

Application for Naturalization

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form N-400 OMB No. 1615-0052 Expires 03/31/2019

	Date	e Stamp	Rec	eipt		Action Block				
For	•	•		•						
USC										
Onl	y									
Rema	arks									
otherv	► START HERE - Type or print in black ink. Type or print "N/A" if an item is not applicable or the answer is none, unless otherwise indicated. Failure to answer all of the questions may delay U.S. Citizenship and Immigration Services (USCIS) processing your Form N-400. NOTE: You must complete Parts 1 15.									
birthd www.	If your biological or legal adoptive mother or father is a U.S. citizen by birth, or was naturalized before you reached your 18th birthday, you may already be a U.S. citizen. Before you consider filing this application, please visit the USCIS Website at www.uscis.gov for more information on this topic and to review the instructions for Form N-600, Application for Certificate of Citizenship, and Form N-600K, Application for Citizenship and Issuance of Certificate Under Section 322.									
	NOTE: Are either of your parents a United States citizen? If you answer "Yes," then complete Part 6. Information About Your Parents as part of this application. If you answer "No," then skip Part 6. and go to Part 7. Biographic Information .									
			• ,	Select only one box or	J 0 011	ter Your 9 Digit A-Number:				
Forr	n N-400 m	ay be delay	ed)		•	A-				
1.	You are at lea	ast 18 years of	f age and:							
	A. Ha	ve been a law	ful permanent resident of	the United States for at lea	st 5 years.					
	and	d living with t		se for the last 3 years, and		ddition, you have been married to as been a U.S. citizen for the last				
	spo 319	ouse is regular 9(b).) If your	ly engaged in specified er residential address is outs	nployment abroad. (See th	ne Immigration you are filing ur	S. citizen and your U.S. citizen and Nationality Act (INA) section der Section 319(b), select the ation interview:				
	D. Ar	e applying on	the basis of qualifying mi	litary service.						
	E. Oti	her (Explain):								
D		,, A.T.								
				ing for naturalization)						
		•	(do not provide a nicknan							
	Family Name	e (Last Name)		Given Name (First Name)	Middle Name (if applicable)				
•	V N I	1 A Tr		(D) 11 (C) 1('f) 1'	11.					
		•		nt Resident Card (if applic		Middle Nome (if applicable)				
	ranniy iname	e (Last Name)		Given Name (First Name)	Middle Name (if applicable)				

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Pa	rt 2. Information About You (Person applying for naturalization) (continued) A-
3.	Other Names You Have Used Since Birth (include nicknames, aliases, and maiden name, if applicable)
	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
4.	Name Change (Optional)
	Read the Form N-400 Instructions before you decide whether or not you would like to legally change your name.
	Would you like to legally change your name? Yes No
	If you answered "Yes," type or print the new name you would like to use in the spaces provided below.
	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
5.	U.S. Social Security Number (if applicable) 6. USCIS Online Account Number (if any)
7.	Gender 8. Date of Birth 9. Date You Became a Lawful Male Female (mm/dd/yyyy) Permanent Resident (mm/dd/yyyy)
	Male Female (mm/dd/yyyy) Permanent Resident (mm/dd/yyyy)
10.	Country of Birth 11. Country of Citizenship or Nationality
10	
12.	Do you have a physical or developmental disability or mental impairment that prevents you from demonstrating your knowledge and understanding of the English language and/or civics requirements for naturalization?
	If you answered "Yes," submit a completed Form N-648, Medical Certification for Disability Exceptions, when you file your Form N-400.
13.	Exemptions from the English Language Test
	A. Are you 50 years of age or older and have you lived in the United States as a lawful permanent resident for periods totaling at least 20 years at the time you file your Form N-400?
	B. Are you 55 years of age or older and have you lived in the United States as a lawful permanent resident for periods totaling at least 15 years at the time you file your Form N-400?
	C. Are you 65 years of age or older and have you lived in the United States as a lawful permanent resident for periods totaling at least 20 years at the time you file your Form N-400? (If you meet this requirement, you will also be given a simplified version of the civics test.)
Do	rt 3. Accommodations for Individuals With Disabilities and/or Impairments
	-
	TE: Read the information in the Form N-400 Instructions before completing this part.
1.	Are you requesting an accommodation because of your disabilities and/or impairments? Yes No
	If you answered "Yes," select any applicable box.
	A. I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).)
	B.

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for example, use a wheelchair). (Describe the naryou are requesting.) Work Telephone Number (if any) Mobile Telephone Number (if any)	
Work Telephone Number (if any)	
	n where von
	n where von
Mobile Telephone Number (if any)	n where von
	n where von
	n where vou
	n where vou
State ZII Country (foreign address only)	Flr. Number [IP Code + 4]
Apt. Ste.	Flr. Number [IP Code + 4]
ve)	

