#### Instructions

Please read these instructions carefully.

If you do not follow the instructions, we may have to return your application which may delay final actions.

Complete only Part I of this application. Do not write in Parts II, III, or IV.

#### **General Information**

Public Law 101-249 provides for the granting of United States citizenship to an alien or noncitizen national whose death resulted from injury or disease incurred on active duty with the United States Armed Forces during specified periods of military hostilities. Posthumous citizenship is an honorary status commemorating the bravery and sacrifices of these persons; it does not convey any benefits under the Immigration and Nationality Act to any relative of the decedent. If your application is approved, you will be issued a Certificate of Citizenship (N-645) in the name of the decedent. The certificate establishes only that the person is considered to be a citizen of the United States as of the date of his/her death, and is invalid for all other purposes.

## Who is eligible for Posthumous Citizenship?

Any alien or noncitizen national of the United States who dies because of injury or disease incurred in or aggravated by honorable, active duty service in the military, air or naval forces of the United States during:

- a) WWI (4/6/17 11/11/18); or
- b) WWII (9/1/39 12/31/46); or
- c) Korean Hostilities (6/25/50 7/1/55); or
- d) Vietnam Hostilities (2/28/61 10/15/78); or
- e) Grenada Campaign (10/25/83 11/2/83). (Qualifying active duty service includes: service conducted on the islands of Grenada, Green Hog, and those islands adjacent to Grenada in the Atlantic Seaboard where such service was in direct support of the military operations in Grenada, the adjacent seas where operations were conducted, and at the Grantly Adams International Airport in Barbados); or
- Other periods of military hostilities as designated by Executive Order of the President.

Eligible service also includes those who enlisted under the Lodge Act of June 30, 1950, and were honorably discharged after completion of at least five full years of service.

Also, to qualify for posthumous citizenship, the decedent must have been inducted, enlisted or reenlisted in the United States, Panama Canal Zone, American Samoa, or Swains Island, or been admitted to the United States as a lawful permanent resident.

#### Who can file?

You may file this form only if your relationship to the decedent was:

- a) Spouse; or
- b) Father/Mother; or
- c) Son/Daughter; or
- d) Brother/Sister; or

You are the representative defined as:

- e) Executor or Administrator of Decedent's estate; or
- f) Guardian, Conservator, or Committee of Decedent's Next-of-Kin; or
- g) Service organization recognized by the Department of Veterans Affairs.

### What documents need to be submitted?

- a) Authorization affidavits. Except if you are the spouse, or executor or administrator of the decedent's estate, you must obtain authorization from all living members of the groups preceding you before your application can be processed. For example, if you are in group (d) of the section, Who can file?, you must obtain authorization affidavits from all members of groups (c), (b), and (a). The authorization must be in the form of an affidavit giving you permission to proceed with the application to award United States citizenship to the decedent and must include the name and address of the affiant and the relationship of the affiant to the decedent. If the affidavit is in a language other than English, it must be accompanied by a certified English translation.
- b) If you are in group (e) or (f) of the section, Who can file?, you must submit a certified copy of your letter of appointment as the executor or administrator of the decedent's estate, or as the guardian, conservator, or committee of the decedent's next-of-kin.
- c) If you are in group (g) of the section, **Who can file?**, you must submit evidence of recognition by the Department of Veterans Affairs.
- d) To assist the executive departments in certifying the decedent's military service and service-connected death, you should submit a legible copy of each of the following documents, if available:

- DD 214, Certificate of Release or Discharge from Where should you file the application? Active Duty, or
- DD 1300, Report of Casualty/Military Death Certificate, or
- Any other Military or State issued death certificate.

The failure to submit any of these documents may delay the certification process, but will not automatically result in the denial of your application.

### When must the application be filed?

The application must be filed no later than two years after

- a) March 6, 1990, or
- b) the date of the decedent's death, whichever is later.

### How should you prepare this form?

- a) Type or print legibly in ink.
- b) If you need extra space to complete any item, attach a continuation sheet, indicate the item number, and date and sign each sheet.
- c) Answer all questions fully and accurately. If any item does not apply, please write "none".

