name (Last Name)   | _ G  | iven Name (First Name)                              | Mie       | ldle | Name |   |              |     |    |
|       |   | 7    |   |           |      |      |   |              |     |    |

Form N-600 02/13/17 N Page 4 of 15

|    | rt 4. Information About Your U.S. Citizen Biological Father Adoptive Father) (continued)   |                    |
|----|--|--------------------|
| 2. | Date of Birth (mm/dd/yyyy)  3. Country of Birth  4. Country of Citizensh   | nip 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 Z   | 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 in the United States   | tion (mm/dd/yyyy)  |
| 7. | Has your father ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship?  | Yes No             |
| 8. | If you answered "Yes" to <b>Item Number 7.</b> , provide an explanation in <b>Part 11. Additional Information</b> .  Marital History                           |                    |
| J• | A. How many times has your U.S. citizen father been married (including annulled marriages and marriages to the same person)?                                   |                    |
|    | <b>B.</b> What is your U.S. citizen father'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 section are the section and the section is section. | space provided in  |

Form N-600 02/13/17 N Page 5 of 15

|       |      | Information About Yo<br>optive Father) (continue             |           | . Citizen       | Biological Fat          | ther       |                    | A-       |          |             |        |            |
|-------|------|--|-----------|-----------------|-------------------------|------------|--------------------|----------|----------|-------------|--------|------------|
| 9.    | Info | rmation About U.S. Citizen F                                 | ather's C | Current Spo     | ouse                    |            |                    |          |          |             |        |            |
|       | A.   | Family Name (Last Name)                                      |           | C               | Given Name (First l     | Name)      |                    | Middle   | e Name   |             |        |            |
|       |      |  |           |                 |                         |            |                    |          |          |             |        |            |
|       | В.   | Date of Birth (mm/dd/yyyy)                                   |           | C. Countr       | y of Birth              |            |                    |          |          |             |        |            |
|       | D.   | Country of Citizenship or Na                                 | tionality |                 |                         |            |                    |          |          |             |        |            |
|       | Е.   | Spouse's Physical Address<br>Street Number and Name          |           |                 |                         |            |                    |          | Apt.     | Ste.        | Flr.   | Number     |
|       |      |  |           |                 |                         |            |                    |          |          |             | Ш      |            |
|       |      | City or Town   |           |                 |                         |            |                    | State    |          | $\neg \Box$ | P Cod  | le + 4     |
|       |      | Province (foreign address only)                              |           | Postal (foreign | Code<br>n address only) |            | untry<br>reign add | ress onl | y)       |             |        | ] - []     |
|       |      |  |           |                 |                         |            |                    |          |          |             |        |            |
|       | F.   | Date of Marriage (mm/dd/yy                                   | уу)       |                 |                         |            |                    |          |          |             |        |            |
|       | G.   | Place of Marriage  |           |                 |                         |            |                    |          |          |             |        |            |
|       |      | City or Town   |           |                 | State                   | Country    | Į.                 |          |          |             |        |            |
|       | Н.   | Spouse's Immigration Status                                  |           |                 |                         |            |                    |          |          |             |        |            |
|       |      | U.S. Citizen Lawfu   | ıl Perma  | nent Resid      | lent                    |            |                    |          |          |             |        |            |
|       |      | Other (Explain):   |           |                 |                         |            |                    |          |          |             |        |            |
|       |      | If you selected "Other," prov<br>Part 11. Additional Informa |           | xplanation.     | . If you need extra     | space to c | omplete t          | his sect | ion, use | the sp      | ace pi | ovided in  |
|       | I.   | Is your U.S. citizen father's c                              | urrent sp | ouse also       | your biological (or     | adopted)   | mother?            |          |          |             | Ye     | es 🗌 No    |
| Par   | t 5. | <b>Information About Yo</b>                                  | ur U.S    | . Citizen       | Biological Mo           | ther (or   | Adopti             | ve Mo    | ther)    |             |        |            |
| infor | mati | Complete this section if you are or adopted child.           |           |                 |                         |            |                    |          |          |             |        |            |
| 1.    | _    | rent Legal Name of U.S. Citiz                                | en Moth   | ier             |                         |            |                    |          |          |             |        |            |
|       |      | nily Name (Last Name)  |           |                 | Given Name (Fir         | rst Name)  |                    | M        | iddle N  | ame         |        |            |
|       |      | ·  |           |                 |                         |            |                    |          |          |             |        |            |
| 2.    | Dat  | e of Birth (mm/dd/yyyy)                                      | 3.        | Country o       | f Birth                 |            | 4. (               | Country  | of Citi  | zenshij     | or N   | ationality |
|       |      |  |           |                 |                         |            | l [                |          |          |             |        |            |