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Part 5	5. Informatio	on About Your Res	sidence (continued)		A-	
C.	Physical Addre	ess 2				
	Street Number	and Name			Apt	. Ste. Flr. Number
	City or Town		County		State	ZIP Code + 4
	Province or Re (foreign addres		Postal Code (foreign address only)	Country (foreign ad	dress only)	
					•	
	Dates of F	From (mm/dd/yyyy)	To (mm/dd/yyyy)			
	Residence					
D.	Physical Addre	ess 3				
	Street Number	and Name			Apt	. Ste. Flr. Number
	City or Town		County		State	ZIP Code + 4
	Province or Re (foreign addre		Postal Code (foreign address only)	Country (foreign ad	dress only)	
		• ,				
	Dates of F	From (mm/dd/yyyy)	To (mm/dd/yyyy)			
	Residence					
Е.	Physical Addr	ess 4				
	Street Number	and Name			Apt	. Ste. Flr. Number
	City or Town		County		State	ZIP Code + 4
	Province or Re (foreign address		Postal Code (foreign address only)	Country (foreign ad	dress only)	
		•				
	Dates of F	From (mm/dd/yyyy)	To (mm/dd/yyyy)			
	Residence					
Part 6	5. Informatio	n About Your Par	rents			
If neith	er one of your p	arents is a United Stat	tes citizen, then skip this	part and go to Part	7.	
1. W	ere your parents	married before your 18	th birthday?			Yes No
Inform	nation About	Your Mother				
2. Is	your mother a U	.S. citizen?				☐ Yes ☐ No
			wing information. If you	answered "No," go to	Item Number	

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Par	t 6	Information About Your Parents (continued) A-
1 aı		
	Α.	Current Legal Name of U.S. Citizen Mother Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
		Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
	В.	Mother's Country of Birth C. Mother's Date of Birth (mm/dd/yyyy)
	ъ.	Model's Education of Birth (Immediaty)
	D.	Date Mother Became a U.S. Citizen E. Mother's A-Number
	٠.	(if known) (mm/dd/yyyy) (if any)
		► A-
Inf	10144	ation About Vous Eathon
Inje	ormo	ation About Your Father
3.	Is yo	our father a U.S. citizen?
	If yo	ou answered "Yes," complete the information below. If you answered "No," go to Part 7.
	A.	Current Legal Name of U.S. Citizen Father
		Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
	B.	Father's Country of Birth C. Father's Date of Birth (mm/dd/yyyy)
	D.	Date Father Became a U.S. Citizen (if known) (mm/dd/yyyy) E. Father's A-Number (if any)
		(II Ally) ► A-
Par	t 7.	Biographic Information
		USCIS requires you to complete the categories below to conduct background checks. (See the Form N-400 Instructions for
		rmation.)
1.	Ethi	nicity (Select only one box)
		Hispanic or Latino Not Hispanic or Latino
2.	Rac	e (Select all applicable boxes)
		White Asian Black or American Indian Native Hawaiian or African American or Alaska Native Other Pacific Islander
		Affican American of Alaska Native Other Facilic Islander
3.	Heig	ght Feet Inches 4. Weight Pounds
5.	Eye	color (Select only one box)
		Black Blue Brown Gray Green Hazel Maroon Pink Unknown/
6.	Haiı	r color (Select only one box)
		Bald Black Blond Brown Gray Red Sandy White Unknown/
		(No hair) Other

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Par	t 8. Information Abou	ıt Your En	ployment ar	nd Schools You	Attended	A-					
perio emplo unem	where you have worked or atted. Include all military, police, byment, studies, or unemployed ployed, or have studied for the print "unemployed." If you	, and/or intelli ment (if appli ne last five yea	gence service. I cable). Provide rs. If you worke	Begin by providing the locations and dated for yourself, type	information about tes where you w	ıt your orked,	most r were s	ecent (elf-em	or cur ploye	rent d, we	re
1.	Employer or School Name										
	Street Number and Name						Apt.	Ste.	Flr.	Nun	nber
	City or Town				S	state			P Cod	le + 4	
	Province or Region (foreign address only) Date From (mm/dd/yyyy)	Date To (m	Postal Code (foreign addres m/dd/yyyy)	s only) Your Occupatio	Country (foreign addre	ss only)				
2.	Employer or School Name										
	Street Number and Name						Apt.	Ste.			
	City or Town				S	State			P Coo	de + 4	
	Province or Region (foreign address only)		Postal Code (foreign addres	s only)	Country (foreign addre	ss only)				
	Date From (mm/dd/yyyy)	Date To (m	m/dd/yyyy)	Your Occupatio	n						
3.	Employer or School Name										
	Street Number and Name						Apt.	Ste.	Flr.	Nun	nber
	City or Town				S	state			P Coo	de + 4	
	Province or Region (foreign address only)		Postal Code (foreign addres	s only)	Country (foreign addre	ss only)				
	Date From (mm/dd/yyyy)	Date To (m	m/dd/yyyy)	Your Occupatio	n						

