

Application for Naturalization

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form N-400 OMB No. 1615-0052 Expires 03/31/2019

| | | Date Stamp | Receipt | Action Block |
|----------------|------------------|---|---|---|
| For | • | - | - | |
| USC | | | | |
| Use Onl | | | | |
| | y | | | |
| Rema | rks | | | |
| otherv | vise ir | ndicated. Failure to a | rint in black ink. Type or print "N/A" if an item is nswer all of the questions may delay U.S. Citizenshi must complete Parts 1 15. | |
| birthd www. | ay, yo uscis. | ou may already be a U gov for more informa | we mother or father is a U.S. citizen by birth, or was I.S. citizen. Before you consider filing this application on this topic and to review the instructions for Application for Citizenship and Issuance of Certification | on, please visit the USCIS Website at Form N-600, Application for Certificate of |
| | | | its a United States citizen? If you answer "Yes," then. If you answer "No," then skip Part 6. and go to be | |
| Part | · 1 1 | Information Abo | ut Your Eligibility (Select only one box or | VOUR Enter Your 9 Digit A-Number: |
| | | 400 may be delay | · · · · · · · · · · · · · · · · · · · | ► A- |
| | | <u> </u> | , | |
| 1. | Y ou a | are at least 18 years of | | |
| | A. | Have been a law | ful permanent resident of the United States for at lea | ast 5 years. |
| | В. | and living with t | ful permanent resident of the United States for at least he same U.S. citizen spouse for the last 3 years, and ne you filed your Form N-400. | · · |
| | C. | spouse is regular 319(b).) If your | manent resident of the United States and you are the ly engaged in specified employment abroad. (See the residential address is outside the United States and fine from the list below where you would like to have | the Immigration and Nationality Act (INA) section you are filing under Section 319(b), select the |
| | | | | |
| | D. | Are applying on | the basis of qualifying military service. | |
| | Е. | Other (Explain): | | |
| | | | | |
| Par | t 2.] | Information Abo | ut You (Person applying for naturalization) | |
| 1. | Your | Current Legal Name | (do not provide a nickname) | |
| | | y Name (Last Name) | Given Name (First Name | e) Middle Name (if applicable) |
| | - 411111 | j i varrie (Dast i varrie) | Given France (First France) | , integral value (ii appreade) |
| 2. | Your | Name Exactly As It A | Appears on Your Permanent Resident Card (if applic | rable) |
| | | y Name (Last Name) | Given Name (First Name | |
| | ı anını | y ivanic (Last ivanie) | Orven Ivame (1 list Ivame | ivilidate (value (ii applicable) |
| | | | | |
| | | | | |

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| Pa | rt 2. Information About You (Person applying for naturalization) (continued) A- |
|-----|--|
| 3. | Other Names You Have Used Since Birth (include nicknames, aliases, and maiden name, if applicable) |
| | Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) |
| | |
| | |
| 4. | Name Change (Optional) |
| | Read the Form N-400 Instructions before you decide whether or not you would like to legally change your name. |
| | Would you like to legally change your name? Yes No |
| | If you answered "Yes," type or print the new name you would like to use in the spaces provided below. |
| | Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) |
| | |
| 5. | U.S. Social Security Number (if applicable) 6. USCIS Online Account Number (if any) |
| | |
| 7. | Gender 8. Date of Birth 9. Date You Became a Lawful Male Female (mm/dd/yyyy) Permanent Resident (mm/dd/yyyy) |
| | Male Female (mm/dd/yyyy) Permanent Resident (mm/dd/yyyy) |
| 10. | Country of Birth 11. Country of Citizenship or Nationality |
| | |
| 10 | |
| 12. | Do you have a physical or developmental disability or mental impairment that prevents you from demonstrating your knowledge and understanding of the English language and/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. |
| 13. | Exemptions from the English Language Test |
| | A. Are you 50 years of age or older and have you lived in the United States as a lawful permanent resident for periods totaling at least 20 years at the time you file your Form N-400? |
| | B. Are you 55 years of age or older and have you lived in the United States as a lawful permanent resident for periods totaling at least 15 years at the time you file your Form N-400? |
| | C. Are you 65 years of age or older and have you lived in the United States as a lawful permanent resident for periods totaling at least 20 years at the time you file your Form N-400? (If you meet this requirement, you will also be given a simplified version of the civics test.) |
| Do | rt 3. Accommodations for Individuals With Disabilities and/or Impairments |
| | - |
| | TE: Read the information in the Form N-400 Instructions before completing this part. |
| 1. | Are you requesting an accommodation because of your disabilities and/or impairments? Yes No |
| | If you answered "Yes," select any applicable box. |
| | A. I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).) |
| | B. |
| | |

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| for example, use a wheelchair). (Describe the naryou are requesting.) Work Telephone Number (if any) Mobile Telephone Number (if any) | |
|---|----------------------------|
| Work Telephone Number (if any) | |
| | n where von |
| | n where von |
| Mobile Telephone Number (if any) | n where von |
| | n where von |
| | n where vou |
| | n where vou |
| State ZII Country (foreign address only) | Flr. Number [IP Code + 4] |
| Apt. Ste. | Flr. Number [IP Code + 4] |
| ve) | |

