U.S. DEPARTMENT OF JUSTICE IMMIGRATION AND NATURALIZATION SERVICE

APPLICATION FOR CERTIFICATE OF CITIZENSHIP

OMB No. 1115-0018				FEE STAMP					
Take or mail this IMMIGRAT		URALIZATION S	SERVICE						
				Date					
(Print or type)		(Full, True Name, without Abbr	roviations)		nee	en name, if any)			
		(Full, Frue Ivalie, without Aool	reviations)						
	(Apartment number, Street address, and, if appropriate, "in c)	A	LIEN REGISTRATION			
	(City)	(County)	(State)	(ZIP Code)	No.				
,	ply to the Comm	BE SURE YOU UI	tion and Naturaliz	zation for a certi	ON BEFORE YOU ificate showing that I	am a citizen of the			
	• ,• •		(State or						
(2) My personal de		Sex;inches; weight	complexion	; color	(Name of ship or other	; color of hair ; ; means of arrival);			
· ·		Marital status:	-			☐ Widow(er)			
(3) I arrived in the			U		on _	_			
under the name						(Month) (Day) (Teal)			
☐ on U.S. Passpo ☐ on an Immigra		iss ther (specify)			on				
(4) FILL IN TI	HIS BLOCK ONL	Y IF YOU ARRIVED	IN THE UNITED	STATES BEFO	RE JULY 1, 1924.				
(a) My last perm	nanent foreign resid	dence was		City)		(Country)			
(b) I took the sh	ip or other conveys	ance to the United Stat	tes at	(City)		(Country)			
(c) I was comin	g to	(Name of person in the Unite	ed States)	at	(City and State where this per	son was living)			
(d) I traveled to	the United States v	vith (Name	e of passengers or relatives v	with whom you traveled,	and their relationship to you, if an	ıy)			
(5) Have you been for every absence.	out of the United S	States since you first a	rrived?	□Yes □N	No: If "Yes" fill in the	following information			
DATE DEPARTED	DATE RETURNED	NAME OF AIRLINE, OR THE UNITED STATE	OTHER MEANS USE ES	DTO RETURN TO	PORT OF RETURN T	TO THE UNITED STATES			
(If "have", attach ful	l explanation.)	etition for naturalization		oolow Continu	ue en nevt nege				
	VAL RECORDS EX	t write between th	e double iiiles l		ARRIVAL RECORD F	OUND			
~]			Date			
				Name					
Manifests				 Manner					
					(Signature of person making sea	nrch)			

(1) Form N-600 (Rev. 04/11/91) Y GPO : 1993 O - 338-040

(7) I claim United States citizenship through my (check	ck whichever applicable) \Box father; \Box mother; \Box both parents
☐ adoptive parent(s) ☐ husband	
(8) My father's name is	; he was born on (Month) (Day) (Year)
	; and resides at (Street address, city, and State or country. If dead, write
"dead" and date of death.) He became a citizen of the United State	
in the(Name of court, city, and State)	
through his parent(s), and (was) (was not)	issued Certificate of Citizenship No. A or AA
(If known) His former Alien Registration No. was	
He lost United States citizenship. (If citizen	nship lost, attach full explanation)
He resided in the United States from to (Year) to	; from to; from to; from to(Year)
from to; from to to	; I am the child of his marriage.
(9) My mother's present name is	; her maiden name was
she was born on ${}$ (Month) ${}$ (Day) ${}$ (Year) ; at ${}$	(City); she resides
at(Street address, city, and State or country. If dead, write "dead" and date of de	She became a citizen of the United States
by □ birth; □ naturalization under the name of	
onin the	(Name of court, city, and State)
Certificate of Naturalization No;	
of Citizenship No. A or AA(If I	(was) (was not)
She lost United States citizenship. (If citizenship.	nship lost, attach full explanation)
	; from; from; from; from; from;
to; from; I am the child of	f her (1st, 2d, 3d, etc.) marriage.
(10) My mother and my father were married to each other on	(Month) (Day) (Year) at (City) (State or country)
(11) If claim is through adoptive parent(s): I was adopted on	in the
(Month) (Day) (Year)	in the (Name of Court)
at(City or town) (State) (Country)	by my (mother, father, parents)
who were not United States citizens at that time.	
(12) My served in the Armed Forces of the	e United States from (Date)
to and	honorably discharged.
	(If citizenship lost, attach full explanation.)
(14) I submit the following documents with this application.	
Nature of Document	Names of Persons Concerned