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	How many total day	s (24 hours or longer) a	did you spend outside the	United States during	the last 5 years?	days
			•		•	L days
	How many trips of 2	4 hours or longer have	you taken outside the Uni	ited States during the	e last 5 years?	trips
•			r that you have taken outs f you need extra space, us			ars. Start with
	Date You Left the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)	Did Trip Last 6 Months or More?	Countri Which Trave	You	Total Days Outside the United State
			☐ Yes ☐ No			
			Yes No			
			☐ Yes ☐ No			
			Yes No			
			Yes No			
			☐ Yes ☐ No			
D۵	rt 10 Information	n About Your Mari				
1	I I. I.V I IIIOI IIIAIIO	II AIDOIII. I OIII VIAI	ital History			
			ital History			
	What is your current	marital status?		.1. 🗆 0	□ Maria a Assa	11. 1
	What is your current Single, Never Ma	marital status?	Divorced Widow	ved Separated	Marriage Annu	ılled
•	What is your current Single, Never Ma If you are single and	marital status? rried	Divorced Widow to Part 11.		Marriage Annu	
•	What is your current Single, Never Ma If you are single and If you are married, is	marital status? rried	Divorced Widow to Part 11.	forces?	[ılled Yes N
•	What is your current Single, Never Ma If you are single and If you are married, is	marital status? rried Married have never married, go your spouse a current married (inc	Divorced Widow to Part 11.	forces?	[
•	What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same	marital status? rried Married have never married, go your spouse a current married (ince person)?	Divorced Widow to Part 11.	forces? s, marriages to other	[
	What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same	marital status? rried Married have never married, go your spouse a current married (ince person)? w, provide the following	Divorced Widow to Part 11. nember of the U.S. armed cluding annulled marriage:	forces? s, marriages to other	[
	What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same If you are married no	marital status? rried Married have never married, go your spouse a current me you been married (ince person)? w, provide the following Legal Name	Divorced Widow to Part 11. nember of the U.S. armed cluding annulled marriage:	forces? s, marriages to other current spouse.	people, and	
	What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same If you are married no A. Current Spouse's	marital status? rried Married have never married, go your spouse a current me you been married (ince person)? w, provide the following Legal Name	Divorced Widow to Part 11. member of the U.S. armed cluding annulled marriages g information about your	forces? s, marriages to other current spouse.	people, and	Yes N
	What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same If you are married no A. Current Spouse's Family Name (L	marital status? rried Married have never married, go your spouse a current me you been married (ince person)? w, provide the following Legal Name	Divorced Widow to Part 11. member of the U.S. armed cluding annulled marriages g information about your	forces? s, marriages to other current spouse.	people, and	Yes N
	What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same If you are married no A. Current Spouse's Family Name (L	marital status? rried Married have never married, go your spouse a current m re you been married (ince person)? www, provide the following the state of the person is Legal Name ast Name)	Divorced Widow to Part 11. member of the U.S. armed cluding annulled marriages g information about your	forces? s, marriages to other current spouse. rst Name)	people, and Middle Name	Yes N
	What is your current Single, Never Ma If you are single and If you are married, is How many times have marriages to the same If you are married not A. Current Spouse's Family Name (L. B. Current Spouse's	marital status? rried Married have never married, go your spouse a current m re you been married (ince person)? www, provide the following the state of the person is Legal Name ast Name)	Divorced Widow to Part 11. member of the U.S. armed cluding annulled marriage grant information about your Given Name (Firmation 2)	forces? s, marriages to other current spouse. rst Name)	people, and Middle Name	Yes N
	What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same If you are married no A. Current Spouse's Family Name (L B. Current Spouse's Family Name (L	marital status? rried Married have never married, go your spouse a current m re you been married (incle person)? www, provide the following s Legal Name ast Name) s Previous Legal Name ast Name)	Divorced Widow to Part 11. member of the U.S. armed cluding annulled marriages g information about your Given Name (Fine Color of Name)	forces? s, marriages to other current spouse. rst Name)	people, and Middle Name Middle Name	Yes N
	What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same If you are married no A. Current Spouse's Family Name (L B. Current Spouse's Family Name (L	marital status? rried Married have never married, go your spouse a current m re you been married (ince person)? www, provide the following Legal Name ast Name) Previous Legal Name ast Name)	Divorced Widow to Part 11. member of the U.S. armed duding annulled marriages g information about your Given Name (Fire County of the County of the U.S. armed duding annulled marriages g information about your Given Name (Fire County of the U.S. armed duding annulled marriages grant for the U.S. armed gra	forces? s, marriages to other current spouse. rst Name) rst Name)	middle Name Middle Name Middle Name if applicable)	Yes N (if applicable)
	What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same If you are married no A. Current Spouse's Family Name (L B. Current Spouse's Family Name (L	marital status? rried Married have never married, go your spouse a current m re you been married (ince person)? www, provide the following Legal Name ast Name) Previous Legal Name ast Name)	Divorced Widow to Part 11. member of the U.S. armed cluding annulled marriages g information about your Given Name (Fine Color of Name)	forces? s, marriages to other current spouse. rst Name) rst Name)	middle Name Middle Name Middle Name if applicable)	Yes N
	What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same If you are married no A. Current Spouse's Family Name (L B. Current Spouse's Family Name (L	marital status? rried Married have never married, go your spouse a current m re you been married (ince person)? rw, provide the following a Legal Name ast Name) s Previous Legal Name ast Name) ed by Current Spouse (in ast Name)	Divorced Widow to Part 11. member of the U.S. armed duding annulled marriages g information about your Given Name (Fire County of the County of the U.S. armed duding annulled marriages g information about your Given Name (Fire County of the U.S. armed duding annulled marriages grant for the U.S. armed gra	forces? s, marriages to other current spouse. rst Name) rst Name) s, and maiden name, rst Name) arriage	middle Name Middle Name Middle Name if applicable)	Yes N

