Form N-400 (Rev. 07/17/91)N

START HERE - Please Type or Print							FOR INS USE ONLY		
Part 1. Inf	ormation a	about you.				F	Returned	Receipt	
Family Name		Give Nam			Middle Initial	_			
U.S. Mailing Addr	ess - Care of:	I				_	Resubmitted		
Street Number and Name					Apt.	- [Resubmitted		
City			County			_			
State		L		Zip Code		_	Reloc Sent		
Date of Birth (month/day/year)			Country of Birth			-			
Social Security #			A #			_	Reloc Rec'd		
Part 2. Bas	sis for Elia	ibility (che	ck one).			_ '	Reloc Recu		
b.	een a permanent states Citizen for the ermanent resident plying on the basis	resident for at least f resident for at least the chose three years. In child of United States of qualifying military eted forms N-426 and ection of law)	nree (3) years es citizen pare y service in the	ent(s).		_	Applicant Interviewed		
		formation ab	out you.		_		request naturalizat	ion ceremony at court	
Date you became a permanent resident (month/day/year) Port admitted with an immigrant visa or INS Office where granted adjustment of status.			_	Remarks					
Citizenship		l							
Name on alien regi	stration card (if di	ifferent than in Part 1)						
Other names used	since you becam	e a permanent reside	ent (including r	maiden nam	ne)				
Sex Male		Marital S		ingle larried	☐ Divorced ☐ Widowed	_			
Can you speak, rea	ad and write Engli	sh? □N	o			_	Action		
If you answered "\	sent from the U.S	. since becoming a p e following. Begin w on for an absence or	ith your most r	ecent abse	☐ No ☐ Yes nce. If you on separate				
Date left U.S.	Date returned	Did absence last 6 months or more?	Destina	ation	Reason for trip				
		☐ Yes ☐ No			<u> </u>				
		☐ Yes ☐ No					Attorney or R	ompleted by epresentative, if any	
		☐ Yes ☐ No				_	Fill in box if G-2 the applicant	8 is attached to represent	
		☐ Yes ☐ No					OLAG#		
		☐ Yes ☐ No					TTY State License	: #	
	1					– ^		· ••	

Continued on back.

Part 4. Information ab	out your re	sidence	es and	employme	ent.					
List your addresses during the last to need more space, continue on separate.		ce you beca	ame a perr	manent resident,	whichever is	less. Be	egin with your	current addres	s. If you	
Street N	lumber and Name,	Citv. State.	Country, a	and Zip Code				Dates (month		
				ap				From	То	
B. List your employers during the last f on separate paper:	ive (5) years. List	your presen	nt or most r	ecent employer fi	irst. If none,	write "N	one". If you n	eed more spac	e, continue	
Employer's Name		Employer'	Employer's Address			Dates Employed (month/day/yea			Occupation/position	
	Street Number a	nd Name, City	, State, Coun	try, Zip Code	From		То	·		
Part 5. Information at	out your m	arital h	istory	•						
A. Total number of times you have be	een married	If you	are now m	arried, complete	the following	regardir	ng your husba	nd or wife.		
Family name			Given na	ame				Middle initial		
Address								1		
Date of birth (month/day/year)	Country	Country of birth			Citizenship					
Social Security#				, , , ,			Immigration Status (If not U.S. citizen)			
Naturalization (if applicable)		Dia	(0:1	0(515)		`	,			
(month/day/year)		Pla		y, State)						
If you have ever previously been marrie prior spouse, date of marriage, date m.							lowing on sepa	arate paper: N	ame of	
Part 6. Information ab	out your ch	nildren.	ı							
B. Total number of Childrenaddress column; otherwise give the more space, continue on separate	e city/state/country	-	-			-			you need	
Full name of child	Date of birth	Country of	of birth	Citizenship	A - Nu	ımber		Address	<u></u>	

Part 7. Additional eligibility factors.

Please answer each of the following questions. If your answer is "Yes", explain on a separate paper.

