

APPLICATION FOR CERTIFICATE OF CITIZENSHIP

OMB No. 1115-0018

FEE STAMP



Take or mail this application to:
IMMIGRATION AND NATURALIZATION SERVICE

Date _____

(Print or type) _____ nee _____
(Full, True Name, without Abbreviations) (Maiden name, if any)

(Apartment number, Street address, and, if appropriate, "in care of")

(City) (County) (State) (ZIP Code)

(Telephone Number)

ALIEN REGISTRATION
No. _____

(SEE INSTRUCTIONS. BE SURE YOU UNDERSTAND EACH QUESTION BEFORE YOU ANSWER IT.)

I hereby apply to the Commissioner of Immigration and Naturalization for a certificate showing that I am a citizen of the United States of America.

(1) I was born in _____ on _____
(City) (State or country) (Month) (Day) (Year)

(2) My personal description is: Sex _____; complexion _____; color of eyes _____; color of hair _____;
height _____ feet _____ inches; weight _____ pounds; visible distinctive marks _____
(Name of ship or other means of arrival)
Marital status: Single Married Divorced Widow(er)

(3) I arrived in the United States at _____ on _____
(City and State) (Month) (Day) (Year)
under the name _____ by means of _____

on U.S. Passport No. _____ issued to me at _____ on _____
 on an Immigrant Visa Other (specify) _____

(4) **FILL IN THIS BLOCK ONLY IF YOU ARRIVED IN THE UNITED STATES BEFORE JULY 1, 1924.**

(a) My last permanent foreign residence was _____
(City) (Country)

(b) I took the ship or other conveyance to the United States at _____
(City) (Country)

(c) I was coming to _____ at _____
(Name of person in the United States) (City and State where this person was living)

(d) I traveled to the United States with _____
(Name of passengers or relatives with whom you traveled, and their relationship to you, if any)

(5) Have you been out of the United States since you first arrived? Yes No: If "Yes" fill in the following information for every absence.

DATE DEPARTED	DATE RETURNED	NAME OF AIRLINE, OR OTHER MEANS USED TO RETURN TO THE UNITED STATES	PORT OF RETURN TO THE UNITED STATES

(6) I _____ filed a petition for naturalization.
(have) (have not)

(If "have", attach full explanation.)

TO THE APPLICANT — Do not write between the double lines below. Continue on next page.

ARRIVAL RECORDS EXAMINED	ARRIVAL RECORD FOUND
Card index _____	Place _____ Date _____
Index books _____	Name _____
Manifests _____	Manner _____
_____	Marital status _____ Age _____
_____	(Signature of person making search)

(7) I claim United States citizenship through my _____ (*check whichever applicable*) father; mother; both parents

adoptive parent(s) husband

(8) My father's name is _____; he was born on _____ (Month) (Day) (Year)

at _____ (City) (State or country); and resides at _____ (Street address, city, and State or country. If dead, write

_____ He became a citizen of the United States by birth; naturalization on _____ (Month) (Day) (Year)

in the _____ (Name of court, city, and State) Certificate of Naturalization No. _____

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 citizenship lost, attach full explanation*)

(has) (has not)

He resided in the United States from _____ (Year) to _____ (Year); from _____ (Year) to _____ (Year); from _____ (Year) to _____ (Year);

from _____ (Year) to _____ (Year); from _____ (Year) to _____ (Year); I am the child of his _____ (1st, 2d, 3d, etc.) marriage.

(9) My mother's present name is _____; her maiden name was _____;

she was born on _____ (Month) (Day) (Year); at _____ (City) (State or country); she resides

at _____ (Street address, city, and State or country. If dead, write "dead" and date of death.) She became a citizen of the United States

by birth; naturalization under the name of _____

on _____ (Month) (Day) (Year) in the _____ (Name of court, city, and State)

Certificate of Naturalization No. _____; through her parent(s), and _____ (was) (was not) issued Certificate

of Citizenship No. A or AA _____ (If known) Her former Alien Registration No. was _____

She _____ lost United States citizenship. (*If citizenship lost, attach full explanation*)

(has) (has not)

She resided in the United States from _____ (Year) to _____ (Year); from _____ (Year) to _____ (Year); from _____ (Year) to _____ (Year); from _____ (Year)

to _____ (Year); from _____ (Year) to _____ (Year); I am the child of 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 _____ (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 _____ (father) (mother) served in the Armed Forces of the United States from _____ (Date)

to _____ (Date) and _____ (was) (was not) honorably discharged.

(13) I _____ (have) (have not) lost my United States citizenship. (*If citizenship lost, attach full explanation.*)

(14) I submit the following documents with this application.