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| Part | 5. Informat | tion About Your Res | sidence (continued) | | A- | |
|----------|-------------------------------|----------------------------|---------------------------------------|-------------------------------|-----------|------------------|
| (| C. Physical Ad | ldress 2 | | | | |
| | Street Numb | per and Name | | | Apt. | Ste. Flr. Number |
| | | | | | | |
| | City or Tow | 'n | County | S | State | ZIP Code + 4 |
| | | | | | | |
| | Province or (foreign add | | Postal Code (foreign address only) | Country (foreign addres | ss only) | |
| | | , | | | <u> </u> | |
| | Dates of | From (mm/dd/yyyy) | To (mm/dd/yyyy) | | | |
| | Residence | | | | | |
| Ι |). Physical Ad | ldress 3 | | | | |
| | Street Numb | per and Name | | | Apt. | Ste. Flr. Number |
| | | | | | | |
| | City or Tow | 'n | County | S | State | ZIP Code + 4 |
| | | | | | | |
| | Province or (foreign add | | Postal Code (foreign address only) | Country (foreign addres | ss only) | |
| | | | | | | |
| | Dates of Residence | From (mm/dd/yyyy) | To (mm/dd/yyyy) | | | |
| т | 7 DL 1 A . | 114 | | | | |
| r | E. Physical Ad Street Numb | per and Name | | | Ant | Ste. Flr. Number |
| | Street Trum | ser una rvanie | | | | |
| | City or Tow | vn | County | S | State — | ZIP Code + 4 |
| | | | | | | - |
| | Province or | Region | Postal Code | Country | | |
| | (foreign add | dress only) | (foreign address only) | (foreign addres | ss only) | |
| | | | | | | |
| | Dates of Residence | From (mm/dd/yyyy) | To (mm/dd/yyyy) | | | |
| | Residence | | | | | |
| Part | 6. Informat | tion About Your Par | rents | | | |
| If neitl | ner one of your | parents is a United Sta | tes citizen, then skip this pa | rt and go to Part 7. | | |
| | | nts married before your 18 | | | | Yes No |
| Infor | mation Abou | ut Your Mother | | | | |
| | s your mother a | | | | | ☐ Yes ☐ No |
| | • | | owing information. If you ans | swered "No," go to Ite | em Number | |

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| Par | t 6. | Information About Your Parents (continued) A- |
|------|-------|--|
| | Α. | Current Legal Name of U.S. Citizen Mother |
| | | Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) |
| | | |
| | B. | Mother's Country of Birth C. Mother's Date of Birth (mm/dd/yyyy) |
| | | |
| | D. | Date Mother Became a U.S. Citizen E. Mother's A-Number (if known) (mm/dd/yyyy) (if any) |
| | | ► A- |
| | | |
| Infa | rmo | ation About Your Father |
| 3. | Is yo | our father a U.S. citizen? |
| | If yo | ou answered "Yes," complete the information below. If you answered "No," go to Part 7. |
| | A. | Current Legal Name of U.S. Citizen Father |
| | | Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) |
| | | |
| | B. | Father's Country of Birth C. Father's Date of Birth (mm/dd/yyyy) |
| | | |
| | D. | Date Father Became a U.S. Citizen (if known) (mm/dd/yyyy) (if any) |
| | | ► A- |
| | | |
| Par | t 7. | Biographic Information |
| | | JSCIS requires you to complete the categories below to conduct background checks. (See the Form N-400 Instructions for rmation.) |
| 1. | Ethr | nicity (Select only one box) |
| | | Hispanic or Latino Not Hispanic or Latino |
| 2. | Rac | e (Select all applicable boxes) |
| | | White Asian Black or American Indian Native Hawaiian or African American or Alaska Native Other Pacific Islander |
| _ | | |
| | | ght Feet Inches 4. Weight Pounds III |
| 5. | • | color (Select only one box) |
| | Ш | Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other |
| 6. | | |
| | | color (Select only one box) Bald Black Blond Brown Gray Red Sandy White Unknown/ |

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| Par | t 8. Information Abou | ıt Your En | ployment ar | nd Schools You | Attended | A- | | | | | |
|------------------------|---|--|---|---|--------------------------------------|-------------------|------------------|-------------------|-----------------|---------------|------|
| perio emplo unem | where you have worked or atted. Include all military, police, byment, studies, or unemployed ployed, or have studied for the print "unemployed." If you | , and/or intelli ment (if appli ne last five yea | gence service. I cable). Provide rs. If you worke | Begin by providing the locations and dated for yourself, type | information about tes where you w | ıt your orked, | most r were s | ecent (elf-em | or cur ploye | rent d, we | re |
| 1. | Employer or School Name | | | | | | | | | | |
| | Street Number and Name | | | | | | Apt. | Ste. | Flr. | Nun | nber |
| | City or Town | | | | S | state | | | P Cod | le + 4 | |
| | Province or Region (foreign address only) Date From (mm/dd/yyyy) | Date To (m | Postal Code (foreign addres m/dd/yyyy) | s only) Your Occupatio | Country (foreign addre | ss only |) | | | | |
| 2. | Employer or School Name | | | | | | | | | | |
| | Street Number and Name | | | | | | Apt. | Ste. | | | |
| | City or Town | | | | S | State | | | P Coo | de + 4 | |
| | Province or Region (foreign address only) | | Postal Code (foreign addres | s only) | Country (foreign addre | ss only |) | | | | |
| | Date From (mm/dd/yyyy) | Date To (m | m/dd/yyyy) | Your Occupatio | n | | | | | | |
| 3. | Employer or School Name | | | | | | | | | | |
| | Street Number and Name | | | | | | Apt. | Ste. | Flr. | Nun | nber |
| | City or Town | | | | S | state | | | P Cod | de + 4 | |
| | Province or Region (foreign address only) | | Postal Code (foreign addres | s only) | Country (foreign addre | ss only |) | | | | |
| | Date From (mm/dd/yyyy) | Date To (m | m/dd/yyyy) | Your Occupatio | n | | | | | | |