Form N-600 02/13/17 N Page 6 of 15

|    |           | 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 <b>Item Number 7.</b> , provide an explanation in <b>Part 11. Additional Information</b> .   |
| 8. | Mai       | rital History   |
|    | <b>A.</b> | 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 <b>Part 11. Additional Information</b> . |
| 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  |
|    |           |   |

Form N-600 02/13/17 N Page 7 of 15

|       |      |  | our U.S. Citizen Biologi                                      | ical M    | other                   | A-        |        |         |           |        |       |
|-------|------|--|---|-----------|-------------------------|-----------|--------|---------|-----------|--------|-------|
| (or   |      | optive Mother) (continu                          | ,   |           |                         |           |        |         |           |        |       |
|       | D.   | Country of Citizenship or N                      | ationality  |           |                         |           |        |         |           |        |       |
|       | E    | Spousa's Physical Address                        |   |           |                         |           |        |         |           |        |       |
|       | Е.   | Spouse's Physical Address Street Number and Name |   |           |                         |           | Ant    | Ste.    | Flr       | Nun    | nher  |
|       |      | Street Ivaniber and Ivanie                       |   |           |                         |           | 7 pt.  |         | Π.        |        |       |
|       |      | City or Town                                     |   |           |                         | State     |        | <br>ZII | <br>P Cod | le + 4 | <br>1 |
|       |      |  |   |           |                         |           |        |         |           | ] - [  |       |
|       |      | Province   | Postal Code   |           | Country                 |           |        |         |           |        |       |
|       |      | (foreign address only)                           | (foreign address  | only)     | (foreign addre          | ess only  | )      |         |           |        |       |
|       |      |  |   |           |                         |           |        |         |           |        |       |
|       | F.   | Date of Marriage (mm/dd/yy                       | ууу)  |           |                         |           |        |         |           |        |       |
|       |      |  |   |           |                         |           |        |         |           |        |       |
|       | G.   | Place of Marriage                                |   |           |                         |           |        |         |           |        |       |
|       |      | City or Town                                     | State   |           | Country                 |           |        |         |           |        |       |
|       |      |  |   |           |                         |           |        |         |           |        |       |
|       | H.   | Spouse's Immigration Status                      |   |           |                         |           |        |         |           |        |       |
|       |      | U.S. Citizen Lawf                                | ful Permanent Resident  |           |                         |           |        |         |           |        |       |
|       |      | Other  |   |           |                         |           |        |         |           |        |       |
|       |      | •  | vide an explanation. If you ne                                | ed extra  | a space to complete thi | is sectio | n, use | the spa | ice pr    | ovid   | ed in |
|       | _    | Part 11. Additional Inform                       |   |           |                         |           |        | _       | <b>-</b>  | _      |       |
|       | I.   | Is your U.S. citizen mother's                    | s current spouse also your bio                                | logical   | (or adopted) father?    |           |        | L       | _ Y€      | es L   | No    |
| Dar   | t 6  | Physical Presence in the                         | he United States From   | Rirth     | Until Filing of Fo      | rm N-     | 600    |         |           |        |       |
|       |      | <u> </u>   |   |           |                         |           |        |         | 1 11      | 41     | 1.4   |
| when  | you  | r U.S. citizen biological fathe                  | the United States claiming to er or U.S. citizen biological m |           |                         |           |        |         |           |        |       |
| birth |      | il the date you file your For                    |   |           |                         |           |        |         |           |        |       |
| 1.    | Indi | cate whether this information                    | n relates to your U.S. citizen f                              | ather or  | mother                  |           |        |         |           |        |       |
|       |      | U.S. Citizen Father U.                           | S. Citizen Mother   |           |                         |           |        |         |           |        |       |
| 2.    | Phy  | sical Presence in the United                     | States  |           |                         |           |        |         |           |        |       |
|       | A.   | From (mm/dd/yyyy)                                | To (mm/dd/yyyy)   | <b>B.</b> | From (mm/dd/yyyy)       |           | To (r  | nm/dd/  | уууу      | )      |       |
|       |      |  |   |           |                         |           |        |         |           |        |       |
|       | C.   | From (mm/dd/yyyy)                                | To (mm/dd/yyyy)   | <b>D.</b> | From (mm/dd/yyyy)       |           | To (r  | nm/dd/  | уууу      | )      |       |
|       |      |  |   |           |                         |           |        |         |           |        |       |
|       | E.   | From (mm/dd/yyyy)                                | To (mm/dd/yyyy)   | <b>F.</b> | From (mm/dd/yyyy)       |           | To (r  | nm/dd/  | уууу      | )      |       |
|       |      |  |   |           |                         |           |        |         |           |        |       |
|       | G.   | From (mm/dd/yyyy)                                | To (mm/dd/yyyy)   | <b>H.</b> | From (mm/dd/yyyy)       |           | To (r  | nm/dd/  | уууу      | )      |       |

