

Application for Certificate of Citizenship

Department of Homeland Security

USCIS Form N-600 OMB No. 1615-0057 Expires 12/31/2018

U.S. Citizenship and Immigration Services

	Date Stamp		Receipt		Action Block
Fo					
USC Use					
On	y Remarks				
R	To be completed by an Attorney or Accredited epresentative (if any).	Select this box if Form G-28 is attached.	Attorney State Bar Numbe (if applicable)	·	or Accredited Representative nline Account Number (if any)
► S	FART HERE - Type or	print in black ink.			
Par	t 1. Information Abo	out Your Eligibility	7		ter Your 9 Digit A-Number:
1.	This application is being f	iled based on the fact th	at: (Select only one box)	▶	A-
	I am a BIOLOGICAI	child of a U.S. citizen	parent. 🗌 I am an ADOP	TED child of a	U.S. citizen parent.
	Other (Explain fully)	:			
	NOTE: If you need extra	space to complete this	section, use the space provided	d in Part 11. A	dditional Information.
	t 2. Information Abo				
			a person applying for the Certi ng for a Certificate of Citizens		
1.	Current Legal Name (do	not provide a nickname)			
	Family Name (Last Name)	Given Name (First Name))	Middle Name
2.	-		anent Resident Card (if differe		
	Family Name (Last Name)	Given Name (First Name))	Middle Name
•••	Other Names You Have U Provide all other names y		de nicknames, maiden name, a	and aliases.	
	Family Name (Last Name)	Given Name (First Name))	Middle Name
4.	U.S. Social Security Num	ber (if any) 5. USC \blacktriangleright	CIS Online Account Number (if any)	
6.	Date of Birth (mm/dd/yyy	y) 7. Country	y of Birth		
8.	Country of Prior Citizens	nip or Nationality	9. Gender		
			Male Fe	male	

Part 2.	Information	About	You ((continued))
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10. Mailing Address

	In C	Care Of Name (if any)					
	Stre	eet Number and Name	Apt.	Ste.	Flr.	Nun	nber
	City	y or Town State		7	ZIP Coc	le + 4	
						_ - _	
	Pro	vince (foreign address only) Postal Code (foreign address only) Country (foreign add	ress of	nly)			
11.	-	vsical Address	. .	G.			
	Stre	eet Number and Name (Do not provide a PO Box in this space unless it is your ONLY address.)	Apt.	Ste	. Fir. \Box	Nun	iber
	City	y or Town State					
							•
	Pro	vince (foreign address only) Postal Code (foreign address only) Country (foreign add	ress o	∟∟ nlv)			
				<i>y</i> /			
12.	Cur	rent Marital Status					
		Single, Never Married Married Divorced Widowed Separated N	Iarria	ge Ai	nnulled		
		Other (Explain):					
13.		S. Armed Forces					
13,						Г	
		e you a member or veteran of any branch of the U.S. Armed Forces?			∐ Y	es _	_ No
14.		ormation About Your Admission into the United States and Current Immigration Status					
	А.	I arrived in the following manner					
		Port-of-Entry City or Town State Date of Entry (mm/dd/yy))				
		City or Town State Date of Entry (mm/dd/yy)	<u>(y)</u>	7			
		Exact Name Used at Time of Entry					
		Family Name (Last Name)Given Name (First Name)Middle	Name				
	B.	I used the following travel document to be admitted to the United States					
		Passport Travel Document					
		Passport Number Travel Document Number					
		Country of Issuance for Passport or Date Passport or Travel Document					
		Travel Document Issued (mm/dd/yyyy)					