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| | How many total day | s (24 hours or longer) a | did you spend outside the | United States during | the last 5 years? | days |
|----|--|--|--|--|---|---|
| | | | • | | • | L days |
| | How many trips of 2 | 4 hours or longer have | you taken outside the Uni | ited States during the | e last 5 years? | trips |
| • | | | r that you have taken outs f you need extra space, us | | | ars. Start with |
| | Date You Left the United States (mm/dd/yyyy) | Date You Returned to the United States (mm/dd/yyyy) | Did Trip Last 6 Months or More? | Countri Which Trave | You | Total Days Outside the United State |
| | | | ☐ Yes ☐ No | | | |
| | | | Yes No | | | |
| | | | ☐ Yes ☐ No | | | |
| | | | Yes No | | | |
| | | | Yes No | | | |
| | | | ☐ Yes ☐ No | | | |
| | | | | | | |
| D۵ | rt 10 Information | n About Your Mari | | | | |
| 1 | I I IV. IIIIOI IIIAIIO | II AIDOIII. I OIII VIAI | ital History | | | |
| | | | ital History | | | |
| | What is your current | marital status? | | .1. 🗆 0 | □ Maria a Assa | 11. 1 |
| | What is your current Single, Never Ma | marital status? | Divorced Widow | ved Separated | Marriage Annu | ılled |
| • | What is your current Single, Never Ma If you are single and | marital status? rried | Divorced Widow to Part 11. | | Marriage Annu | |
| • | What is your current Single, Never Ma If you are single and If you are married, is | marital status? rried | Divorced Widow to Part 11. | forces? | [| ılled Yes N |
| • | What is your current Single, Never Ma If you are single and If you are married, is | marital status? rried Married have never married, go your spouse a current married (inc | Divorced Widow to Part 11. | forces? | [| |
| • | What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same | marital status? rried Married have never married, go your spouse a current married (ince person)? | Divorced Widow to Part 11. | forces? s, marriages to other | [| |
| | What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same | marital status? rried Married have never married, go your spouse a current more you been married (ince person)? w, provide the following | Divorced Widow to Part 11. nember of the U.S. armed cluding annulled marriage: | forces? s, marriages to other | [| |
| | What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same If you are married no | marital status? rried Married have never married, go your spouse a current me you been married (ince person)? w, provide the following Legal Name | Divorced Widow to Part 11. nember of the U.S. armed cluding annulled marriage: | forces? s, marriages to other current spouse. | people, and | |
| | What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same If you are married no A. Current Spouse's | marital status? rried Married have never married, go your spouse a current me you been married (ince person)? w, provide the following Legal Name | Divorced Widow to Part 11. member of the U.S. armed cluding annulled marriages g information about your | forces? s, marriages to other current spouse. | people, and | Yes N |
| | What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same If you are married no A. Current Spouse's Family Name (L | marital status? rried Married have never married, go your spouse a current me you been married (ince person)? w, provide the following Legal Name | Divorced Widow to Part 11. member of the U.S. armed cluding annulled marriages g information about your | forces? s, marriages to other current spouse. | people, and | Yes N |
| | What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same If you are married no A. Current Spouse's Family Name (L | marital status? rried Married have never married, go your spouse a current m re you been married (ince person)? www, provide the following the state of the person is Legal Name ast Name) | Divorced Widow to Part 11. member of the U.S. armed cluding annulled marriages g information about your | forces? s, marriages to other current spouse. rst Name) | people, and Middle Name | Yes N |
| | What is your current Single, Never Ma If you are single and If you are married, is How many times have marriages to the same If you are married not A. Current Spouse's Family Name (L. B. Current Spouse's | marital status? rried Married have never married, go your spouse a current m re you been married (ince person)? www, provide the following the state of the person is Legal Name ast Name) | Divorced Widow to Part 11. member of the U.S. armed cluding annulled marriage grant information about your Given Name (Firmation 2) | forces? s, marriages to other current spouse. rst Name) | people, and Middle Name | Yes N |
| | What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same If you are married no A. Current Spouse's Family Name (L B. Current Spouse's Family Name (L | marital status? rried Married have never married, go your spouse a current m re you been married (incle person)? www, provide the following s Legal Name ast Name) s Previous Legal Name ast Name) | Divorced Widow to Part 11. member of the U.S. armed cluding annulled marriages g information about your Given Name (Fine Color of Name) | forces? s, marriages to other current spouse. rst Name) | people, and Middle Name Middle Name | Yes N |
| | What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same If you are married no A. Current Spouse's Family Name (L B. Current Spouse's Family Name (L | marital status? rried Married have never married, go your spouse a current m re you been married (ince person)? www, provide the following Legal Name ast Name) Previous Legal Name ast Name) | Divorced Widow to Part 11. member of the U.S. armed duding annulled marriages g information about your Given Name (Fire County of the County of the U.S. armed duding annulled marriages g information about your Given Name (Fire County of the U.S. armed duding annulled marriages grant for the U.S. armed gra | forces? s, marriages to other current spouse. rst Name) rst Name) | middle Name Middle Name Middle Name if applicable) | Yes N (if applicable) |
| | What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same If you are married no A. Current Spouse's Family Name (L B. Current Spouse's Family Name (L | marital status? rried Married have never married, go your spouse a current m re you been married (ince person)? www, provide the following Legal Name ast Name) Previous Legal Name ast Name) | Divorced Widow to Part 11. member of the U.S. armed cluding annulled marriages g information about your Given Name (Fine Color of Name) | forces? s, marriages to other current spouse. rst Name) rst Name) | middle Name Middle Name Middle Name if applicable) | Yes N |
| | What is your current Single, Never Ma If you are single and If you are married, is How many times hav marriages to the same If you are married no A. Current Spouse's Family Name (L B. Current Spouse's Family Name (L | marital status? rried Married have never married, go your spouse a current m re you been married (ince person)? rw, provide the following a Legal Name ast Name) s Previous Legal Name ast Name) ed by Current Spouse (in ast Name) | Divorced Widow to Part 11. member of the U.S. armed duding annulled marriages g information about your Given Name (Fire County of the County of the U.S. armed duding annulled marriages g information about your Given Name (Fire County of the U.S. armed duding annulled marriages grant for the U.S. armed gra | forces? s, marriages to other current spouse. rst Name) rst Name) s, and maiden name, rst Name) arriage | middle Name Middle Name Middle Name if applicable) | Yes N |