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Pa	rt 10	0. Information About Your Marital History (continued)	A-								
	F.	Current Spouse's Present Home Address									
		Street Number and Name		Apt.	Ste.	Flr.	Number				
		City or Town County Sta	ate		ZI	P Cod	e + 4				
] -				
		Province or Region Postal Code Country (foreign address only) (foreign address only) (foreign address	only)							
	~										
	G.	Current Spouse's Current Employer or Company									
5.		your current spouse a U.S. citizen?				Y	es No				
_	•	rou answered "Yes," answer Item Number 6. If you answered "No," go to Item Number '	7.								
6.	•	your current spouse is a U.S. citizen, complete the following information.									
	Α.	When did your current spouse become a U.S. citizen? At Birth - Go to Item Number 8. Other - Complete the following information.									
	В.	Date Your Current Spouse Became a U.S. Citizen (mm/dd/yyyy)									
7.	If y	your current spouse is not a U.S. citizen, complete the following information.									
	Α.	Current Spouse's Country of Citizenship or Nationality B. Current Spouse's A-Numb A-	er (if	any)							
	C.										
	C.	Lawful Permanent Resident Other (Explain):									
8.	Но	w many times has your current spouse been married (including annulled marriages, marriages)	es to)							
•	oth	er people, and marriages to the same person)? If your current spouse has been married bef vide the following information about your current spouse's prior spouse.	-								
	If y	our current spouse has had more than one previous marriage, provide that information on a	ıdditi	onal sl	neets o	f pape	r.				
	A.	Legal Name of My Current Spouse's Prior Spouse									
		Family Name (Last Name) Given Name (First Name)	Mide	ile Na	me (if	applic	able)				
	В.	Immigration Status of My Current Spouse's Prior Spouse (if known) U.S. Citizen Lawful Permanent Resident Other (Explain):									
	C.	Date of Birth of My Current Spouse's Prior Spouse (mm/dd/yyyy) D. Country of Birth of My Current Spouse's Prior Spouse									
	Е.	Country of Citizenship or Nationality of My Current Spouse's Prior Spouse									

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Part	10	. Information About Your Marital History (continued)	A-						
]	F.	My Current Spouse's Date of Marriage with Prior Spouse (mm/dd/yyyy) G. Date My Current Spouse's Marriage Ended with Prior Spouse (mm/dd/yyyy)				,		, ,	
I	н.	How My Current Spouse's Marriage Ended with Prior Spouse							
		Annulled Divorced Spouse Deceased Other (Explain):							
9. I	f v	ou were married before, provide the following information about your prior spouse. If you	have	e mo	re thai	n one	prev	ous	_
		riage, provide that information on additional sheets of paper.					•		
A	4.	My Prior Spouse's Legal Name							
		Family Name (Last Name) Given Name (First Name)	Mi	ddle	Name	(if ap	plica	ıble)	
1	В.	My Prior Spouse's Immigration Status When My Marriage Ended (if known)							
		U.S. Citizen Lawful Permanent Resident Other (Explain):							
(c.	My Prior Spouse's Date of Birth D. My Prior Spouse's Country							
		(mm/dd/yyyy) of Birth	7						
I	Ε.	My Prior Spouse's Country of F. Date of Marriage with My Prior Citizenship or Nationality Spouse (mm/dd/yyyy)							
		Spouse (min/dd/yyyy)	7						
	a	Data Maria and Parla de Maria							
,	J.	Date Marriage Ended with My Prior Spouse (mm/dd/yyyy)							
1	Ħ.	How Marriage Ended with My Prior Spouse							
_		Annulled Divorced Spouse Deceased Other (Explain):							
									_
Part	11	. Information About Your Children							
		cate your total number of children. (You must indicate ALL children, including: children	who	are	alive				_
r	nis	sing, or deceased; children born in the United States or in other countries; children under 18	3 yea	rs of		r	L		
		er; children who are currently married or unmarried; children living with you or elsewhere; children; legally adopted children; and children born when you were not married.)	curr	ent					
	-		T	hom 1	1	ondla.	a of		
		vide the following information about all your children (sons and daughters) listed in Item N ist any additional children, use additional sheets of paper.	uIII	ber 1	ı., reg	arthes	SS OI	ige.	
A	4.	Child 1							
		Current Legal Name							
		Family Name (Last Name) Given Name (First Name)	_ N	liddl	e Nam	ne (if	appli	cable)	
		A-Number (if any) Date of Birth (mm/dd/yyyy) Country of Birth							_
		► A-							