1.	Are you now or have you ever been a member of, or in any way connected or associated with the Communist Party, or ever			
	knowingly aided or supported the communist party directly, or indirectly through another organization, group or person, or ever			
	advocated, taught, believed in, or knowingly supported or furthered the interests of communism?	☐ Yes	□ No	
2.	During the period March 23, 1933 to May 8, 1945, did you serve in, or were you in any way affiliated with, either directly or			
	indirectly, any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, citizen unit of the Nazi party of SS,			
	government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, detention camp			
	or transit camp, under the control or affiliated with:			
	a. The Nazi Government of Germany	□ Voc	No	
	b. Any government in any area occupied by, allied with, or established with the assistance or cooperation of, the Nazi	Yes	INO	
	Government of Germany?	Yes	□ No	
3.	Have you at any time, anywhere, ever ordered, incited, assisted, or otherwise participated in the persecution of any person	163		
٥.	because of race, religion, national origin, or political opinion?	Yes	□ No	
4.	Have you ever left the United States to avoid being drafted into the U.S. Armed Forces			
4 . 5.	Have you ever failed to comply with Selective Service laws?	☐ Yes	∐ No	
J.	If you have registered under Selective Service laws, complete the following information:	Yes	No	
	Selective Service Number: Date Registered:			
	If you registered before 1978, also provide the following:			
	Local Board Number: Classification:			
6	Did you ever apply for exemption from military service because of alienage, conscientious objections, or other reasons?	Yes	No	
6. 7		☐ Yes	□ No	
7.	Have you ever deserted from the military, air or naval forces of the United States?		□ No	
8.	Since becoming a permanent resident, have you ever failed to file a federal income tax return?	Yes Yes ✓	INO	
9.	Since becoming a permanent resident, have you filed an income tax return as a nonresident or failed to file a federal return	Yes	□ No	
40	because you considered yourself to be a nonresident?			
10.	Are deportation proceedings pending against you, or have you ever been deported, or ordered deported, or have you ever applied	□ Voc	□ No	
	for suspension of deportation?	☐ Yes	_	
	Have you ever claimed in writing, or in any way, to be a United States citizen?	Yes	☐ No	
12.	Have you ever:	□ V	□ N-	
	a. been a habitual drunkard?	Yes	☐ No	
	b. advocated or practiced polygamy?	Yes	No	
	c. been a prostitute or procured anyone for prostitution?	Yes	No	
	d. knowingly and for gain helped any alien to enter the U.S. illegally?	Yes	No	
	e. been an illicit trafficker in narcotic drugs or marijuana?	Yes	No	
	f. received income from illegal gambling?	Yes	☐ No	
	g. given false testimony for the purpose of obtaining any immigration benefit?	Yes	No	
13.	Have you ever been declared legally incompetent or have you ever been confined as a patient in a mental institution?	Yes	No	
14.	Were you born with, or have you acquired in some way, any title or order of nobility in any foreign State?	Yes	No	
15.	Have you ever:			
	a. knowingly committed any crime for which you have not been arrested?	Yes	No	
	b. been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance			
	excluding traffic regulations?	Yes	No	
(If y	you answer yes to 15, in your explanation give the following information for each incident or occurrence: the city, state, and			
	intry, where the offense took place, the date and nature of the offense, and the outcome or disposition of the case).			
	Part 8. Allegiance to the U.S.			
Ī	If your answer to any of the following questions is "NO", attach a full explanation:			_
	1. Do you believe in the Constitution and form of government of the U.S.?	Yes	☐ No	
	2. Are you willing to take the full Oath of Allegiance to the U.S. (see instructions)	Yes	☐ No	
	3. If the law requires it, are you willing to bear arms on behalf of the U.S.?	Yes	No	
	4. If the law requires it, are you willing to perform noncombatant services in the Armed Forces of the U.S.?	Yes	No	
	5. If the law requires it, are you willing to perform work of national importance under civilian direction?	Yes	No	

Continued on back

Part 9. Membershi	ps and Organizations		
United States or in any other	nembership in or affiliation with every organization, a rplace. Include any military service in this part. If the organization. If additional space is needed, use services.	none, write "none". Include the name of organ	• .
Part 10. Complete	only if you checked block " C "	in Part 2.	
How many of your parents are U.S	S. citizens?	the following about one U.S. citizen parent:)	
Family Name	Given Name	Middle Initial	
Address			
Basis of citizenship:	Relationship to you (check one:): natural p	parent adoptive parent	
☐ Birth☐ Naturalization Cert. No.	□ parent o	child legitimated after birth	
	give date of adoption, or, legitimation: (month/day/y	ear)	
Does this parent have legal custod	y of you?		
Attach a copy of relating ev	vidence to establish that you are the child	of the U.S. citizen and evidence of t	his parent's citizenship.)
Part 11. Signature	(Read the information on the penalties in the instr	uctions before completing this section).	
I certify, or, if outside the United S	tates, I swear or affirm, under penalty of perjury und	er the laws of the United States of America tha	t this application, and the
	ue and correct. I authorize the release of any inform	ation from my records which the Immigration a	nd Naturalization Service
needs to determine eligibility for the Signature	e benefit I am seeking.		Date
Olghature			Date
	pletely fill out this form, of fail to submit the required and this application may be denied.	documents listed in the instructions, you may n	ot be found eligible
Part 12. Signature	of person preparing form if oth	er than above. (Sign below)	
I declare that I prepared this applie	cation at the request of the above person and it is ba	sed on all information of which I have knowled	ge.
Signature	Print your Name	Date	•
Firm Name and Address			
DO NOT COM	IDLETE THE FOLLOWING LINTH INCT	DUCTED TO DO SO AT THE INTER	
DO NOT COM	IPLETE THE FOLLOWING UNTIL INST	ROCTED TO DO SO AT THE INTER	KVIEVV
pages, 1 through	nts of this application, and supplemental, and that the corrections, numbered 1 nade at my request and that this amended of my knowledge and belief.	Subscribed and sworn to before me b	by the applicant.
		(Examiner's Signature)	Date
(Complete and true sign	ature of applicant)		

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