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| Pa | rt 10 | 0. Information About Your Marital History (continued) | A- | | | | | | |
|----|-------|--|-----------|---------|---------|--------|--------|--|--|
| | F. | Current Spouse's Present Home Address | | | | | | | |
| | | Street Number and Name | | Apt. | Ste. | Flr. | Number | | |
| | | | | | | | | | |
| | | City or Town County Sta | ate | | ZI | P Cod | e + 4 | | |
| | | | | | | |] - | | |
| | | Province or Region Postal Code Country (foreign address only) (foreign address only) (foreign address | only |) | | | | | |
| | ~ | | | | | | | | |
| | G. | Current Spouse's Current Employer or Company | | | | | | | |
| 5. | | your current spouse a U.S. citizen? | | | | Y | es No | | |
| _ | • | rou answered "Yes," answer Item Number 6. If you answered "No," go to Item Number ' | 7. | | | | | | |
| 6. | • | your current spouse is a U.S. citizen, complete the following information. | | | | | | | |
| | Α. | When did your current spouse become a U.S. citizen? At Birth - Go to Item Number 8. Other - Complete the following information. | | | | | | | |
| | В. | Date Your Current Spouse Became a U.S. Citizen (mm/dd/yyyy) | | | | | | | |
| 7. | If y | your current spouse is not a U.S. citizen, complete the following information. | | | | | | | |
| | Α. | Current Spouse's Country of Citizenship or Nationality B. Current Spouse's A-Numb A- | er (if | any) | | | | | |
| | C. | Current Spouse's Immigration Status | | | | | | | |
| | C. | Lawful Permanent Resident Other (Explain): | | | | | | | |
| 8. | Но | w many times has your current spouse been married (including annulled marriages, marriages) | es to |) | | | | | |
| • | oth | er people, and marriages to the same person)? If your current spouse has been married bef vide the following information about your current spouse's prior spouse. | - | | | | | | |
| | If y | our current spouse has had more than one previous marriage, provide that information on a | ıdditi | onal sl | neets o | f pape | r. | | |
| | A. | Legal Name of My Current Spouse's Prior Spouse | | | | | | | |
| | | Family Name (Last Name) Given Name (First Name) | Mide | ile Na | me (if | applic | able) | | |
| | | | | | | | | | |
| | В. | Immigration Status of My Current Spouse's Prior Spouse (if known) U.S. Citizen Lawful Permanent Resident Other (Explain): | | | | | | | |
| | C. | Date of Birth of My Current Spouse's Prior Spouse (mm/dd/yyyy) D. Country of Birth of My Current Spouse's Prior Spouse | | | | | | | |
| | Е. | Country of Citizenship or Nationality of My Current Spouse's Prior Spouse | | | | | | | |

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| Part | 10 | . Information About Your Marital History (continued) | A- | | | | | | |
|-------------|-----------|--|-----------|-------|---------|--------|-------|--------|---|
|] | F. | My Current Spouse's Date of Marriage with Prior Spouse (mm/dd/yyyy) G. Date My Current Spouse's Marriage Ended with Prior Spouse (mm/dd/yyyy) | | | | , | | , , | |
| I | н. | How My Current Spouse's Marriage Ended with Prior Spouse | | | | | | | |
| | | Annulled Divorced Spouse Deceased Other (Explain): | | | | | | | |
| 9. I | f v | ou were married before, provide the following information about your prior spouse. If you | have | e mo | re thai | n one | prev | ous | _ |
| | | riage, provide that information on additional sheets of paper. | | | | | • | | |
| A | 4. | My Prior Spouse's Legal Name | | | | | | | |
| | | Family Name (Last Name) Given Name (First Name) | Mi | ddle | Name | (if ap | plica | ıble) | |
| | | | | | | | | | |
| 1 | В. | My Prior Spouse's Immigration Status When My Marriage Ended (if known) | | | | | | | |
| | | U.S. Citizen Lawful Permanent Resident Other (Explain): | | | | | | | |
| (| c. | My Prior Spouse's Date of Birth D. My Prior Spouse's Country | | | | | | | |
| | | (mm/dd/yyyy) of Birth | 7 | | | | | | |
| | | | | | | | | | |
| I | Ε. | My Prior Spouse's Country of F. Date of Marriage with My Prior Citizenship or Nationality Spouse (mm/dd/yyyy) | | | | | | | |
| | | Spouse (min/dd/yyyy) | 7 | | | | | | |
| | a | Data Maria - Parla I - M.M. | | | | | | | |
| , | J. | Date Marriage Ended with My Prior Spouse (mm/dd/yyyy) | | | | | | | |
| | | | | | | | | | |
| 1 | Ħ. | How Marriage Ended with My Prior Spouse | | | | | | | |
| _ | | Annulled Divorced Spouse Deceased Other (Explain): | | | | | | | |
| | | | | | | | | | _ |
| Part | 11 | . Information About Your Children | | | | | | | |
| | | cate your total number of children. (You must indicate ALL children, including: children | who | are | alive | | | | _ |
| r | nis | sing, or deceased; children born in the United States or in other countries; children under 18 | 3 yea | rs of | | r | L | | |
| | | er; children who are currently married or unmarried; children living with you or elsewhere; children; legally adopted children; and children born when you were not married.) | curr | ent | | | | | |
| | - | | T | hom 1 | 1 | ondla. | a of | | |
| | | vide the following information about all your children (sons and daughters) listed in Item N ist any additional children, use additional sheets of paper. | uIII | ber 1 | ı., reg | arthes | SS OI | ige. | |
| A | 4. | Child 1 | | | | | | | |
| | | Current Legal Name | | | | | | | |
| | | Family Name (Last Name) Given Name (First Name) | _ N | liddl | e Nam | ne (if | appli | cable) | |
| | | | | | | | | | |
| | | A-Number (if any) Date of Birth (mm/dd/yyyy) Country of Birth | | | | | | | _ |
| | | ► A- | | | | | | | |