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rt 11	1. Information About Your Child	ren (continued)		A-		
	Current Address					
	Street Number and Name			Apt.	Ste. Flr.	Number
	City or Town	County	Stat	ie	ZIP Co	de + 4
						-
	Province or Region F	ostal Code	Country			
	8	foreign address only)	(foreign address of	only)		
	What is your child's relationship to you? (stepchild, legally adopted child)	for example, biological child,				
В.	Child 2					
	Current Legal Name					
	Family Name (Last Name)	Given Name (First Na	ime)	Middle 1	Name (if ag	pplicable)
			,		\ 1	,
	A-Number (if any)	Date of Birth (mm/dd/yyyy)	Country of Righ	J [
	► A-	Bate of Birth (him/dd/yyyy)				
	Current Address					
	Street Number and Name			Apt.	Ste. Flr.	Number
	City or Town	County	Stat	e	ZIP Co	de + 4
						-
	Province or Region F	ostal Code	Country			
	(foreign address only)	foreign address only)	(foreign address of	only)		
	(foreign address only) (foreign address only)	(foreign address of	only)		
	(foreign address only) (Stepchild, legally adopted child)		(foreign address of	only)		
C.	What is your child's relationship to you? (stepchild, legally adopted child)		(foreign address of	only)		
C.	What is your child's relationship to you? (stepchild, legally adopted child) Child 3		(foreign address of	only)		
C.	What is your child's relationship to you? (stepchild, legally adopted child) Child 3 Current Legal Name	for example, biological child,			Name (if ar	onlicable)
C.	What is your child's relationship to you? (stepchild, legally adopted child) Child 3				Name (if ap	pplicable)
C.	What is your child's relationship to you? (stepchild, legally adopted child) Child 3 Current Legal Name	for example, biological child,	ame)		Name (if ap	pplicable)

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Pa	rt 11	1. Information About Your Chi	ldren (continued)	A	\-				
		Current Address							
		Street Number and Name			Apt.	Ste.	Flr.	Nun	nber
		City or Town	County	State		ZI	P Cod	e + 4	ļ
] - [
		Province or Region (foreign address only)	Postal Code (foreign address only)	Country (foreign address or	als/)				
		(Totelgii address only)	(Totelgii address omy)	(Totelgii address of	11y)				
		What is your child's relationship to you stepchild, legally adopted child)	? (for example, biological child,						
	D.	Child 4							
		Current Legal Name							
		Family Name (Last Name)	Given Name (First Nar	ne)	Middle	Name	(if app	olicat	ole)
		A-Number (if any)	Date of Birth (mm/dd/yyyy)	Country of Birth					
		► A-							
		Current Address							
		Street Number and Name			Apt.	Ste.	Flr.	Nun	nber
		City or Town	County	State		$\neg \Box$	P Cod	е + 4 1 Г	<u>+</u>
		Para in a superior	Devision of the second of the].[
		Province or Region (foreign address only)	Postal Code (foreign address only)	Country (foreign address or	nly)				
		What is your child's relationship to you	? (for example, biological child,						
		stepchild, legally adopted child)		L					
Pa	rt 12	2. Additional Information Abou	It You (Person Applying for	r Naturalization)					
		tem Numbers 1 21. If you answer "Y	1100	<u> </u>		nation	on add	ditio	nal
		paper.	es to any of these questions, me.	idde a typed of prin	сса схріа	nation	OII au	unio	ııaı
1.	Hav	ve you EVER claimed to be a U.S. citize	n (in writing or any other way)?				Ye	es [] No
2.	Hav	ve you EVER registered to vote in any F	ederal, state, or local election in t	the United States?			Ye	es [No
3.	Hav	ve you EVER voted in any Federal, state	, or local election in the United S	States?			Ye	es [No
4.	A.	Do you now have, or did you EVER ha country?	eve, a hereditary title or an order of	of nobility in any fo	reign		Ye	es [] No
	В.	If you answered "Yes," are you willing have in a foreign country at your natura		orders of nobility th	at you		Ye	es [] No
5.	Hav	ve you EVER been declared legally inco	mpetent or been confined to a me	ental institution?			Ye	es [] No

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		2. Additional Information About You lization) (continued)	ou (Person Applying for	A-					
6.	Do	you owe any overdue Federal, state, or local to	axes?		Yes No				
7.	A.	Have you EVER not filed a Federal, state, or resident?	r local tax return since you became a lawful pe	rmanent	Yes No				
	B.	If you answered "Yes," did you consider you	rrself to be a "non-U.S. resident"?		Yes No				
8.		ve you called yourself a "non-U.S. resident" or rful permanent resident?	n a Federal, state, or local tax return since you	became a	Yes No				
9.	A.	•	d in, or in any way associated with, any organiciety, or similar group in the United States or i		Yes No				
	В.	 If you answered "Yes," provide the information below. If you need extra space, attach the names of the other groups on additional sheets of paper and provide any evidence to support your answers. 							
		Name	Purpose		Membership				
		of the Group	of the Group	From (mm/dd/yyyy	To) (mm/dd/yyyy)				
		Group	Group) (IIIII) ddi yyyy)				
10.	Hay	ve you EVER been a member of or in any wa	y associated (either directly or indirectly) with	1.					
10.		The Communist Party?	y associated (critical directly of multicetty) with	•	☐ Yes ☐ No				
		Any other totalitarian party?			Yes No				
		A terrorist organization?			Yes No				
	C.	A terrorist organization.							
11.		ve you EVER advocated (either directly or inclence?	directly) the overthrow of any government by t	force or	Yes No				
12.		we you EVER persecuted (either directly or inegin, membership in a particular social group, o	directly) any person because of race, religion, or political opinion?	national	Yes No				
13.		tween March 23, 1933 and May 8, 1945, did your irectly) with:	ou work for or associate in any way (either dir	ectly or					
	A.	The Nazi government of Germany?			Yes No				
	В.	Any government in any area occupied by, all government of Germany?	lied with, or established with the help of the N	azi	Yes No				
	C.	•	amilitary unit, self-defense unit, vigilante unit, termination camp, concentration camp, prisone		Yes No				

