

Application for Naturalization

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form N-400 OMB No. 1615-0052 Expires 02/28/2027

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Rem	arks			
	гарт ш	EDE Tung on nu	rint in black ink. If you do not answer all of the que	notions it may take longer for U.S. Citizenship
			S) to process your Form N-400.	estions, it may take longer for 0.5. Chizenship
	Ü	,		
			ng legal adoptive mother or father) is a U.S. citizen by need to file Form N-400 as you may already be a U.S.	
•			uscis.gov/N-600 for Form N-600, Application for Co	
			ut Your Eligibility (Select only one box to	
the	basis of	your eligibility	or your Form N-400 may be delayed or rejo	ected.) A-
1	Pageon fo	or Filing (Placea s	ee Instructions for eligibility requirements under each	h provision)
1.		•		,
	A	General Provisi	ion. See Instructions: List of General Eligibility R	equirements
	B.	Spouse of U.S. 0	Citizen. See Instructions: Eligibility Based on Mark	riage to a U.S. Citizen
	с. П	VAWA. See Ins	structions: Eligibility for the Spouse, Former Spous	se, or Child of a U.S. Citizen under the Violence
		Against Women		•
	D.	Spouse of U.S. O	Citizen in Qualified Employment Outside the Unit	ted States. See Instructions: Eligibility for the
	D.		. Citizen Working for a Qualified Employer Outside	
		If your residentia	al address is outside the United States and you are fil	ing under Immigration and Nationality Act
		•	19(b), select the USCIS field office where you would	•
			S field office at www.uscis.gov/field-offices.	•

Part 2. Information About You (Person applying for naturalization)

Current and Former Members of the U.S. Armed Forces

Members of the U.S. Armed Forces

Other Reason for Filing Not Listed Above

Your Current Legal Name (**do not** provide a nickname)

o , i	,	
Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)

Military Service During Period of Hostilities. See Instructions: Eligibility and Evidence for Current and Former

At Least One Year of Honorable Military Service at Any Time. See Instructions: Eligibility and Evidence for

2. Other Names You Have Used Since Birth (see the Instructions for this **Item Number** for more information about which names to include)

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

Ε.

F.

G.

1.

Par	t 2. Information About You (Person applying for naturalization) (continued) A-
Nam	e Change (Optional)
Read	the Instructions for this Item Number before you decide whether you would like to legally change your name.
3.	Would you like to legally change your name? Yes No (skip to Item Number 4.)
	If you answered "Yes," type or print the new name you would like to use:
	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
4.	USCIS Online Account Number (if any) 5. Sex
	▶
6.	Date of Birth (mm/dd/yyyy)
	In addition to your actual date of birth, include any other dates of birth you have ever used, including dates used in connection with any legal names or non-legal names, in the space provided in Part 14. Additional Information .
7.	If you are a lawful permanent resident, provide the date you became
	a lawful permanent resident (mm/dd/yyyy).
8.	Country of Birth
9.	Country of Citizenship or Nationality
	If you are a citizen or national of more than one country, list additional countries of nationality in the space provided in Part 14. Additional Information .
10.	Was your mother or father (including adoptive mother or father) a U.S. citizen before your 18th birthday? Yes No
	If you answered "Yes," you may already be a U.S. citizen. If you are a U.S. citizen, you should not complete Form N-400.
11.	Do you have a physical or developmental disability or mental impairment that prevents you from demonstrating your knowledge and understanding of the English language 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. See the <i>Naturalization Testing and Exceptions</i> section of the Instructions for additional information about exceptions from the English language test, including exceptions based on age and years as a lawful permanent resident.
Soc	ial Security Update
12.a.	Do you want the Social Security Administration (SSA) to issue you an original or replacement Social Security card and update your immigration status with the SSA if and when you are naturalized?
	Yes (Complete Item Numbers 12.b. - 12.c.)
	No (Go to Part 3.)
12.b.	Provide your Social Security number (SSN) (if any).
12.c.	Consent for Disclosure: I authorize disclosure of information from this application and USCIS systems to the SSA as required for the purpose of assigning me an SSN, issuing me an original or replacement Social Security card, and updating my immigration status with the SSA.
	NOTE: If you answered "Yes" to Item Number 12.a., you must also answer "Yes" to Item Number 12.c., Consent for Disclosure, to receive a card