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| rt 11 | 1. Information About Your Child | ren (continued) | | A- | | |
|-------|---|--------------------------------|---------------------|----------|-------------|------------|
| | Current Address | | | | | |
| | Street Number and Name | | | Apt. | Ste. Flr. | Number |
| | | | | | | |
| | City or Town | County | Stat | ie | ZIP Co | de + 4 |
| | | | | | | - |
| | Province or Region F | ostal Code | Country | | | |
| | 8 | foreign address only) | (foreign address of | only) | | |
| | | | | | | |
| | What is your child's relationship to you? (stepchild, legally adopted child) | for example, biological child, | | | | |
| В. | Child 2 | | | | | |
| | Current Legal Name | | | | | |
| | Family Name (Last Name) | Given Name (First Na | ime) | Middle 1 | Name (if ap | pplicable) |
| | | | , | | \ 1 | , |
| | A-Number (if any) | Date of Birth (mm/dd/yyyy) | Country of Righ | J [| | |
| | ► A- | Bate of Birth (him/dd/yyyy) | | | | |
| | Current Address | | | | | |
| | Street Number and Name | | | Apt. | Ste. Flr. | Number |
| | | | | | | |
| | City or Town | County | Stat | e | ZIP Co | de + 4 |
| | | | | | | - |
| | Province or Region F | ostal Code | Country | | | |
| | | | | | | |
| | (foreign address only) | foreign address only) | (foreign address of | only) | | |
| | (foreign address only) (| foreign address only) | (foreign address of | only) | | |
| | (foreign address only) (Stepchild, legally adopted child) | | (foreign address of | only) | | |
| C. | What is your child's relationship to you? (stepchild, legally adopted child) | | (foreign address of | only) | | |
| C. | What is your child's relationship to you? (stepchild, legally adopted child) Child 3 | | (foreign address of | only) | | |
| C. | What is your child's relationship to you? (stepchild, legally adopted child) Child 3 Current Legal Name | for example, biological child, | | | Name (if ar | onlicable) |
| C. | What is your child's relationship to you? (stepchild, legally adopted child) Child 3 | | | | Name (if ap | pplicable) |
| C. | What is your child's relationship to you? (stepchild, legally adopted child) Child 3 Current Legal Name | for example, biological child, | ame) | | Name (if ap | pplicable) |

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| Pa | rt 11 | 1. Information About Your Chi | ldren (continued) | A | \- | | | | |
|---|---|--|---|--------------------------------|-----------|-------------|---------|--------------|----------|
| | | Current Address | | | | | | | |
| | | Street Number and Name | | | Apt. | Ste. | Flr. | Nun | nber |
| | | | | | | | | | |
| | | City or Town | County | State | | ZI | P Cod | e + 4 | ļ |
| | | | | | | | |] - [| |
| | | Province or Region (foreign address only) | Postal Code (foreign address only) | Country (foreign address or | als/) | | | | |
| | (roreign address only) (roreign address only) | | | | | | | | |
| | | What is your child's relationship to you stepchild, legally adopted child) | ? (for example, biological child, | | | | | | |
| | D. | Child 4 | | | | | | | |
| | | Current Legal Name | | | | | | | |
| | | Family Name (Last Name) | Given Name (First Nar | ne) | Middle | Name | (if app | olicat | ole) |
| | | | | | | | | | |
| A-Number (if any) Date of Birth (mm/dd/yyyy) Country of Birth | | | | | | | | | |
| ► A- | | | | | | | | | |
| | Current Address | | | | | | | | |
| | | Street Number and Name | | | Apt. | Ste. | Flr. | Nun | nber |
| | | | | | | | | | |
| | | City or Town | County | State | | $\neg \Box$ | P Cod | е + 4 1 Г | <u>+</u> |
| | | Para in a superior | Devision of the second of the | | | | |].[| |
| | | Province or Region (foreign address only) | Postal Code (foreign address only) | Country (foreign address or | nly) | | | | |
| | | | | | | | | | |
| | | What is your child's relationship to you | ? (for example, biological child, | | | | | | |
| | | stepchild, legally adopted child) | | L | | | | | |
| Pa | rt 12 | 2. Additional Information Abou | It You (Person Applying for | r Naturalization) | | | | | |
| | | tem Numbers 1 21. If you answer "Y | 1100 | <u> </u> | | nation | on add | ditio | nal |
| | | paper. | es to any of these questions, me. | idde a typed of prin | сса схріа | nation | OII au | unio | ııaı |
| 1. | Hav | ve you EVER claimed to be a U.S. citize | n (in writing or any other way)? | | | | Ye | es [|] No |
| 2. | Hav | ve you EVER registered to vote in any F | ederal, state, or local election in t | the United States? | | | Ye | es [| No |
| 3. | Hav | ve you EVER voted in any Federal, state | , or local election in the United S | States? | | | Ye | es [| No |
| 4. | A. | A. Do you now have, or did you EVER have, a hereditary title or an order of nobility in any foreign country? | | | | | | |] No |
| | В. | If you answered "Yes," are you willing have in a foreign country at your natura | | orders of nobility th | at you | | Ye | es [|] No |
| 5. | Hav | ve you EVER been declared legally inco | mpetent or been confined to a me | ental institution? | | | Ye | es [|] No |

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| | | 2. Additional Information About You lization) (continued) | ou (Person Applying for | A - | | |
|-----|-----------|--|---|-------------------|-----------------|--|
| 6. | Do | you owe any overdue Federal, state, or local to | axes? | | Yes No | |
| 7. | A. | Have you EVER not filed a Federal, state, or resident? | r local tax return since you became a lawful per | rmanent | Yes No | |
| | В. | If you answered "Yes," did you consider you | rself to be a "non-U.S. resident"? | | Yes No | |
| 8. | | Have you called yourself a "non-U.S. resident" on a Federal, state, or local tax return since you became a lawful permanent resident? | | | | |
| 9. | A. | | d in, or in any way associated with, any organiciety, or similar group in the United States or in | | Yes No | |
| | В. | If you answered "Yes," provide the information additional sheets of paper and provide any experience of the provide any experience of the provide and provid | ion below. If you need extra space, attach the ridence to support your answers. | names of the oth | er groups on | |
| | | Name | Purpose | | Iembership | |
| | | of the Group | of the Group | From (mm/dd/yyyy) | To (mm/dd/yyyy) | |
| | | | | | | |
| 10. | | · | y associated (either directly or indirectly) with | : | | |
| | | The Communist Party? | | L | ☐ Yes ☐ No | |
| | | Any other totalitarian party? | | | Yes No | |
| | C. | A terrorist organization? | | L | ∐ Yes ∐ No | |
| 11. | | we you EVER advocated (either directly or inclence? | lirectly) the overthrow of any government by f | orce or | Yes No | |
| 12. | | we you EVER persecuted (either directly or ingin, membership in a particular social group, or | directly) any person because of race, religion, or political opinion? | national | Yes No | |
| 13. | | ween March 23, 1933 and May 8, 1945, did yo irectly) with: | ou work for or associate in any way (either dire | ectly or | | |
| | A. | The Nazi government of Germany? | | | Yes No | |
| | В. | Any government in any area occupied by, all government of Germany? | tied with, or established with the help of the Na | zi | Yes No | |
| | C. | | amilitary unit, self-defense unit, vigilante unit, termination camp, concentration camp, prisone | | Yes No | |