NAME OF RELATIVE		RELATIONSHIP	Date of	f Birth		APPLICATION IBMITTED	CERTIFICATE NO. AND FILE NO., IF KNO AND LOCATION OF OFFICE			
6) Fill in this b	lock only if your are now	or ever have been a	narried	woman. I	have b	een married			time(s), as	
ollows:								(1,	(, 2, 3, etc.)	
DATE MARRIED	NAME OF	NAME OF HUSBAND			CITIZENSHIP OF HUSBAND			IF MARRIAGE HAS BEEN TERMINA		
					0112210111 01 120051		Di	ate Marriage How Marriage Ended (Death or divorce)		
									+	
7) Fill in this bi	lock only if you claim citi	zenship through a hu	sband.		(Ma	arriage musi	have o	ccurred pri	ior to September 22,	
ame of citizen l	nusband	(Give full and complete na	me)		; i	he was born	on	(Month)) (Day) (Year)	
(City)	(State or co	; and	resides	at		(Street address, c	ity and Sta	te or country. If	dead write	
"dead" and date of de	He became	a citizen of the Unite				birth; \square na	•	•		
the	,			Certit	icate o	f Naturalizat	ion No.		(Month) (Day) (1	
through his p		State) iSSU6	ed Certi	ficate of C						
	(was)	(was not)		(IC ::						
	since lost Unit				_	lost, attach	full exp	lanation.)		
am of the	race	e. Before my marr	rage to	him, he w	as mar	ried	(1,	2, 3, etc.)	time(s), as follows	
DATE MARRIEI	<u> </u>	NAME OF WIFE				_		· ** · - *	_	
		TAME OF WILE							BEEN TERMINATED:	
		TVAIVE OF WIFE				Date Marriage		AGE HAS E How Marriage		
		TANE OF WILE								
(8) Fill in this b	lock only if you claim citi		r stepfa	her.	(Appl		Ended	How Marriage	e Ended (Death or divord	
8) Fill in this bi	lock only if you claim citi	zenship through you	•			Date Marriage	Ended f mothe	How Marriage	e Ended (Death or divordiverse) J.S. Citizen	
8) Fill in this b prior to Sep he full name of	lock only if you claim citi tember 22, 1922.) my stepfather is	zenship through you				Date Marriage	f mothe	How Marriage r married U	U.S. Citizen (Day) (Year)	
8) Fill in this bing prior to September full name of	lock only if you claim citi tember 22, 1922.) my stepfather is	zenship through your	esides a	t		icable only i	f mother	r married U (Month	U.S. Citizen (Day) (Year) dead, write	
8) Fill in this bi prior to Sep he full name of (City)	lock only if you claim citi tember 22, 1922.) my stepfather is (State or countr th.)	zenship through your ; and rough your ; and rough your	esides a	ts by	□ bir	icable only i	f mother	How Marriage r married U	U.S. Citizen (Day) (Year) dead, write	
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APPLICANT - Do not fill in or sign anything on this page

AFFIDAVIT

I, the(Applicant, parent, guardian)	,do swear	Subscribed and sworn to before me upon examination of the					
that I know and understand the contents of the	applicant (parent, guardian) at, this day of, 19						
igned by me, and of attached supplementary pages num-				day 01	, 17		
ered () to (), inclusive; that the same		and continue	e solely for:				
est of my knowledge and belief: and that co							
ered () to () were made by me or a	at my request.						
(Signature of applicant, parent, guardia			(Offi	icer's Signature and T	ide)		
(Signature of applicant, parent, guardia			(OIII	eer s Signature and 1	THE)		
REPORT	T AND RECOMMENDA	ATION ON AP	PLICATIO	ON			
On the basis of the documents, records,				appearance of the	ne underage		
eneficiary, I find that all the facts and concl				•			
pplicant didderive or acquire U	nited States citizenship on	n (Month) (Day) (Yea			rough		
nd that (s)he been expa	atriated since that time. I reco	mmend that this a	pplication be		and tha		
(has) (has not) Certificate of citizenship be				(g	granted) (denied)		
n addition to the documents listed in Item 1-	4, the following documents a	nd records have be	een examined	:			
Person Examined	Address			ationship Applicant	Date Testimony Heard		
pplementary Report(s) No.(s)	Δtta						
,19	/ Ytta	iched.		(Officer's Signature and Title)			
o concur in the recommendation		ched. 	(Officer	's Signature and Title	s)		
concar in the recommendation			(Officer	's Signature and Title	·)		
te, 19	n.	ched. 	(Officer	's Signature and Title)		