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		2. Additional Information About You (Person Applying for lization) (continued) A- [A-			
14.	We	re you EVER involved in any way with any of the following:			
		Genocide?		Yes	☐ No
	В.	Torture?		Yes	☐ No
	C.	Killing, or trying to kill, someone?		Yes	☐ No
	D.	Badly hurting, or trying to hurt, a person on purpose?		Yes	☐ No
	E.	Forcing, or trying to force, someone to have any kind of sexual contact or relations?		Yes	☐ No
	F.	Not letting someone practice his or her religion?		Yes	☐ No
15.		Were you EVER a member of, or did you EVER serve in, help, or otherwise participate in, any of the following groups:			
	A.	Military unit?		Yes	☐ No
	В.	Paramilitary unit (a group of people who act like a military group but are not part of the official military)?	!	Yes	☐ No
	C.	Police unit?		Yes	☐ No
	D.	Self-defense unit?		Yes	☐ No
	E.	Vigilante unit (a group of people who act like the police, but are not part of the official police)?)	Yes	☐ No
	F.	Rebel group?		Yes	☐ No
	G.	Guerrilla group (a group of people who use weapons against or otherwise physically attack the military, police, government, or other people)?		Yes	☐ No
	H.	Militia (an army of people, not part of the official military)?		Yes	☐ No
	I.	Insurgent organization (a group that uses weapons and fights against a government)?		Yes	☐ No
16.	We	re you EVER a worker, volunteer, or soldier, or did you otherwise EVER serve in any of the fol	llowing:		
	A.	Prison or jail?		Yes	☐ No
	B.	Prison camp?		Yes	☐ No
	C.	Detention facility (a place where people are forced to stay)?		Yes	☐ No
	D.	Labor camp (a place where people are forced to work)?		Yes	☐ No
	E.	Any other place where people were forced to stay?		Yes	☐ No
17.		re you EVER a part of any group, or did you EVER help any group, unit, or organization that us apon against any person, or threatened to do so?	sed a	Yes	☐ No
	A.	If you answered "Yes," when you were part of this group, or when you helped this group, did you use a weapon against another person?	ou ever	Yes	☐ No
	В.	If you answered "Yes," when you were part of this group, or when you helped this group, did you tell another person that you would use a weapon against that person?	ou ever	Yes	☐ No
18.		I you EVER sell, give, or provide weapons to any person, or help another person sell, give, or propose to any person?	ovide	Yes	☐ No
	A.	If you answered "Yes," did you know that this person was going to use the weapons against and person?	other	Yes	☐ No
	В.	If you answered "Yes," did you know that this person was going to sell or give the weapons to someone who was going to use them against another person?		Yes	☐ No

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	rt 12. Additional Information About You (Person Applying for turalization) (continued) A-							
19.	Did you EVER receive any type of military, paramilitary (a group of people who act like a military group but are not part of the official military), or weapons training?	Yes No						
20.	Did you EVER recruit (ask), enlist (sign up), conscript (require), or use any person under 15 years of age to serve in or help an armed force or group?	Yes No						
21.	Did you EVER use any person under 15 years of age to do anything that helped or supported people in combat?	Yes No						
othe	ny of Item Numbers 22 28. apply to you, you must answer "Yes" even if your records have been sealed erwise cleared. You must disclose this information even if someone, including a judge, law enforcement office that it no longer constitutes a record or told you that you do not have to disclose the information.							
22.	Have you EVER committed, assisted in committing, or attempted to commit, a crime or offense for which you were NOT arrested?	Yes No						
23.	Have you EVER been arrested, cited, or detained by any law enforcement officer (including any immigration official or any official of the U.S. armed forces) for any reason?	Yes No						
24.	Have you EVER been charged with committing, attempting to commit, or assisting in committing a crime or offense?	Yes No						
25.	Have you EVER been convicted of a crime or offense?	Yes No						
26.	Have you EVER been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)?	Yes No						
27.	A. Have you EVER received a suspended sentence, been placed on probation, or been paroled?	Yes No						
	B. If you answered "Yes," have you completed the probation or parole?	Yes No						
28.	A. Have you EVER been in jail or prison?	Yes No						
	B. If you answered "Yes," how long were you in jail or prison? Years Months	Days						
29.	If you answered "No" to ALL questions in Item Numbers 23 28., then skip this item and go to Item Num	nber 30.						
	If you answered "Yes" to any question in Item Numbers 23 28., then complete this table. If you need extra							

additional sheets of paper and provide any evidence to support your answers.

Why were you arrested, cited, detained, or charged?	Date arrested, cited, detained, or charged. (mm/dd/yyyy)	Where were you arrested, cited, detained, or charged? (City or Town, State, Country)	Outcome or disposition of the arrest, citation, detention, or charge (no charges filed, charges dismissed, jail, probation, etc.)