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Pai	rt 3. Biographic Information					A-					
	TE: USCIS requires you to complete the or information.)	categories below	to conduct ba	ackground chec	ks. (See t	he F	orm	N-400	Inst	ructi	ons for
1.	Ethnicity (Select only one box) Hispanic or Latino Not Hisp	anic or Latino									
2.	. Race (Select all applicable boxes) American Indian Asian Black or Native Hawaiian or White or Alaska Native African American Other Pacific Islander										
3.	Height Feet Inches	4.	Weight	Pounds							
5.	Eye color (Select only one box) Black Blue Brown	Gray	Green [Hazel	Maroon		Pink		Unl Oth	know: ier	n/
6.	Hair color (Select only one box) Bald Black Blond (No hair)	Brown	Gray [Red	Sandy		Whi	te 🗌		know	n/
Pai	rt 4. Information About Your Ro	esidence									
1.	Physical Addresses										
	List every location where you have lived Item Number 1.a. If you are filing base Item Number section of the Instructions need extra space, use the space provided Current Physical Address In Care Of Name (if any)	ed on other natures for the applicab	alization eligible period of t	ibility options, ime for which	see Part 4	• in	the S _I	ecific	Inst	ructi	ons by
	Street Number and Name					Apt	. Ste	. Flr	. N	umbe	r
] [
	City or Town					Stat	te		$\frac{Z}{1}$	IP Co	de
	Province	Postal Code		Country					╛┖		
	Trovince	1 ostar Code		Country							
	Dates of Residence: From (mm/dd/yyyy))	Date	es of Residence	: To (mm/	'dd/y	уууу)		PRE	SEN	r
	Dhysical Adduces		State	ZID Codo			Da	ites of	Res	idenc	ee
	Physical Address (Street Number and Name)	City or Town	State / Province	ZIP Code / Postal Code	Country		Fro m/dd	m /yyyy)) (m	To nm/dd	o /yyyy)
2.	Is your current physical address also you	ir current mailing	r address?								
4.	Yes (If you answered "Yes," skip to l										

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Pa	rt 4. Information About	Vour Resider	nce (continue	d)		A-					
3.	Current Mailing Address (Saf		,	,							
J.	In Care Of Name (if any)	7 Manning Address	з, п аррпсаотс)								
	in care of France (if any)										
	Street Number and Name					Apt. Ste. Flr.	Number				
	City or Town					State	ZIP Code				
	Province	Postal	Code	Country	y						
Pa	rt 5. Information About	Your Marital	History								
1.	What is your current marital s	tatus?									
	Single, Never Married	Married 1	Divorced	Widowed S	Separated	Marriage Annul	led				
	If you are single and have nev	er married, go to	Part 6. Inform	ation About You	r Children.						
2.	If you are currently married, is	s your spouse a ci	urrent member o	of the U.S. armed	forces?		Yes No				
3.	How many times have you been married? (See the Specific Instructions by Item Number section of the Instructions for more information about which marriages to include.)										
	Provide current marriage certificate and any divorce decree, annulment decree, or death certificate showing that your prior marriages were terminated (if applicable).										
	If you are filing under one of a Spouse of U.S. Citizer • Spouse of U.S. Citizer	, Part 1., Item N	umber 1.b. ; or:	;		m Number 1.d.					
	If you are not filing under on	e of the categori	es above, skip	to Part 6.							
Yo	ur Current Marriage										
If yo	ou are currently married, includi	ng if you are lega	ally separated, p	rovide the following	ng information	about your curre	ent spouse.				
4.a.	Current Spouse's Legal Name										
	Family Name (Last Name)		Given Nam	e (First Name)		Middle Name (i	f applicable)				
4.b.	Current Spouse's Date of Birth (mm/dd/yyyy)		You Entered in Current Spouse								
4.d.	Is your current spouse's presen	it physical addres	ss the same as ye	our physical addre	ess?						
	Yes		·								
	No (If you answered "No	," provide addres	s in Part 14. A d	lditional Informa	ntion.)						
5.a.	When did your current spouse	•									
	By Birth in the United Stat	es - Go to Item N	Number 7.								
	Other - Complete Item Nu	mber 5.b.									
5.b.	Date Your Current Spouse Be	came a U.S. Citiz	zen (mm/dd/yyy	y)							