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| | | 2. Additional Information About You (Person Applying for lization) (continued) A- [A- | | | |
|-----|----|--|----------|-----|------|
| 14. | We | re you EVER involved in any way with any of the following: | | | |
| | | Genocide? | | Yes | ☐ No |
| | В. | Torture? | | Yes | ☐ No |
| | C. | Killing, or trying to kill, someone? | | Yes | ☐ No |
| | D. | Badly hurting, or trying to hurt, a person on purpose? | | Yes | ☐ No |
| | E. | Forcing, or trying to force, someone to have any kind of sexual contact or relations? | | Yes | ☐ No |
| | F. | Not letting someone practice his or her religion? | | Yes | ☐ No |
| 15. | | re you EVER a member of, or did you EVER serve in, help, or otherwise participate in, any of towing groups: | :he | | |
| | A. | Military unit? | | Yes | ☐ No |
| | В. | Paramilitary unit (a group of people who act like a military group but are not part of the official military)? | ! | Yes | ☐ No |
| | C. | Police unit? | | Yes | ☐ No |
| | D. | Self-defense unit? | | Yes | ☐ No |
| | E. | Vigilante unit (a group of people who act like the police, but are not part of the official police)? |) | Yes | ☐ No |
| | F. | Rebel group? | | Yes | ☐ No |
| | G. | Guerrilla group (a group of people who use weapons against or otherwise physically attack the military, police, government, or other people)? | | Yes | ☐ No |
| | H. | Militia (an army of people, not part of the official military)? | | Yes | ☐ No |
| | I. | Insurgent organization (a group that uses weapons and fights against a government)? | | Yes | ☐ No |
| 16. | We | re you EVER a worker, volunteer, or soldier, or did you otherwise EVER serve in any of the fol | llowing: | | |
| | A. | Prison or jail? | | Yes | ☐ No |
| | B. | Prison camp? | | Yes | ☐ No |
| | C. | Detention facility (a place where people are forced to stay)? | | Yes | ☐ No |
| | D. | Labor camp (a place where people are forced to work)? | | Yes | ☐ No |
| | E. | Any other place where people were forced to stay? | | Yes | ☐ No |
| 17. | | re you EVER a part of any group, or did you EVER help any group, unit, or organization that us apon against any person, or threatened to do so? | sed a | Yes | ☐ No |
| | A. | If you answered "Yes," when you were part of this group, or when you helped this group, did you use a weapon against another person? | ou ever | Yes | ☐ No |
| | В. | If you answered "Yes," when you were part of this group, or when you helped this group, did you tell another person that you would use a weapon against that person? | ou ever | Yes | ☐ No |
| 18. | | I you EVER sell, give, or provide weapons to any person, or help another person sell, give, or propose to any person? | ovide | Yes | ☐ No |
| | A. | If you answered "Yes," did you know that this person was going to use the weapons against and person? | other | Yes | ☐ No |
| | В. | If you answered "Yes," did you know that this person was going to sell or give the weapons to someone who was going to use them against another person? | | Yes | ☐ No |

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| | rt 12. Additional Information About You (Person Applying for turalization) (continued) A- | |
|------|--|---------------|
| 19. | Did you EVER receive any type of military, paramilitary (a group of people who act like a military group but are not part of the official military), or weapons training? | Yes No |
| 20. | Did you EVER recruit (ask), enlist (sign up), conscript (require), or use any person under 15 years of age to serve in or help an armed force or group? | Yes No |
| 21. | Did you EVER use any person under 15 years of age to do anything that helped or supported people in combat? | Yes No |
| othe | ny of Item Numbers 22 28. apply to you, you must answer "Yes" even if your records have been sealed erwise cleared. You must disclose this information even if someone, including a judge, law enforcement office that it no longer constitutes a record or told you that you do not have to disclose the information. | |
| 22. | Have you EVER committed, assisted in committing, or attempted to commit, a crime or offense for which you were NOT arrested? | Yes No |
| 23. | Have you EVER been arrested, cited, or detained by any law enforcement officer (including any immigration official or any official of the U.S. armed forces) for any reason? | Yes No |
| 24. | Have you EVER been charged with committing, attempting to commit, or assisting in committing a crime or offense? | Yes No |
| 25. | Have you EVER been convicted of a crime or offense? | Yes No |
| 26. | Have you EVER been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)? | Yes No |
| 27. | A. Have you EVER received a suspended sentence, been placed on probation, or been paroled? | Yes No |
| | B. If you answered "Yes," have you completed the probation or parole? | Yes No |
| 28. | A. Have you EVER been in jail or prison? | Yes No |
| | B. If you answered "Yes," how long were you in jail or prison? Years Months | Days |
| 29. | If you answered "No" to ALL questions in Item Numbers 23 28., then skip this item and go to Item Num | ıber 30. |
| | If you answered "Yes" to any question in Item Numbers 23 28., then complete this table. If you need ext | ra space, use |

additional sheets of paper and provide any evidence to support your answers.