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		2. Additional Information About You (Person Applying for lization) (continued)	A-							
		Item Numbers 30 46. If you answer "Yes" to any of these questions, except Item Number xplanation on additional sheets of paper and provide any evidence to support your answers.	ers .	37.	, and	d 38	., incl	ude a	type	d or
30.	Ha	ve you EVER :								
	A.	Been a habitual drunkard?						Yes		No
	B.	Been a prostitute, or procured anyone for prostitution?						Yes		No
	C.	Sold or smuggled controlled substances, illegal drugs, or narcotics?						Yes		No
	D.	Been married to more than one person at the same time?						Yes		No
	E.	Married someone in order to obtain an immigration benefit?						Yes		No
	F.	Helped anyone to enter, or try to enter, the United States illegally?						Yes		No
	G.	Gambled illegally or received income from illegal gambling?						Yes		No
	H.	Failed to support your dependents or to pay alimony?						Yes		No
	I.	Made any misrepresentation to obtain any public benefit in the United States?						Yes		No
31.		ve you EVER given any U.S. Government officials any information or documentation that udulent, or misleading?	was	; fa	lse,			Yes		No
32.		ve you EVER lied to any U.S. Government officials to gain entry or admission into the Unit gain immigration benefits while in the United States?	ted	Sta	ıtes	or		Yes		No
33.	На	ve you EVER been removed, excluded, or deported from the United States?						Yes		No
34.	Ha	ve you EVER been ordered removed, excluded, or deported from the United States?						Yes		No
35.	Ha	ve you EVER been placed in removal, exclusion, rescission, or deportation proceedings?						Yes		No
36.		e removal, exclusion, rescission, or deportation proceedings (including administratively closoceedings) currently pending against you?	ed					Yes		No
37.	Ha	ve you EVER served in the U.S. armed forces?						Yes		No
38.	A.	Are you currently a member of the U.S. armed forces?						Yes		No
	В.	If you answered "Yes," are you scheduled to deploy overseas, including to a vessel, within three months? (Refer to the Address Change section in the Instructions on how to notify you learn of your deployment plans after you file your Form N-400.)						Yes		No
	C.	If you answered "Yes," are you currently stationed overseas?						Yes		No
39.		ve you EVER been court-martialed, administratively separated, or disciplined, or have you ther than honorable discharge, while in the U.S. armed forces?	rece	eive	ed a	n		Yes		No
40.	Ha alie	ve you EVER been discharged from training or service in the U.S. armed forces because yo en?	u w	ere	e an			Yes		No
41.	Ha	ve you EVER left the United States to avoid being drafted in the U.S. armed forces?						Yes		No
42.	Ha	ve you EVER applied for any kind of exemption from military service in the U.S. armed for	ces	?				Yes		No
43.	Ha	ve you EVER deserted from the U.S. armed forces?						Yes		No

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		2. Additional Information About You (Person Applying for lization) (continued) A-	
44.	Α.	Are you a male who lived in the United States at any time between your 18th and 26th birthdays? (This does not include living in the United States as a lawful nonimmigrant.)	Yes No
	В.	If you answered "Yes," when did you register for the Selective Service? Provide the information below Date Registered Selective Service (mm/dd/yyyy) Number	w.
	C.	If you answered "Yes," but you did not register with the Selective Service System and you are:	
		1. Still under 26 years of age, you must register before you apply for naturalization, and complete the information above; OR	e Selective Service
		2. Now 26 to 31 years of age (29 years of age if you are filing under INA section 319(a)), but you di Selective Service, you must attach a statement explaining why you did not register, and provide a letter from the Selective Service.	
		tem Numbers 45 50. If you answer "No" to any of these questions, include a typed or printed explanation paper and provide any evidence to support your answers.	nation on additional
45.	Do	you support the Constitution and form of Government of the United States?	Yes No
46.	Do	you understand the full Oath of Allegiance to the United States?	Yes No
47.	Are	you willing to take the full Oath of Allegiance to the United States?	Yes No
48.	If th	ne law requires it, are you willing to bear arms on behalf of the United States?	Yes No
49.	If the	ne law requires it, are you willing to perform noncombatant services in the U.S. armed forces?	Yes No
50.	If t	ne law requires it, are you willing to perform work of national importance under civilian direction?	Yes No
Pa	rt 13	3. Applicant's Statement, Certification, and Signature	
		Read the Penalties section of the Form N-400 Instructions before completing this part.	
Ap_{j}	plice	ant's Statement	
NO	ΓE:	Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Numb	per 2.
1.	Ap	plicant's Statement Regarding the Interpreter	
	A.	I can read and understand English, and I have read and understand every question and instruction and my answer to every question.	on this application
	В.	The interpreter named in Part 14. read to me every question and instruction on this application are question in	
2.	Δn	plicant's Statement Regarding the Preparer	anderstood everything.
4.	- Λ-[At my request, the preparer named in Part 15. ,	
	Ш	prepared this application for me based only upon information I provided or authorized.	