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Pa	rt 5. Information About Your Ma	rital History	(continued)	A-	
6.	Current Spouse's Alien Registration Num	ber (A-Number)	(if any) ► A-		
7.	How many times has your current spouse Number section of the Instructions for m				
	Provide divorce decrees, annulment decre terminated (if applicable).	ees, or death certi	ficates showing that all of y	our spouse's prior marr	iages were
8.	Current Spouse's Current Employer or Co	ompany			
	Only answer Item Number 8. if you are the Employment Outside the United States		1., Item Number 1.d., Spo	ouse of U.S. Citizen in	Qualified
Pa	rt 6. Information About Your Ch	ildren			
1.	Indicate your total number of children und	der 18 years of a	ge.		
2.	Provide the following information about y columns, you must type or print one of the address(es) where those children live in P provided in Part 14. Additional Informa	e valid options li Part 14. Addition	sted. If any of your childre	n do not reside with you	, provide the
	Son or Daughter's Name (First Name and Family Name)	Date of Birth (mm/dd/yyyy)	Residence (Valid options include: resides with me, does not reside with me, or unknown/ missing)	Relationship (Valid options include: biological son or daughter, stepchild, or legally adopted son or daughter)	Are you providing support for your son or daughter?
					Yes No
					Yes No
					Yes No
Pa	rt 7. Information About Your Em	nployment an	d Schools You Attend	ed	

1. List where you have worked or attended school full time or part time during the last 5 years if you are filing based on the general provision under Part 1., Item Number 1.a. If you are filing based on other naturalization eligibility options, see Part 7. in the Specific Instructions by Item Number section of the Instructions for the applicable period of time for which you must enter this information. Provide information for the complete time period for all employment, including foreign government employment such as military, police, and intelligence services. Begin by providing information about your most recent or current employment, studies, or unemployment. Provide the locations and dates where you worked, were self-employed, were unemployed, or have studied. If you worked for yourself and not for a specific employer, type or print "self-employed" for the employer name. If you were unemployed, type or print "unemployed." If you are retired, type or print "retired." If you need extra space to complete Part 7., use the space provided in Part 14. Additional Information.

	Employer o	Employment	School Dates	Occupation on			
Name	City/Town	State/ Province	ate/ ZIP Code/ vince Postal Code Country		From (mm/dd/yyyy)	To (mm/dd/yyyy)	Occupation or Field of Study
						PRESENT	

Pa	rt 8. Time Outside t	the United States	A-						
1.	List below all the trips that you have taken outside the United States during the last 5 years if you are filing based on the general provision under Part 1. , Item Number 1.a. If you are filing based on other naturalization eligibility options, see Part 8. in the Specific Instructions by Item Number section of the Instructions for the applicable period of time for which you must enter this information. Start with your most recent trip and work backwards. Do not include day trips (where the entire trip was completed within 24 hours) in the table. If you have taken any trips outside the United States that lasted more than 6 months, see the Required Evidence - Continuous Residence section of the Instructions for evidence you should provide. If you need extra space to complete this section, use the space provided in Part 14. Additional Information .								
	Date You Left the United States (mm/dd/yyyy)	United States to the United States Which You							
Pa	rt 9. Additional Info	ormation About Yo	u						
anyv Nun	where in the world at any	y time, unless the questice tem Numbers 1 14., p	st provide information about any of your actions or condu on specifies otherwise. If you answer "Yes" to any of the rovide explanations and any additional information in the	questions in Item					
1.	Have you EVER claime	ed to be a U.S. citizen (ir	n writing or any other way)?	Yes No					
2.			ny Federal, state, or local election in the United ction where aliens are eligible to vote, you may answer	Yes No					
3.	Do you currently owe as	ny overdue Federal, state	e, or local taxes in the United States?	Yes No					
4.			have you called yourself a "nonresident alien" on a to file a tax return because you considered yourself to	Yes No					
Have	e you EVER:								
5.a.	Been a member of, invo	•	ssociated with any Communist or totalitarian party	Yes No					
5.b.		- · · ·	following, or been a member of, involved in, or in any world that advocated any of the following:	Yes No					
	Opposition to all org.	anized government;							
	• World communism;								
	• The establishment in	the United States of a to	stalitarian dictatorship;						
	• The overthrow by for United States or all for		inconstitutional means of the Government of the						
			cer or officers of the Government of the United States e of their official character;						
	The unlawful damage	e, injury, or destruction of	of property; or						
	• Sabotage?								