Nature of Document

Names of Persons Concerned

(15) Fill in this block if your brother, sister, mother or father ever applied to the Immigration Service for a certificate of citizenship.

NAME OF RELATIVE	RELATIONSHIP	Date of Birth	WHEN APPLICATION SUBMITTED	CERTIFICATE NO. AND FILE NO., IF KNOWN AND LOCATION OF OFFICE

(16) Fill in this block only if you are now or ever have been a married woman. I have been married _____ time(s), as follows: (1, 2, 3, etc.)

DATE MARRIED	NAME OF HUSBAND	CITIZENSHIP OF HUSBAND	IF MARRIAGE HAS BEEN TERMINATED:	
			Date Marriage Ended	How Marriage Ended (Death or divorce)

(17) Fill in this block only if you claim citizenship through a husband. (Marriage must have occurred prior to September 22, 1922.)

Name of citizen husband _____; he was born on _____ (Month) (Day) (Year)
 at _____ (City) _____ (State or country); 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 States by birth; naturalization on _____ (Month) (Day) (Year)
 in the _____ (Name of court, city, and State) Certificate of Naturalization No. _____;
 through his parent(s), and _____ (was) (was not) issued Certificate of Citizenship No. A or AA _____
 He _____ (has) (has not) since lost United States citizenship. (If citizenship lost, attach full explanation.)
 I am of the _____ race. Before my marriage to him, he was married _____ (1, 2, 3, etc.) time(s), as follows:

DATE MARRIED	NAME OF WIFE	IF MARRIAGE HAS BEEN TERMINATED:	
		Date Marriage Ended	How Marriage Ended (Death or divorce)

(18) Fill in this block only if you claim citizenship through your stepfather. (Applicable only if mother married U.S. Citizen prior to September 22, 1922.)

The full name of my stepfather is _____; he was born on _____ (Month) (Day) (Year)
 at _____ (City) _____ (State or country); 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 States by birth; naturalization on _____ (Month) (Day) (Year)
 in the _____ (Name of court, city, and State) Certificate of Naturalization No. _____;
 through his parent(s), and _____ (was) (was not) issued Certificate of Citizenship No. A or AA _____
 He _____ (has) (has not) since lost United States citizenship. (If citizenship lost, attach full explanation.)
 He and my mother were married to each other on _____ (Month) (Day) (Year) at _____ (City and State or country)
 My mother is of the _____ race. She _____ (was) (was not) issued Certificate of Citizenship No. A _____
 Before marrying my mother, my stepfather was married _____ (1, 2, 3, etc.) time(s), as follows:

DATE MARRIED	NAME OF WIFE	IF MARRIAGE HAS BEEN TERMINATED:	
		Date Marriage Ended	How Marriage Ended (Death or divorce)

(19) I _____ (have) (have not) previously applied for a certificate of citizenship on _____ (Date), at _____ (Office)

(20) Signature of person preparing form, if other than applicant. I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

SIGNATURE: _____

ADDRESS: _____ DATE: _____

(SIGN HERE) _____ (Signature of applicant or parent or guardian)

APPLICANT - Do not fill in or sign anything on this page

AFFIDAVIT

I, the _____, do swear
(Applicant, parent, guardian)
that I know and understand the contents of this application,
signed by me, and of attached supplementary pages num-
bered () to (), inclusive; that the same are true to the
best of my knowledge and belief: and that corrections num-
bered () to () were made by me or at my request.

(Signature of applicant, parent, guardian)

Subscribed and sworn to before me upon examination of the
applicant (parent, guardian) at _____
_____, this _____ day of _____, 19 _____
and continue solely for:

(Officer's Signature and Title)

REPORT AND RECOMMENDATION ON APPLICATION

On the basis of the documents, records, and persons examined, and the identification upon personal appearance of the underage beneficiary, I find that all the facts and conclusions set forth under oath in this application are _____ true correct; that the applicant did _____ derive or acquire United States citizenship on _____, through _____, (Month) (Day) (Year)

and that (s)he _____ (has) (has not) been expatriated since that time. I recommend that this application be _____ (granted) (denied) and that _____ Certificate of citizenship be _____ issued in the name of _____

^(A) ^(AA)
In addition to the documents listed in Item 14, the following documents and records have been examined:

<i>Person Examined</i>	<i>Address</i>	<i>Relationship to Applicant</i>	<i>Date Testimony Heard</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Supplementary Report(s) No.(s) _____ Attached.

Date _____, 19 _____ _____
(Officer's Signature and Title)

I do _____ concur in the recommendation.

Date _____, 19 _____ _____
(Signature of District Director or Officer in Charge)