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Pa	rt 13. Applicant's Statement, Certification, and S	gnature (continued) A-
App	plicant's Certification	
requi	•	unaltered, original documents, and I understand that USCIS may urthermore, I authorize the release of any information from any of immigration benefit that I seek.
	ther authorize release of information contained in this application ies and persons where necessary for the administration and enforcement.	** *
	derstand that USCIS will require me to appear for an appointme ature) and, at that time, I will be required to sign an oath reaffirm	
	1) I reviewed and provided or authorized all of the information	on in my application;
	2) I understood all of the information contained in, and subm	nitted with, my application; and
	3) All of this information was complete, true, and correct at	the time of filing.
	rtify, under penalty of perjury, that I provided or authorized all crmation contained in, and submitted with, my application, and the	• 11
App	plicant's Signature	
3.	Applicant's Signature	Date of Signature (mm/dd/yyyy)
\Rightarrow		
Instr	TE TO ALL APPLICANTS: If you do not completely fill out ructions, USCIS may deny your application. rt 14. Interpreter's Contact Information, Certific	this application or fail to submit required documents listed in the ation, and Signature
Prov	ride the following information about the interpreter.	
Int	terpreter's Full Name	
1.	Interpreter's Family Name (Last Name)	Interpreter's Given Name (First Name)
2.	Interpreter's Business or Organization Name (if any)	
Int	terpreter's Mailing Address	
3.	Street Number and Name	Apt. Ste. Flr. Number
	City or Town	State ZIP Code + 4

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	rt 14. Interpreter's Contact Information, Certifontinued)	icatio	on, and Signature A-	
Int	terpreter's Contact Information			
4.	Interpreter's Daytime Telephone Number	5.	Interpreter's Mobile Telephone Numb	er (if any)
6.	Interpreter's Email Address (if any)]		
Int	terpreter's Certification			
I cer	tify, under penalty of perjury, that:		_	
Item or he appli	In fluent in English and Number 1., and I have read to this applicant in the identified erranswer to every question. The applicant informed me that identify including the Applicant's Certification and has verification.	he or s	she understands every instruction, quest	this application and his
	•		D	
7. →	Interpreter's Signature		Date of S	ignature (mm/dd/yyyy)
_				
	rt 15. Contact Information, Declaration, and Si her Than the Applicant	gnatu	are of the Person Preparing Th	is Application, if
Prov	vide the following information about the preparer.			
Pre	eparer'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	eparer's Mailing Address			
3.	Street Number and Name		Apt. Ste. Flr.	Number
	City or Town		State 2	ZIP Code + 4
	Province Postal Co	de	Country	

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	reparing This Application, if Other Than the Applicant (continued) A-
Pr	reparer's Contact Information
4.	Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)
6.	Preparer's Email Address (if any)
Pr	reparer's Statement
7.	A. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
	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.
Pr	reparer's Certification
revi witl	my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then ewed this completed application and informed me that he or she understands all of the information contained in, and submitted in, his or her application, including the Applicant's Certification , and that all of this information is complete, true, and correct. I applied this application based only on information that the applicant provided to me or authorized me to obtain or use.
8.	Preparer's Signature Date of Signature (mm/dd/yyyy)
•. →	Date of Signature (IIIII) dutyyyy)
	NOTE: Do not complete Parts 16., 17., or 18. until the USCIS Officer instructs you to do so at the interview.
Pa	art 16. Signature at Interview
this con	rear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of Form N-400, Application for Naturalization, subscribed by me, including corrections number 1 through, are applete, true, and correct. The evidence submitted by me on numbered pages 1 through are complete, true, and rect.
Sub	scribed to and sworn to (affirmed) before me
	USCIS Officer's Printed Name or Stamp Date of Signature (mm/dd/yyyy)
Anı	olicant's Signature USCIS Officer's Signature
• •PI	Signature Signature

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Part 17. Renunciation of Foreign Titles			A-						
If you answered "Yes" to Part 12., Items A. and B. in Item Number 4., then you must affirm the following before a USCIS officer:									
I further renounce the title of		which I h	ave her	etofor	e held;	or			
(list titles)									
I further renounce the order of nobility of			to which	I hav	e heret	ofore b	elonged.		
	(list ord	er of nobility)							
Applicant's Printed Name		Applicant's Signature							
USCIS Officer's Printed Name		USCIS Officer's Signature							
Date of Signature (mm/dd/yyyy)									
Part 18. Oath of Allegiance									
If your application is approved, you will be scheduled for following Oath of Allegiance immediately prior to become willingness and ability to take this oath:		•	•				he		
I hereby declare on oath, that I absolutely and entirely restate, or sovereignty, of whom or which I have heretofore			delity to	any fo	reign pı	rince, po	otentate,		
that I will support and defend the Constitution and laws of	of the Unit	ed States of America against	t all enen	nies, fo	oreign, a	and don	nestic;		
that I will bear true faith and allegiance to the same;									
that I will bear arms on behalf of the United States when	required b	y the law;							
that I will perform noncombatant service in the armed for	rces of the	United States when required	d by the	law;					
that I will perform work of national importance under civ	ilian direc	tion when required by the la	w; and						
that I take this obligation freely, without any mental reser	rvation or	purpose of evasion; so help	me God.						
Applicant's Printed Name									
Family Name (Last Name)	Given N	ame (First Name)	M	iddle l	Name (i	f applic	able)		
Applicant's Signature			Date of	Signa	ture (m	m/dd/y	ууу)		

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