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Par	t 9. Additional Information About You (continued)	A-										
	Have you EVER been a member of, involved in, or in any way associated with, or have you EVER provided money, a thing of value, services or labor, or any other assistance or support to a group that:											
6.a.	Used a weapon or explosive with intent to harm another person or cause damage to property?					Yes		No				
6.b.	Engaged (participated) in kidnapping, assassination, or hijacking or sabotage of an airplane, shi vehicle, or other mode of transportation?	p,				Yes		No				
6.c.	Threatened, attempted (tried), conspired (planned with others), prepared, planned, advocated for incited (encouraged) others to commit any of the acts listed in Item Numbers 6.a. or 6.b. ?	r, o	r			Yes		No				
Have	Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:											
7.a.	Torture?					Yes		No				
7.b.	Genocide?					Yes		No				
7.c.	Killing or trying to kill any person?					Yes		No				
7.d.	Intentionally and severely injuring or trying to injure any person?					Yes		No				
7.e.	Any kind of sexual contact or activity with any person who did not consent (did not agree) or wunable to consent (could not agree), or was being forced or threatened by you or by someone el					Yes		No				
7.f.	Not letting someone practice his or her religion?					Yes		No				
7.g.	Causing harm or suffering to any person because of his or her race, religion, national origin, membership in a particular social group, or political opinion?					Yes		No				
8.a.	Have you EVER served in, been a member of, assisted (helped), or participated in any military police unit?	or				Yes		No				
8.b.	Have you EVER served in, been a member of, assisted (helped), or participated in any armed g group that carries weapons), for example: paramilitary unit (a group of people who act like a m group but are not part of the official military), self-defense unit, vigilante unit, rebel group, or g group?	nilita	ary			Yes		No				
	If you answered "Yes" to Item Number 8.a. or Item Number 8.b. , include the name of the couthe name of the military unit or armed group, your rank or position, and your dates of involvem your explanation in Part 14. Additional Information .	•										
9.	Have you EVER worked, volunteered, or otherwise served in a place where people were detain (forced to stay), for example, a prison, jail, prison camp (a camp where prisoners of war or poliprisoners are kept), detention facility, or labor camp, or have you EVER directed or participated other activity that involved detaining people?	tical		y		Yes		No				
10.a.	Were you EVER a part of any group, or did you EVER help any group, unit, or organization that weapon against any person, or threatened to do so?	ıat u	isec	l		Yes		No				
10.b.	If you answered "Yes" to Item Number 10.a. , when you were part of this group, or when you this group, did you ever use a weapon against another person?	help	ed			Yes		No				
10.c.	If you answered "Yes" to Item Number 10.a. , when you were part of this group, or when you this group, did you ever threaten another person that you would use a weapon against that person		ed			Yes		No				
11.	Have you EVER sold, provided, or transported weapons, or assisted any person in selling, provor transporting weapons, which you knew or believed would be used against another person?	'idin	ıg,			Yes		No				
12.	Have you EVER received any weapons training, paramilitary training, or other military-type training.	aini	ng?			Yes		No				
13.	Have you EVER recruited (asked), enlisted (signed up), conscripted (required to join), or used person under 15 years of age to serve in or help an armed group, or attempted or worked with o do so?	•)		Yes		No				
14.	Have you EVER used any person under 15 years of age to take part in hostilities or attempted of worked with others to do so? This could include participating in combat or providing services to combat (such as serving as a messenger or transporting supplies).		ted			Yes		No				