| Why were you arrested, cited, detained, or charged? | Date arrested, cited, detained, or charged. (mm/dd/yyyy) | Where were you arrested, cited, detained, or charged? (City or Town, State, Country) | Outcome or disposition of the arrest, citation, detention, or charge (no charges filed, charges dismissed, jail, probation, etc.) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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| | | 2. Additional Information About You (Person Applying for lization) (continued) | A- | | | | | | | |
|-----|------------|---|-----------|--------------|------|------|------|-------|------|------|
| | | Item Numbers 30 46. If you answer "Yes" to any of these questions, except Item Numbers splanation on additional sheets of paper and provide any evidence to support your answers. | ers 3 | 37. a | ınd | 38., | incl | ude a | type | d or |
| 30. | Ha | ve you EVER: | | | | | | | | |
| | A. | Been a habitual drunkard? | | | | | | Yes | | No |
| | B. | Been a prostitute, or procured anyone for prostitution? | | | | | | Yes | | No |
| | C. | Sold or smuggled controlled substances, illegal drugs, or narcotics? | | | | | | Yes | | No |
| | D. | Been married to more than one person at the same time? | | | | | | Yes | | No |
| | E. | Married someone in order to obtain an immigration benefit? | | | | | | Yes | | No |
| | F. | Helped anyone to enter, or try to enter, the United States illegally? | | | | | | Yes | | No |
| | G. | Gambled illegally or received income from illegal gambling? | | | | | | Yes | | No |
| | H. | Failed to support your dependents or to pay alimony? | | | | | | Yes | | No |
| | I. | Made any misrepresentation to obtain any public benefit in the United States? | | | | | | Yes | | No |
| 31. | | we you EVER given any U.S. Government officials any information or documentation that valuent, or misleading? | was | fals | ie, | | | Yes | | No |
| 32. | | ve you EVER lied to any U.S. Government officials to gain entry or admission into the Unit gain immigration benefits while in the United States? | ed S | State | es o | or | | Yes | | No |
| 33. | На | ve you EVER been removed, excluded, or deported from the United States? | | | | | | Yes | | No |
| 34. | Ha | ve you EVER been ordered removed, excluded, or deported from the United States? | | | | | | Yes | | No |
| 35. | Ha | ve you EVER been placed in removal, exclusion, rescission, or deportation proceedings? | | | | | | Yes | | No |
| 36. | | e removal, exclusion, rescission, or deportation proceedings (including administratively close sceedings) currently pending against you? | ed | | | | | Yes | | No |
| 37. | Ha | ve you EVER served in the U.S. armed forces? | | | | | | Yes | | No |
| 38. | A. | Are you currently a member of the U.S. armed forces? | | | | | | Yes | | No |
| | В. | If you answered "Yes," are you scheduled to deploy overseas, including to a vessel, within three months? (Refer to the Address Change section in the Instructions on how to notify you learn of your deployment plans after you file your Form N-400.) | | | | | | Yes | | No |
| | C. | If you answered "Yes," are you currently stationed overseas? | | | | | | Yes | | No |
| 39. | | we you EVER been court-martialed, administratively separated, or disciplined, or have you re than honorable discharge, while in the U.S. armed forces? | rece | ived | 1 an | 1 | | Yes | | No |
| 40. | Ha alie | ve you EVER been discharged from training or service in the U.S. armed forces because you en? | u we | ere a | an | | | Yes | | No |
| 41. | Ha | ve you EVER left the United States to avoid being drafted in the U.S. armed forces? | | | | | | Yes | | No |
| 42. | Ha | ve you EVER applied for any kind of exemption from military service in the U.S. armed for | ces' | ? | | | | Yes | | No |
| 43. | Ha | ve you EVER deserted from the U.S. armed forces? | | | | | | Yes | | No |

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| | | 2. Additional Information About You (Person Applying for lization) (continued) A- | |
|----------|--------------|--|------------------------|
| 44. | A. | Are you a male who lived in the United States at any time between your 18th and 26th birthdays? (This does not include living in the United States as a lawful nonimmigrant.) | Yes No |
| | В. | If you answered "Yes," when did you register for the Selective Service? Provide the information below Date Registered Selective Service (mm/dd/yyyy) Number | w. |
| | C. | If you answered "Yes," but you did not register with the Selective Service System and you are: | |
| | | 1. Still under 26 years of age, you must register before you apply for naturalization, and complete the information above; OR | e Selective Service |
| | | 2. Now 26 to 31 years of age (29 years of age if you are filing under INA section 319(a)), but you di Selective Service, you must attach a statement explaining why you did not register, and provide a letter from the Selective Service. | |
| | | tem Numbers 45 50. If you answer "No" to any of these questions, include a typed or printed explanation paper and provide any evidence to support your answers. | nation on additional |
| 45. | Do | you support the Constitution and form of Government of the United States? | Yes No |
| 46. | Do | you understand the full Oath of Allegiance to the United States? | Yes No |
| 47. | Are | you willing to take the full Oath of Allegiance to the United States? | Yes No |
| 48. | If th | ne law requires it, are you willing to bear arms on behalf of the United States? | Yes No |
| 49. | If the | ne law requires it, are you willing to perform noncombatant services in the U.S. armed forces? | Yes No |
| 50. | If t | ne law requires it, are you willing to perform work of national importance under civilian direction? | Yes No |
| Pa | rt 1. | 3. Applicant's Statement, Certification, and Signature | |
| | | Read the Penalties section of the Form N-400 Instructions before completing this part. | |
| Ap_{j} | plice | ant's Statement | |
| NO | ΓE: | Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Numb | per 2. |
| 1. | Ap | plicant's Statement Regarding the Interpreter | |
| | A. | I can read and understand English, and I have read and understand every question and instruction and my answer to every question. | on this application |
| | В. | The interpreter named in Part 14. read to me every question and instruction on this application are question in | |
| 2. | Δn | plicant's Statement Regarding the Preparer | anderstood everything. |
| 4. | - Λ-[| At my request, the preparer named in Part 15. , | |
| | Ш | prepared this application for me based only upon information I provided or authorized. | |

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| Pa | rt 13. Applicant's Statement, Certification, and S | gnature (continued) A- |
|---------------|--|--|
| App | plicant's Certification | |
| requi | • | unaltered, original documents, and I understand that USCIS may urthermore, I authorize the release of any information from any of immigration benefit that I seek. |
| | ther authorize release of information contained in this application ies and persons where necessary for the administration and enforcement. | |
| | derstand that USCIS will require me to appear for an appointme ature) and, at that time, I will be required to sign an oath reaffirm | |
| | 1) I reviewed and provided or authorized all of the information | on in my application; |
| | 2) I understood all of the information contained in, and subm | nitted with, my application; and |
| | 3) All of this information was complete, true, and correct at | the time of filing. |
| | rtify, under penalty of perjury, that I provided or authorized all crmation contained in, and submitted with, my application, and the | • 11 |
| App | plicant's Signature | |
| 3. | Applicant's Signature | Date of Signature (mm/dd/yyyy) |
| \Rightarrow | | |
| Instr | TE TO ALL APPLICANTS: If you do not completely fill out ructions, USCIS may deny your application. rt 14. Interpreter's Contact Information, Certific | this application or fail to submit required documents listed in the ation, and Signature |
| Prov | ride the following information about the interpreter. | |
| Int | terpreter's Full Name | |
| 1. | Interpreter's Family Name (Last Name) | Interpreter's Given Name (First Name) |
| 2. | Interpreter's Business or Organization Name (if any) | |
| Int | terpreter's Mailing Address | |
| 3. | Street Number and Name | Apt. Ste. Flr. Number |
| | City or Town | State ZIP Code + 4 |
| | | |