Form N-600 02/13/17 N Page 8 of 15

| Par | rt 7. Information About Military Service of U. S. Citizen Parents  |
|-----|--|
| 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 <b>Item Number 1.</b> , 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)  To (mm/dd/yyyy)  |
| 4.  | Type of Discharge  |
|     | ☐ Honorable ☐ Other than Honorable ☐ Dishonorable  |
| Par | t 8. Applicant's Statement, Contact Information, Certification, and Signature  |
| NOT | <b>TE:</b> Read the <b>Penalties</b> 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 <b>Part 10.</b> , 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.

Form N-600 02/13/17 N Page 9 of 15

| ingerprints, photograph, and/or oath reaffirming that:          |
|---|
|   |
|   |
| and   |
|   |
| plication, I understand all of the complete, true, and correct. |
|   |
| Date of Signature (mm/dd/yyyy)                                  |
|   |
| ubmit required documents listed in the                          |
|   |
|   |
|   |
| ne (First Name)   |
| (First Name)  |
|   |
|   |
| pt. Ste. Flr. Number  |
|   |
| ate ZIP Code + 4  |
| -   |
|   |
|   |
|   |
|   |
|   |

Form N-600 02/13/17 N Page 10 of 15

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:  |
| <b>Item</b> appli | fluent in English and, which is the same language specified in <b>Part 8.</b> , <b>B.</b> in <b>Item Number 1.</b> , 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 <b>Applicant's Certification</b> , 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<br>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)   |

Form N-600 02/13/17 N Page 11 of 15

|   |     |                   | 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  |  |
| <b>B.</b> I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application. |     |                   |   |  |  |
|   |     |                   | <b>NOTE:</b> 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<br>witl  | ewe | ed this<br>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)                                   |  |

Form N-600 02/13/17 N Page 12 of 15

| Pai          | rt 11   | . Additional I          | nfo | rmation    |    |                              |             |   |  | A- |  |    |  |  |
|--------------|---|-------------------------|-----|------------|----|------------------------------|-------------|---|--|----|--|----|--|--|
| than<br>Type | 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 <b>Page Number</b> , <b>Part Number</b> , and <b>Item Number</b> to which your answer refers; and sign and date each sheet. |                         |     |            |    |                              |             |   |  |    |  |    |  |  |
| 1.           | Fan   | Family Name (Last Name) |     |            |    | Given Name (First Name) Midd |             |   |  |    |  | ne |  |  |
| 2.           | A-N   | Number (if any)         | • A | -          |    |                              |             |   |  |    |  |    |  |  |
| 3.           | A.  | Page Number             | В.  | Part Numbe | er | C.                           | Item Number |   |  |    |  |    |  |  |
|              | D.  |                         |     |            |    |                              |             |   |  |    |  |    |  |  |
|              |   |                         |     |            |    |                              |             |   |  |    |  |    |  |  |
| 4.           | A.  | Page Number             | В.  | Part Numbe | er | C.                           | Item Number | ] |  |    |  |    |  |  |
|              | D.  |                         |     |            |    |                              |             |   |  |    |  |    |  |  |
|              |   |                         |     |            |    |                              |             |   |  |    |  | _  |  |  |
| 5.           | A.  | Page Number             | В.  | Part Numbe | er | C.                           | Item Number |   |  |    |  |    |  |  |
|              | D.  |                         |     |            |    |                              |             |   |  |    |  |    |  |  |
|              |   |                         |     |            |    |                              |             |   |  |    |  |    |  |  |
|              |   |                         |     |            |    |                              |             |   |  |    |  |    |  |  |
| 6.           | A.  | Page Number             | В.  | Part Numbe | er | C.                           | Item Number |   |  |    |  |    |  |  |
|              | D.  |                         |     |            |    |                              |             |   |  |    |  |    |  |  |
|              |   |                         |     |            |    |                              |             |   |  |    |  |    |  |  |
|              |   |                         |     |            |    |                              |             |   |  |    |  |    |  |  |
|              |   |                         |     |            |    |                              |             |   |  |    |  |    |  |  |

Form N-600 02/13/17 N Page 13 of 15

## 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.

Form N-600 02/13/17 N Page 14 of 15

| 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  | USCIS Officer's Tit                  | 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)       |             |  |  |  |
|   |                                      |             |  |  |  |

Form N-600 02/13/17 N Page 15 of 15