А-

Par	rt 2.	Information About You (c	ontin	nued)						A-									
	C.	I am																		
		A Lawful Permanent Resident	t (LPR	R) [A Nonimmigrant		ARe	fugee	e/As	ylee									
		Other (Explain):																		
		NOTE: If you select "Other" and Additional Information .	you n	need e	extr	a space to complete	e th	is sectio	n, use	e the	spac	e pr	ovi	dec	1 ir	n Pa	rt 1	1.		
	D.	I obtained LPR status through adju	istmer	nt of s	stati	us in the United Sta	ates	or admi	ission	as	a LPR	(if	ap	plic	cab	le)				
		Date I became a LPR (mm/dd/yyyy)				ship and Immigratio cation Where I Was			(USC	CIS)	Offic	e T	That	t Gı	ran	ted	Му	LPF	۲ 	
15.	If y	ve you previously applied for a Cert you answered "Yes" to Item Numbe space provided in Part 11. Additio	er 15.,	prov	ide	an explanation belo	-		need	exti	a spa	ce t	0 C	omj	ple	te tl	Ye nis s	-		No use
16.	If y	ve you ever abandoned or lost your l you answered "Yes" to Item Numbe space provided in Part 11. Additio	er 16.,	prov	ide	-	ow	. If you	need	exti	a spa	ce to	0 C	omj	ple	te tl	Ye nis s			No use
17.	If y	ere you adopted? you answered "Yes" to Item Numbe Place of Final Adoption City or Town	er 17.,	com	plet	te Items A D. State	C	ountry									Ye	s [No
					٦		Γ	ounu y												
	B.	Date of Adoption (mm/dd/yyyy)	C.			gal Custody Began		D.	Dat (mi		nysica 1/yyy		ust	ody	B	ega	n			
10	D '																	 		
18.		d you have to be re-adopted in the U you answered "Yes" to Item Numbe				e Items A - D											Ye	s [No
		Place of Final Adoption	.1 10.,	com	pici	te nems A D.														
	1 1.	City or Town				State	С	ountry												
					7															
	B.	Date of Final Adoption (mm/dd/yyyy)		C.		te Legal Custody B m/dd/yyyy)	L Beg	gan	D		Date P mm/d	•			ust	ody	Beg	gan		
19.	We	ere your parents married to each othe	er whe	en yo	u w	ere born (or adopted	ed)?	?	J	L							Ye	s [No
20.	Dic	d your parents marry after you were	born?	,												\square	Ye	sГ		No

Par	rt 2.	Information About You (continued)
22.	Hav	ve you been absent from the United States since you first arrived?
		nplete the following information only if you are claiming U.S. citizenship at the time of birth if you were born before tober 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 B. Date You Returned to the (mm/dd/yyyy) United States (mm/dd/yyyy)
	C.	Place of Entry Upon Return to the United States
		City or Town State
	D.	Date You Left the United States E. Date You Returned to the (mm/dd/yyyy) United States (mm/dd/yyyy)
	F.	Place of Entry Upon Return to the United States
		City or Town State
Dar	+ 2	Biographic Information
1.		nicity (Select only one box) Hispanic or Latino Not Hispanic or Latino
2.	Rac	the (Select all applicable boxes)
		White Asian Black or American Indian Native Hawaiian or African American or Alaska Native Other Pacific Islander
3.	Hei	ght Feet Inches 4. Weight Pounds
5.	Eye	e color (Select only one box) Black Blue Brown Gray Green Hazel Maroon Pink Unknown/ Other
6.	Hai	r color (Select only one box)
		Bald Black Blond Brown Gray Red Sandy White Unknown/ (No hair) Other
Par	·+ /	Information About Your U.S. Citizen Biological Father (or Adoptive Father)

NOTE: Complete this section if you are claiming citizenship through a U.S. biological father (of adoptive father). **Provide information about yourself** if you are a U.S. citizen father applying for a Certificate of Citizenship on behalf of your minor biological or adopted child.

1. Current Legal Name of U.S. Citizen Father

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

		Information About Your U.S. Citizen Biological Father optive Father) (continued)
2.	Dat	te of Birth (mm/dd/yyyy) 3. Country of Birth 4. Country of Citizenship or Nationality
5.		ysical Address eet Number and Name (Type or print "Deceased" and the date of death if your father has passed away.) Apt. Ste. Flr. Number
	Cit	y or Town State ZIP Code + 4
	Pro	vince (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 Acquisition after birth through naturalization of alien parents Birth abroad to U.S. citizen parents Certificate of Citizenship Number Alien Registration 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)
7.	Has	s your father 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.	Ma	arital History
	A.	How many times has your U.S. citizen father been married (including annulled marriages and marriages to the same person)?
	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 space provided in **Part 11. Additional Information**.