#### What is the fee?

You must pay \$60.00 to file this form. The fee will not be refunded, whether the application is approved or not. All checks or money orders, whether U.S. or foreign, must be payable in U.S. currency at a financial institution in the United States. Do not mail cash. When a check is drawn on the account of a person other than yourself, write your name on the face of the check. INS will charge you \$5.00 for any check you render that is not honored. Pay by check or money order in the exact amount. Make the check or money order payable to "Immigration and Naturalization Service."

#### Will you have to appear for an interview?

No; however, if the application is approved, and you reside outside the United States, you will be required to appear at the nearest American Embassy or Consulate to sign for the Certificate of Citizenship (N-645).

Mail this form with supporting documents, if required, to the INS Service Center having jurisdiction over your place of residence. The address and the respective areas of jurisdiction to the appropriate center are as follows:

a) if you reside in Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virgin Islands, Virginia, or West Virginia, send the completed application and fee to:

> **Immigration and Naturalization Service Service Center** 1 A Lemnah Drive St. Albans, Vermont 05479-0001

b) if you reside in Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, or Texas, send the completed application and fee to:

**Immigration and Naturalization Service Service Center** P.O. Box 568808 Dallas, Texas 75356-8808

c) if you reside in Alaska, Colorado, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington, Wisconsin, or Wyoming, send the completed application and fee to:

> **Immigration and Naturalization Service Service Center** Federal Building and U.S. Courthouse Room B26 -- 100 Centennial Mall North Lincoln, Nebraska 68508-1619

d) if you reside in Arizona, California, Guam, Hawaii or Nevada, send the completed application and fee to:

**Immigration and Naturalization Service Service Center** P.O. Box 30111 Laguna Niguel, California 92677-8111

e) If you reside outside the United States, mail your application to any one of the four Service Centers.

#### What are the penalties for submitting false information?

Title 18, United States Code, Section 1001, states whoever willfully and knowingly falsifies a material fact, makes a false statement, or makes use of a false document will be fined up to \$10,000 or imprisoned up to five (5) years or both.

# What is the authority for collecting this information?

We request information on this form to carry out the immigration laws contained in Title 8, United States Code 1225. We need this information to determine your eligibility to file this application, and the decedent's eligibility for Posthumous citizenship. The information you provide may also be disclosed to other federal agencies as part of the adjudication of this application. You do not have to give this information; however, if you refuse, your application may be denied.

#### What is the Reporting Burden?

Public reporting burden for this collection of information is estimated to average one hour and fifty minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Justice, Immigration and Naturalization Service (Room 5301), Washington, D.C.20536; and to the Office of Management and Budget, Paperwork Reduction Project, OMB No. 1115-0173, Washington, D.C. 20503.

Immigration and Naturalization Service

# OMB #1115-0173 **Application for Posthumous Citizenship**

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Fee Stamp		

	RT I - To be Completed by the Applicant				
<b>A.</b> 1.	Information about you, the Applicant Name (Last/First/Middle)		6.	Your Relationship to Decedent at time of his/her dea	th (check one box)
				Next of Kin	
2.	Address (Street Name and Number)			a. Spouse	
				b. Parent	
	(Town/City, State/Country, ZIP/Postal Code)			c. Son/Daughter	
				d. Brother/Sister	
3.	If abroad, city/country of nearest American Embassy of	or Consulate		Representative	
				e. Executor or Administrator of Decedent's Estat	е
4.	Telephone Number (Include Area Code)			f. Guardian, Conservator, or Committee of Dece	dent's Next-of-Kin
	, , , , , , , , , , , , , , , , , , ,			g. VA Recognized Service Organization (Name b	elow)
5. Total number of authorization affidavits attached (see instructions)			(Name of Service Organization)		
В.	Information about the Decedent				
	Name Used During Active Service (Last/First/Middle)		21.	VA Claim Number (if any)	
2.	Other Names Used		22.	Total number of children (if none, write none)	
				( , , , , , , , , , , , , , , , , , , ,	
3.	Date of Birth (Month/Day/Year) 4. Place of Birth (City.	/State/Country)	23.	Complete the following for each child.	
				Name (Last, First) Date of Birth (Month/Day/Yea	r)
5.	Date of Death (Month/Day/Year) 6. Place of Death (Cit	ty/State/Country)			Living
					Deceased
7.	Immigration Status at Time of Death (Permanent Residue)	dent, Student, Visitor,			Living
	etc.)				Deceased
					Living
					Deceased
8.	Alien Registration Number or other INS File Number		24.	Total number of brothers and sisters (if none, write non	e)
9.	Social Security Number		25.	Complete the following for each brother and sister.	
				Name (Last, First) Date of Birth (Month/Day/Yea	•
10.	Father's Full Name a.	Living			Living
	b.	Deceased			Deceased
11.	Mother's Maiden Name a.	Living			Living
	b.	Deceased			Deceased
12.	Marital Status at time of death a.	Married			Living
	b.	Widowed			Deceased
	C.	Divorced		Certification of Applicant	a Hairad Oraca
12	d.  Military Carries Carial Number //f different from Carial Ca	Single		ertify, under penalty of perjury under the laws of the	ie United States
13.	Military Service Serial Number (If different from Social Se	curity #)		erica, that the information in Part I is true and correct.  nature	Date
14.	Date Entered Active Duty Service (Month/Day/Year)			indiate	Date
				Declaration of Person Preparing Form, if other t	han above.
15.	Place Entered Active Duty Service (City/State/Country)		l de	clare that I prepared this document at the request of the	e person above ar
			that	tit is based on all information of which I have any know	rledge.
16.	Date Released from Active Duty Service (Month/Day/Ye	ear)	Sigr	nature	Date
17.	Branch of Service 18. Type of	Discharge	— Nan	me (print or type)	