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Part 9. Additional Info	ormation About	You (continued	d)	A-					
If you answer "Yes" to any precords have been sealed, exclaw enforcement officer, or at information. If you need extra answers with your Form N-40	rpunged, or otherw torney, told you that a space, use the space	ise cleared. You retit is no longer on g	nust disclose this infort your record, or told you	mation even if someone, in a that you do not have to di	cluding a judge, isclose the				
Include all the crimes and offer influence of drugs or alcohol,		-		_	ng under the				
 Committed, agreed to commit, or asked someone else to commit; 									
 Were arrested, cited, detain immigration official; 	ned, or confined by a	any law enforceme	nt officer, military offic	cial (in the U.S. or elsewhe	re), or				
Were charged with commit	tting, helping comm	it, or trying to com	mit;						
• Pled guilty to;									
• Were convicted of;									
• Were placed in alternative adjudication, or deferred ad	_	abilitative program	for (for example, diver	sion, deferred prosecution,	withheld				
• Received a suspended sent	ence, clemency, am	nesty, or pardon for	r, or were placed on pro	obation or paroled for.					
15.a. Have you EVER comm tried to commit a crime	•		-	ed commit, or	Yes No				
15.b. Have you EVER been a official (in the U.S. or e or offense?		•	•	•	Yes No				
What was the crime or offense? (If convicted, provide crime of conviction. If not convicted, provide crime or offense listed in arrest, citation, charging document, or crime committed.)	Date of the Crime or Offense (mm/dd/yyyy)	Date of your conviction or guilty plea (if applicable) (mm/dd/yyyy)	Place of Crime or Offense (City or Town, State, Country)	disposition of the arrest, citation, or charge? (no charges	What was your sentence (if applicable)? (For example, 90 days in jail, 90 days on probation)				

16. If you received a suspended sentence, were placed on probation, or were paroled, have you completed your suspended sentence, probation, or parole?

If you answer "Yes" to any of the questions in **Item Numbers 17.a. - 19.**, provide an explanation in the space provided in **Part 14. Additional Information**. Submit evidence to support your answers.

Par	t 9. Additional Information About You (continued)								
Have	you EVER:								
17.a.	a. Engaged in prostitution, attempted to procure or import prostitutes or persons for the purpose of prostitution, or received any proceeds or money from prostitution?								
17.b.	Manufactured, cultivated, produced, distributed, dispensed, sold, or smuggled (trafficked) any controlled substances, illegal drugs, narcotics, or drug paraphernalia in violation of any law or regulation of a U.S. state, the United States, or a foreign country?		Yes		No				
17.c.	Been married to more than one person at the same time?		Yes		No				
17.d.	Married someone in order to obtain an immigration benefit?		Yes		No				
17.e.	Helped anyone to enter, or try to enter, the United States illegally?		Yes		No				
17.f.	Gambled illegally or received income from illegal gambling?		Yes		No				
17.g.	Failed to support your dependents (pay child support) or to pay alimony (court-ordered financial support after divorce or separation)?		Yes		No				
17.h.	Made any misrepresentation to obtain any public benefit in the United States?		Yes		No				
18.	Have you EVER given any U.S. Government officials any information or documentation that was false, fraudulent, or misleading?		Yes		No				
19.	Have you EVER lied to any U.S. Government officials to gain entry or admission into the United States or to gain immigration benefits while in the United States?		Yes		No				
Infor	a answer "Yes" to Item Numbers 20 21. below, provide an explanation in the space provided in Part 14. mation and see the Specific Instructions by Item Number , Part 9. Additional Information About You information.				ns for				
20.	Have you EVER been placed in removal, rescission, or deportation proceedings?		Yes		No				
21.	Have you EVER been removed or deported from the United States?		Yes		No				
	ral Law requires nearly all people born as male who are either U.S. citizens or immigrants, 18 through 25 yes Selective Service. See www.sss.gov .	ars of	age,	to reg	gister				
22.a.	Are you a male who lived in the United States at any time between your 18th and 26th birthdays? (Do not select "Yes" if you were a lawful nonimmigrant for all of that time period.)		Yes		No				
22.b.	If you answered "Yes," to Item Number 22.a., did you register for the Selective Service?		Yes		No				
22.c.	If you answered "Yes," to Item Number 22.b., provide information about your registration.								
	Date Registered (mm/dd/yyyy) Selective Service Number								
-	answered "No," to Item Number 22.b. see the Specific Instructions by Item Number, Part 9. Addition at You of the Instructions for more information.	al Inf	orma	tion					
If you	a answer "Yes" to Item Numbers 23 24., provide an explanation in the space provided in Part 14. Additional transfer of the space provided in Part 14.	ional 1	Infor	matic	n.				
23.	Have you EVER left the United States to avoid being drafted in the U.S. armed forces?		Yes		No				
24.	Have you EVER applied for any kind of exemption from military service in the U.S. armed forces?		Yes		No				
25.	Have you EVER served in the U.S. armed forces?		Yes		No				

