

## **Application for Certificate of Citizenship**

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form N-600

OMB No. 1615-0057 Expires 12/31/2018

Par	rt 2. Information About You (continue	d)				A-					
0.	Mailing Address										
	In Care Of Name (if any)										
	Street Number and Name						Apt.	Ste.	Flr.	Num	ber
									Ш		
	City or Town				1	State		$\neg \Box$	P Coc	le + 4	
										J <b>-</b> L	
	Province (foreign address only) Postal	Code (for	eign address	only)	Country (for	eign add	ress on	ıly)			
11.	Physical Address										
	Street Number and Name (Do <b>not</b> provide a PO	Box in this	s space unles	s it is	your <b>ONLY</b> a	ddress.)	Apt.	Ste.	Flr.	Num	ber
	City or Town					State		$\neg \Box$	P Coc	le + 4	
										<b>] -</b>	
	Province (foreign address only) Postal	Code (for	eign address	only)	Country (for	eign add	ress on	ıly)			
2.	Current Marital Status										
	Single, Never Married Married	Divorced	Wido	wed	Separate	d N	1arriag	ge Anr	nulled		
	Other (Explain):										
3.	U.S. Armed Forces										
	Are you a member or veteran of any branch of t	he U.S. Ar	med Forces?	?				[	Y	es [	No
<b>4.</b>	Information About Your Admission into the Un	ited States	and Current	Immi	gration Status	<b>.</b>					
	A. I arrived in the following manner				8						
	Port-of-Entry										
	City or Town	State	e	Dat	te of Entry (m	ım/dd/yy	vv)				
							, , ,	]			
	Exact Name Used at Time of Entry							_			
	Family Name (Last Name)	Given 1	Name (First )	Name)	)	Middle	Name				
	<b>B.</b> I used the following travel document to be	admitted to	the United	States							
	Passport Travel Do										
		cument Nu	ımber								
	Country of Issuance for Passport or		Date Pass	sport o	or Travel Doc	ument					
	Travel Document		Issued (m	-							

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t 2	2. Information About You (co	munucu)					A-					
	. I am											
Ο.	A Lawful Permanent Resident	(LPR)	A Nonimi	miorant	☐ A Ref	fugee/ <i>F</i>	svlee					
						rugee/1	isyice					
	Other (Explain):											
	<b>NOTE:</b> If you select "Other" and y <b>Additional Information</b> .	you need ex	xtra space to	complete	this section	n, use t	he space	prov	ided in	Part	: 11.	
D.	. I obtained LPR status through adjust	stment of st	tatus in the U	nited State	es or admi	ssion a	s a LPR	(if ap	plicabl	e)		
	Date I became a LPR (mm/dd/yyyy)		enship and In Location Whe			(USCI	S) Office	Tha	t Grant	ed M	y LPI	R
ц	(ave you previously applied for a Certi	ficate of Ci	itizanshin or l	II C Dacer	oort?						Yes [	
	you answered "Yes" to <b>Item Number</b>		-	-		need ex	tra snace	e to c	omnlet			on
	ne space provided in <b>Part 11. Addition</b>			ation ocio	w. II you i	neca cz	ina spaci	. 10 0	ompici	C tiii.	scen	011,
	[ ]	DD -4-42	•								7 [	_
	ave you ever abandoned or lost your I			ation halo	If	maad ar	tuo amaa	. to o	ammlat		Yes [	
	You answered "Yes" to Item Number the space provided in Part 11. Addition			ation belov	w. If you	need ex	tra space	e to c	omplet	e this	s secti	on,
-		idi ililoi ili	ation.									
	1 1											
	X X											
W	Vere you adopted?										Yes [	
		<b>r 17.</b> , comp	olete <b>Items A</b>	D.							Yes [	
If	Vere you adopted?	<b>r 17.</b> , comp	olete <b>Items A</b>	D.							Yes [	
If	Vere you adopted?  Yes you answered "Yes" to Item Number  Place of Final Adoption	<b>r 17.</b> , comp	olete <b>Items A</b>		Country					, ,	Yes [	
If	Vere you adopted?  Yes' to Item Number	<b>r 17.</b> , comp			Country						Yes [	
If A.	Vere you adopted?  Syou answered "Yes" to <b>Item Number</b> Place of Final Adoption  City or Town		State			Data	Physical	Cust	andy Pr		Yes [	
If	Vere you adopted?  Yes to Item Number  Place of Final Adoption  City or Town  Date of Adoption	C. Date I	State  Legal Custod				Physical dd/yyyy		ody Be		Yes [	
If A.	Vere you adopted?  Syou answered "Yes" to <b>Item Number</b> Place of Final Adoption  City or Town	C. Date I	State				Physical dd/yyyy		ody Be		Yes [	
If A. B.	Vere you adopted?  Yes to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)	C. Date I	State  Legal Custod dd/yyyy)				•		ody Be	egan		
If A. B.	Vere you adopted?  Yes to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Sid you have to be re-adopted in the Universe constraints.	C. Date I (mm/c)	State  Legal Custod dd/yyyy) ?	y Began			•		ody Bo	egan	Yes [	
If A. B.	Vere you adopted?  You answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  did you have to be re-adopted in the Unity ou answered "Yes" to Item Number	C. Date I (mm/c)	State  Legal Custod dd/yyyy) ?	y Began			•		ody Be	egan		
If A. B.	Vere you adopted?  Yes to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Sid you have to be re-adopted in the Universe constraints.	C. Date I (mm/c)	State  Legal Custod dd/yyyy) ?	y Began			•		ody Bo	egan		
If A. B.	Vere you adopted?  You answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  did you have to be re-adopted in the Unity ou answered "Yes" to Item Number	C. Date I (mm/c)	State  Legal Custod dd/yyyy) ?	y Began			•		ody Be	egan		
If A. B.	Vere you adopted?  Tyou answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the Ure Tyou answered "Yes" to Item Number  Place of Final Adoption	C. Date I (mm/c)	State  Legal Custod dd/yyyy)  ? plete Items A.	y Began	D.		•		ody Bo	egan		
If A.	Vere you adopted?  Tyou answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Fid you have to be re-adopted in the Unity out answered "Yes" to Item Number  Place of Final Adoption  City or Town	C. Date I (mm/c)	State  Legal Custod dd/yyyy)  ? State  State	y Began	D. Country	(mm/	dd/yyyy	)		egan	Yes [	
If A. B.	Vere you adopted?  Tyou answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the Urr  Yyou answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Final Adoption	C. Date I (mm/c)	State  Legal Custod dd/yyyy)  ? plete Items A.	y Began D. Custody Be	D. Country	(mm/	dd/yyyy	ysica	ıl Custo	egan	Yes [	
If A.	Vere you adopted?  Tyou answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Fid you have to be re-adopted in the Unity out answered "Yes" to Item Number  Place of Final Adoption  City or Town	C. Date I (mm/c)	State  Legal Custod dd/yyyy)  ? elete Items A.  State  Date Legal C	y Began D. Custody Be	D. Country	(mm/	dd/yyyy	ysica	ıl Custo	egan	Yes [	
If <b>A</b> . Dif <b>A</b> . <b>B</b> .	Vere you adopted?  Tyou answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the Unity our answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Final Adoption  (mm/dd/yyyy)	C. Date I (mm/c)  mited States' r 18., comp	State  Legal Custod dd/yyyy)  ? blete Items A.  State  Date Legal C (mm/dd/yyyy	y Began  D.  Custody Be	D. Country	(mm/	dd/yyyy	ysica	ıl Custo	egan	Yes [	
If <b>A</b> . Dif <b>A</b> . <b>B</b> .	Vere you adopted?  Tyou answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the Urr  Yyou answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Final Adoption	C. Date I (mm/c)  mited States' r 18., comp	State  Legal Custod dd/yyyy)  ? blete Items A.  State  Date Legal C (mm/dd/yyyy	y Began  D.  Custody Be	D. Country	(mm/	dd/yyyy	ysica	ıl Custo	egan , ,	Yes [	
B. Di If A. W	Vere you adopted?  Tyou answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Adoption  (mm/dd/yyyy)  Did you have to be re-adopted in the Unity our answered "Yes" to Item Number  Place of Final Adoption  City or Town  Date of Final Adoption  (mm/dd/yyyy)	C. Date I (mm/c)  mited States r 18., comp	State  Legal Custod dd/yyyy)  ? blete Items A.  State  Date Legal C (mm/dd/yyyy	y Began  D.  Custody Be	D. Country	(mm/	dd/yyyy	ysica	ıl Custo	egan ody E	Yes [	