Do	rt A	I. Information About Your U.S. Citizen Biological Father	A-						
		loptive Father) (continued)	1						
9.	Inf	formation About U.S. Citizen Father's Current Spouse							
	A.	. Family Name (Last Name) Given Name (First Name)	Middle	Name	9				
	B.	Date of Birth (mm/dd/yyyy) C. Country of Birth							
	D.	Country of Citizenship or Nationality							
	E.	Spouse's Physical Address							
		Street Number and Name		Apt.	Ste.	Flr.	Nι	ımbei	•
		City or Town	State	1	Z	IP Co	de +	- 4	
]-		
		Province Postal Code Country							
		(foreign address only) (foreign address only) (foreign address	ess only	<i>v</i>)					
	F.	Date of Marriage (mm/dd/yyyy)							
	G.	Place of Marriage							
		City or Town State Country							
	н	Spouse's Immigration Status							
	11,	U.S. Citizen Lawful Permanent Resident							
		Other (Explain):							
		If you selected "Other," provide an explanation. If you need extra space to complete the	is secti	on, us	e the s	pace j	prov	ided i	n
		Part 11. Additional Information.							
	I.	Is your U.S. citizen father's current spouse also your biological (or adopted) mother?			[Y	les		No
Pa	rt 5.	5. Information About Your U.S. Citizen Biological Mother (or Adoptiv	ve Mo	ther)					
NO	ТЕ:	Complete this section if you are claiming citizenship through a U.S. citizen biological m	other (or ado	ptive n	nothe	r). F	Provid	le
		ation about yourself if you are a U.S. citizen mother applying for a Certificate of Citizens	ship on	behal	f of yo	ur mi	nor		
010I	ogica	al or adopted child.							

1. Current Legal Name of U.S. Citizen Mother

	Family Name (Last Name)		Given Name (First Name)		Middle Name
2.	Date of Birth (mm/dd/yyyy)	3.	Country of Birth	4.	Country of Citizenship or Nationality

		Information About Your U.S. Citizen Biological Mother A-
5.		vsical Address
5.	•	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 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? Yes Ves
	If v	ou answered "Yes" to Item Number 7., provide an explanation in Part 11. Additional Information.
8.	-	rital History
		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

										. г					
		Information About optive Mother) (conti		tizen Bi	iologica	l M	other			A-					
		Country of Citizenship or	,												
	υ.		ivationality]										
	E.	Spouse's Physical Addres	S]										
		Street Number and Name									Apt.	Ste.	Flr	. Nı	ımber
		City or Town							Stat	e		ZI	IP Co	ode +	- 4
														-	
		Province	Р	ostal Cod	le			Country							
		(foreign address only)	(f	foreign ad	ldress only	y)		(foreign a	address o	only))				
	F.	Date of Marriage (mm/dd	l/yyyy)												
	G.	Place of Marriage													
		City or Town			tate			untry							
	H.	Spouse's Immigration Sta													
		U.S. Citizen La	wful Permanent	Resident											
		Other													
		If you selected "Other," p		nation. If	you need	extra	space	to comple	te this se	ection	n, use	the sp	ace j	provi	ded in
		Part 11. Additional Info	rmation.												
	I.	Is your U.S. citizen mothe	er's current spous	se also yo	our biologi	ical (or ado	pted) fathe	r?			[Yes	No
Par	t 6.	Physical Presence in	n the United S	States F	'rom Bii	rth 1	Until	Filing of	Form	N-	500				
		Only applicants born outsid			0					-		-			
		ır U.S. citizen biological fa t il the date you file your F		en biolog	gical moth	ner re	sided i	in the Unite	ed States	. In	clude	all da	ites f	from	your
1.		licate whether this informat		ur U.S. ci	itizen fath	er or	mothe	er							
		U.S. Citizen Father	U.S. Citizen Mo					-							
_				Julei											
2.	•	vsical Presence in the Unite		,			-				— (.,		
	А.	From (mm/dd/yyyy)	To (mm/dd/	уууу)		B.	From	(mm/dd/yy	ууу)		To (n	nm/dd	/ууу	y)	
	C					р		(``			/ 1 4		``	
	C.	From (mm/dd/yyyy)	To (mm/dd/	уууу)		D.	From	(mm/dd/yy	уу)		10 (n	nm/dd	/ууу	y)	
	Б		[(F	D	(1 /		
	Е.	From (mm/dd/yyyy)	To (mm/dd/	уууу)		F.	From	(mm/dd/yy	(yy)		10 (n	nm/dd	уууу	y)	

To (mm/dd/yyyy)

|--|

G. From (mm/dd/yyyy)

Par	t 7. Information About Military Service of U. S. Citizen Parents A-
NOT	E: 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	t 8. Applicant's Statement, Contact Information, Certification, and Signature
NOT	E: Read the Penalties section of the Form N-600 Instructions before completing this part.
App	licant's Statement
NOT	E: 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
2.	understood everything. Applicant's Statement Regarding the Preparer
4.	At my request, the preparer named in Part 10. ,
	prepared this application for me based only upon information I provided or authorized.
App	licant's Contact Information
3.	Applicant's Daytime Telephone Number4. 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.