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Par	et 9. Additional Information About You (continued)						
	, , , ,						
If you answered "No" to Item Number 25., go to Item Number 30.a.							
	Are you currently a member of the U.S. armed forces?	☐ Yes ☐ No					
26.b.	including to a vessel, within the next 3 months? (Call the Military Help Line at 877-247-4645 if you transfer to a new duty station after you file your Form N-400, including if you are deployed outside the United States or to a vessel.)						
26.c.	If you answered "Yes," to Item Number 26.a., are you currently stationed outside the United States?	Yes No					
26.d.	If you answered "No" to Item Number 26.a. , are you a former U.S. military service member who is currently residing outside of the U.S.?	Yes No					
If yo	a answer "Yes" to Item Numbers 27 29., provide an explanation in the space provided in Part 14. Addit	ional Information.					
27.	Have you EVER been court-martialed or have you received a discharge characterized as other than honorable, bad conduct, or dishonorable, while in the U.S. armed forces?						
28.	3. Have you EVER been discharged from training or service in the U.S. armed forces because you were an alien?						
29.	Have you EVER deserted from the U.S. armed forces?	Yes No					
	tem Numbers 30.a 37. see Specific Instructions by Item Number, Part 9. Additional Information Aber "Yes" to Item Number 30.a., provide an explanation in the space provided in Part 14. Additional Information	•					
30.a.	Do you now have, or did you EVER have, a hereditary title or an order of nobility in any foreign country?	to Item Number 31.)					
30.b.	If you answered "Yes," to Item Number 30.a. , are you willing to give up any inherited titles or orders	Yes No					
	of nobility, (list titles), that you have in a						
	foreign country at your naturalization ceremony?						
•	a answer "No" to any question except Item Number 33. , see the <i>Oath of Allegiance</i> section of the Instruct mation.	ions for more					
31.	Do you support the Constitution and form of Government of the United States?	Yes No					
32.	Do you understand the full Oath of Allegiance to the United States (see Part 16. Oath of Allegiance)?	Yes No					
33.	Are you unable to take the Oath of Allegiance because of a physical or developmental disability or mental impairment? If you answer "Yes," skip Item Numbers 34 37. and see the Legal Guardian , Surrogate , or Designated Representative section in the Instructions .						
34.	Are you willing to take the full Oath of Allegiance to the United States?	Yes No					
35.	If the law requires it, are you willing to bear arms (carry weapons) on behalf of the United States?	Yes No					
36.	If the law requires it, are you willing to perform noncombatant services (do something that does not include fighting in a war) in the U.S. armed forces?	Yes No					
37.	If the law requires it, are you willing to perform work of national importance under civilian direction (do non-military work that the U.S. Government says is important to the country)?	Yes No					