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| | rt 14. Interpreter's Contact Information, Certifontinued) | ficatio | on, a | and Signatur | e | A - | | | |
|---------------|--|---------|-------|------------------|------------|------------|----------|---------|----------|
| Int | erpreter's Contact Information | | | | | | | | |
| 4. | Interpreter's Daytime Telephone Number | 5. | Int | erpreter's Mobil | e Telepho | one Nun | nber (if | any) | |
| 6. | Interpreter's Email Address (if any) |] | | | | | | | |
| Int | terpreter's Certification | | | | | | | | |
| I cer | tify, under penalty of perjury, that: | | | | | | | | |
| or he appl | Number 1. , and I have read to this applicant in the identifier answer to every question. The applicant informed me that ication, including the Applicant's Certification and has veri | he or s | he u | nderstands ever | y instruct | | | | |
| | erpreter's Signature | | | | | 5 | | | /11/ |
| 7. | Interpreter's Signature | | | | | Date of | Signatu | ıre (mm | /dd/yyyy |
| | rt 15. Contact Information, Declaration, and Si | gnatu | ıre (| of the Person | Prepa | ring T | his Ap | plicat | ion, if |
| | her Than the Applicant ride the following information about the preparer. | | | | | | | | |
| | eparer's Full Name | | | | | | | | |
| 1. | Preparer's Family Name (Last Name) | | Prep | arer's Given Na | me (First | Name) | | | |
| 2. | Preparer's Business or Organization Name (if any) | | | | | | | | |
| Pre | eparer's Mailing Address | | | | | | | | |
| 3. | Street Number and Name | | | | Apt. Ste | e. Flr. | Numb | er | |
| | City or Town | | | | State | | ZIP C | ode + 4 | |
| | Province Postal Co | de | | Country | | | | | |

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| | reparing This Application, if Other Than the Applicant (continued) A- |
|----------------|---|
| Pr | reparer's Contact Information |
| 4. | Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) |
| 6. | Preparer's Email Address (if any) |
| Pr | reparer's Statement |
| 7. | A. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent. |
| | B. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application. |
| | NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application. |
| Pr | reparer's Certification |
| revi witl | my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then ewed this completed application and informed me that he or she understands all of the information contained in, and submitted in, his or her application, including the Applicant's Certification , and that all of this information is complete, true, and correct. I applied this application based only on information that the applicant provided to me or authorized me to obtain or use. |
| 8. | Preparer's Signature Date of Signature (mm/dd/yyyy) |
| •. → | Date of Signature (IIIII) dutyyyy) |
| | NOTE: Do not complete Parts 16., 17., or 18. until the USCIS Officer instructs you to do so at the interview. |
| Pa | art 16. Signature at Interview |
| this con | rear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of Form N-400, Application for Naturalization, subscribed by me, including corrections number 1 through, are applete, true, and correct. The evidence submitted by me on numbered pages 1 through are complete, true, and rect. |
| Sub | scribed to and sworn to (affirmed) before me |
| | USCIS Officer's Printed Name or Stamp Date of Signature (mm/dd/yyyy) |
| Anı | olicant's Signature USCIS Officer's Signature |
| • •PI | Signature Signature |

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| Part 17. Renunciation of Foreign Titles | | | A- | | | | | | | | |
|--|--|------------------------------|------------|----------|-----------|-----------|-----------|--|--|--|--|
| If you answered "Yes" to Part 12., Items A. and B. in Item Number 4., then you must affirm the following before a USCIS officer: | | | | | | | | | | | |
| I further renounce the title of | I further renounce the title of which I have heretofore held; or | | | | | | | | | | |
| (list | titles) | | | | | | | | | | |
| I further renounce the order of nobility of to which I have heretofore belonged. | | | | | | | | | | | |
| | (list ord | er of nobility) | | | | | | | | | |
| Applicant's Printed Name | | Applicant's Signature | | | | | | | | | |
| | | | | | | | | | | | |
| USCIS Officer's Printed Name | | USCIS Officer's Signature | | | | | | | | | |
| | | | | | | | | | | | |
| Date of Signature (mm/dd/yyyy) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Part 18. Oath of Allegiance | | | | | | | | | | | |
| If your application is approved, you will be scheduled for following Oath of Allegiance immediately prior to become willingness and ability to take this oath: | | • | • | | | | he | | | | |
| I hereby declare on oath, that I absolutely and entirely restate, or sovereignty, of whom or which I have heretofore | | | delity to | any fo | reign pı | rince, po | otentate, | | | | |
| that I will support and defend the Constitution and laws of | of the Unit | ed States of America against | t all enen | nies, fo | oreign, a | and don | nestic; | | | | |
| that I will bear true faith and allegiance to the same; | | | | | | | | | | | |
| that I will bear arms on behalf of the United States when | required b | y the law; | | | | | | | | | |
| that I will perform noncombatant service in the armed for | rces of the | United States when required | d by the | law; | | | | | | | |
| that I will perform work of national importance under civ | ilian direc | tion when required by the la | w; and | | | | | | | | |
| that I take this obligation freely, without any mental reser | rvation or | purpose of evasion; so help | me God. | | | | | | | | |
| Applicant's Printed Name | | | | | | | | | | | |
| Family Name (Last Name) | Given N | ame (First Name) | M | iddle l | Name (i | f applic | able) | | | | |
| | | | | | | | | | | | |
| Applicant's Signature | | | Date of | Signa | ture (m | m/dd/y | ууу) | | | | |

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