Part 8. Applicant's Statement, Contact Information, Certification, and Signature (continued)

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

A-

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

6.	Applicant's Signature	Date of Signature (mm/dd/yyyy)
\Rightarrow		

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.	Interpreter's Family Name (Last Name)		In	terpreter's Given	Name (Firs	t Name	:)
2.	Interpreter's Business or Organization Name (if a	ny)	٦				
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						
4.	Interpreter's Daytime Telephone Number		5.	Interpreter's Mo	bile Telepho	one Nu	mber (if any)

6. Interpreter's Email Address (if any)

Form N-600 02/13/17 N

Part 9. Interpreter's Contact Information, **Certification**, **and Signature** (continued)

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Interpreter's Certification

I certify, under penalty of perjury, that:	
I am fluent in English and	, which is the same language specified in Part 8. ,
Item B. in Item Number 1., and I have read to this applicant in the identifie	ed language every question and instruction on this
application and his or her answer to every question. The applicant informed	I me that he or she understands every instruction, question,
and answer on the application, including the Applicant's Certification, and	has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer'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)	

Preparer's Mailing Address

Street Number and Name			Apt. Ste. Flr	. Number
City or Town			State	ZIP Code + 4
				-
Province	Postal Code	Country		

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
6. Preparer's Email Address (if any)
5. Preparer's Mobile Telephone Number (if any)

Part 10.	Contact Informati	ion. Declaration	n, and Signatu	re of the Person
Preparin	g this Application,	if Other Than	the Applicant	(continued)

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Preparer's Statement

7.	A. I am not an attorney or accredited represent	ative but have prepared this application on behalf of
	the applicant and with the applicant's conse	nt.

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.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 11. Additional Information

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.

A-

1.	Fan	nily Name (Last N	Name)	Giv	en Name (First Name)	Middle Name
2.	A-N	Number (if any)	► A	-			
3.	A. D.	Page Number	B.	Part Number	C.	Item Number	
	D.						
4.	A.	Page Number	B.	Part Number	C.	Item Number	
	D.						
5.	A.	Page Number	B.	Part Number	C.	Item Number	
	D.						
6.	A.	Page Number	B.	Part Number	C.	Item Number	
	D.						

NOTE: Do not complete Parts 12. and 13. unless the USCIS officer instructs you to do so at the interview.

AT THE INTERVIEW)	
I, the (applicant, parent, or legal guardian)	do swear or affirm, under
	and understand the contents of this application signed by me, and sive, that the same are true and correct to the best of my knowledge, t 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
at (Location)	Date (mm/dd/yyyy)
USCIS Officer's Printed Name	USCIS Officer's Title
USCIS Officer's Signature	Date of Signature (mm/dd/yyyy
Part 12 Officer Depart and Decommondation on A	pplication for Certificate of Citizenship
(for USCIS use ONLY)	
(for USCIS use ONLY) On the basis of the documents, records, the testimony of persons e	examined, and the identification upon personal appearance of the
_	examined, and the identification upon personal appearance of the

- 3. The applicant derived or acquired U.S. citizenship through (Select the box next to the appropriate section of law, or if the section of law is not reflected, type or print the applicable section of law in the space next to "Other.")
 - A. INA Section 301
 - **B.** INA Section 309
 - C. \Box INA Section 320
 - **D.** INA Section 321
 - E. Other
- **4.** The applicant has not been expatriated since that time

Part 13. Officer Report and Recommendation on Application for Certificate of Citizenship (for USCIS use ONLY) (continued)				A-
I recommend that this Form N-600 be:	Approved Der	nied		
Issue Certificate of Citizenship in the name of				
Family Name (Last Name)	Given Name (Fin	Given Name (First Name)		dle 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 O	fficer's recommenda	tion of Form N-600.		
USCIS District Director's or Field Office Director's Signature				Date of Signature (mm/dd/yyyy)