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Par	t 10. Request for a Fee Reduction	A-					
For information about fees, fee waivers, and reduced fees, see Form G-1055, Fee Schedule, at www.uscis.gov/g-1055 . To apply for a reduced fee, complete Item Numbers 1 5.b. If you are not eligible for a reduced fee, complete Item Number 1. and proceed to Part 11.							
1.	My household income is less than or equal to 400% of the Federal Poverty Guidelines (see Instructions for required documentation).						
	Yes (complete Item Numbers 2 5.b.)						
	No (skip to Part 11.)						
2.	Total household income:						
3.	My household size is:						
4.	Total number of household members earning income including yourself:						
5.a.	I am the head of household.				Yes [No	
5.b.	Name of head of household (if you selected "No" in Item Number 5.a.):						
Part 11. Applicant's Contact Information, Certification, and Signature Applicant's Contact Information							
Provi	de your daytime telephone number, mobile telephone number (if any), and email address (if any	y).					
1.	Applicant's Daytime Telephone Number 2. Applicant's Mobile Telephone	hone	Num	oer (if an	ıy)		
3.	Applicant's Email Address (if any)						
Applicant's Certification and Signature							
I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part 12. , understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.							
4.	Applicant's Signature (or signature of a legal guardian, surrogate, or designated representative, if applicable)		te of S m/dd/y	ignature yyyy)			
							

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Pa	rt 12. Interpreter's Contact Information, Certifica	ation	, and Signature		A-
Int	erpreter's Full Name				
1.	Interpreter's Family Name (Last Name)	In	terpreter's Given Name (I	₹ir	st Name)
2.	Interpreter's Business or Organization Name				
Int	erpreter's Contact Information				
3.	Interpreter's Daytime Telephone Number	4.	Interpreter's Mobile Telep	hc	one Number (if any)
5.	Interpreter's Email Address (if any)	•			
Int	erpreter's Certification and Signature				
I cer	tify, under penalty of perjury, that I am fluent in English and				,
	I have interpreted every question on the application and Instructi uage, and the applicant informed me that he or she understood ev				
6.	Interpreter's Signature		, 1		Date of Signature (mm/dd/yyyy)
\Rightarrow					
	her Than the Applicant eparer's Full Name				
1.	Preparer's Family Name (Last Name)	P ₁	reparer's Given Name (Fir	st	Name)
2.	Preparer's Business or Organization Name				
Pre	eparer's Contact Information				
3.	Preparer's Daytime Telephone Number	4.	Preparer's Mobile Telepl	ho	ne Number (if any)
5.	Preparer's Email Address (if any)				
Pre	eparer's Certification and Signature				
that a	tify, under penalty of perjury, that I prepared this application for all of the responses and information contained in and submitted information provided by the applicant. The applicant reviewed extands the responses and information in or submitted with the a	with the re	the application are comple esponses and information	ete	e, true, and correct and reflects
6.	Preparer's Signature			7	Date of Signature (mm/dd/yyyy)

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Pa	rt 14. Additions	A-						
If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number at the top of each sheet; indicate the Page Number , Part Number , and Item Number to which your answer refers; and sign and date each sheet.								
1.	Family Name (La	st Name)		Given Name (First Name)	Mi	ddle (if appl	icable)	
2.	Page Number	Part Number	Item Number					
3.	Page Number	Part Number	Item Number					
4.	Page Number	Part Number	Item Number					
5.	Page Number	Part Number	Item Number					
		L. D. 4.15	16 49.3	e USCIS officer instructs you	4.3		4•	

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Part 15. Signature at Interview	A-						
I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form N-400, Application for Naturalization, subscribed by me, including corrections, are complete, true, and correct. The evidence submitted by me are complete, true, and correct.							
Subscribed to and sworn to (affirmed) before me							
USCIS Officer's Printed Name or Stamp	Date of Signature (mm/dd/yyyy)						
Applicant's Signature	USCIS Officer's Signature						
Part 16. Oath of Allegiance							
If your application is approved, you will be scheduled for a naturalization ceremony at which time you will be required to take the following Oath of Allegiance immediately prior to becoming a naturalized citizen. By signing below you acknowledge your willingness to take this Oath:							
I hereby declare on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, of whom or which I have heretofore been a subject or citizen;							
that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign, and domestic;							
that I will bear true faith and allegiance to the same;							
that I will bear arms on behalf of the United States when required by the law;							
that I will perform noncombatant service in the armed forces of the United States when required by the law;							
that I will perform work of national importance under civilian direction when required by the law; and							
that I take this obligation freely, without any mental reservation or purpose of evasion; so help me God.							
Applicant's Signature	Date of Signature (mm/dd/yyyy)						

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