Address

20. Retired from military? Yes

19. Military Rank at Time of Discharge

	RT II - be Completed by the Applicable Executive Depa	rtment				
1.	No Active Duty Records Found For This Individual	7.	Rec	ord of Death Foun	nd	
2.	•	,.		mplete a and b)	iu	
3.	·		a.	Date of death		
4.	Name of Decedent Different in Records					
•	(List name shown in records)		b.	Death resulted	from injui	ry or disease incurred in or
					-	ervice during a period of military
5.	Active Duty Service Records Found			hostilities specifie	-	
	(complete a through f)			Yes	No	Unable to Determine
	a. Branch of Service	8.	Certifica	tion		
			I certify t	he information give	en here cor	ncerning the
,	b. Date Entered Active Duty Service		(check o	ne or both, as app	ropriate)	
			Ser	vice	Death	
	c. Place Entered Active Duty Service (City/State/Counti	ry)	of the ir	ndividual named o	on this for	m is correct according to the
			records of	of the (Name below)		
	d. Service Number		(Spe	ecify Executive Depar	rtment)	
•	e. Date Released from Service		Signature	е		Date
	f. Honorable Service During a Period of Hostilities Sp	pecified				
	by Law? Yes No					
6.	Individual Entered Service under the Lodge Act?	.:	Title			
==	Yes No Unable to Determ					
Info	RT III - To be Completed by the Department or ormation Operations and Reports	of Defense,	wasnin	gton Headqua	arters So	ervices, Directorate for
Α.	Certification	В.	Unable	to Certify		
	·			tion received from the		
	Department of Veterans Affairs concerning the de-	ath of	De	partment of Vete	erans Affa	airs concerning the death of
	the individual named on this form, I certify that		the	individual nan	ned on t	his form, I am unable to
	individual died on		cer	tify that the ind	dividual di	ed as a result of injury or
	Date (Month/Day/Year)	disease incurred in or aggravated by service d				
				riod of hostilities		-
	as a result of injury or disease incurred	in or	Signatur		•	Date
	aggravated by service during a period of hos					
	specified by law.					
	Signature Date					
			Title			
	Title					
	Space below (Part IV) for use of	f the Immigra	ition an	d Naturalizatio	on Servi	ce
		ONLY.				
Do	rt IV -					
	be Completed by the Immigration and Naturaliza	ation Service				
<u></u>	be completed by the immigration and Naturaliza		ion Stamp			
	Applicant Authorized Next-of-Kin or Representat	tive	ion Stamp			
	Positive Certification Military Serv	rice				
	Positive Certification Service Connected De					
	Place of Enlistment Qualifies under INA Section 329(a)	)(1)				
	Decedent Admitted for Lawful Permanent Resider	, · ,				
Cer	t. # Date Mailed	<u> </u>				
		Initial Dessirt	Pos::b:==	itted Delete	atad	Completed
Λ.μ	Dan Mail #	Initial Receipt	Resubm	itted Reloca	ateu	Completed

App'd

Sent

Rec'd

Denied

Ret'd