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Par	t 2. Information About You (continued)			<b>A-</b>						
22.	Have you been absent from the United States since	you	first arrived?					Yes		No
	Complete the following information only if you are claiming U.S. citizenship at the time of birth if you were born before October 10, 1952. If you need extra space to complete this section, use the space provided in Part 11. Additional Information									
	A. Date You Left the United States (mm/dd/yyyy)	В	Date You Returned to the United States (mm/dd/yyyy)							
	C. Place of Entry Upon Return to the United State	es								
	City or Town	St	tate							
	D. Date You Left the United States (mm/dd/yyyy)	E	Date You Returned to the United States (mm/dd/yyyy)							
	F. Place of Entry Upon Return to the United State	es								
	City or Town	St	tate							
Par	t 3. Biographic Information									
1.	Ethnicity (Select <b>only one</b> box)  Hispanic or Latino Not Hispanic or La	tino								
2.	Race (Select <b>all applicable</b> boxes)  White Asian Black or African American		American Indian Other Pacific			r				
3.	Height Feet Inches 4. Wei	ght	Pounds							
5.	Eye color (Select <b>only one</b> box)  Black Blue Brown Gray		Green	] Pi	nk			own/		
6.	Other  Hair color (Select <b>only one</b> box)  Bald Black Blond Brown Gray Red Sandy White Unknown/ (No hair)									
Par	t 4. Information About Your U.S. Citize	n Ri	iological Father (or Adoptive F	ath	er)					
1 a1	14. Information About 1 our 0.5. Citize	пы	lological Father (of Adoptive I	aun						
infor	<b>E:</b> Complete this section if you are claiming citizen <b>mation about yourself</b> if you are a U.S. citizen fath gical or adopted child.									
1.	Current Legal Name of U.S. Citizen Father									
	Family Name (Last Name)	_ G	iven Name (First Name)	Mie	ldle	Name				
		7								

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	t 4. Information About Your U.S. Citizen Biological Father Adoptive Father) (continued)	
2.	Date of Birth (mm/dd/yyyy)  3. Country of Birth  4. Country of Citizensh	p or Nationality
5.	Physical Address  Street Number and Name (Type or print "Deceased" and the date of death if your father has passed away.) Apt. Ste.	Flr. Number
	City or Town State Z	IP Code + 4
	Province (foreign address only)  Postal Code (foreign address only)  Country (foreign address only)	
6.	My father is a U.S. citizen by  Birth in the United States	on (mm/dd/yyyy)
7.	Has your father ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship?	Yes No
8.	If you answered "Yes" to <b>Item Number 7.</b> , provide an explanation in <b>Part 11. Additional Information</b> .  Marital History	
<b></b>	A. How many times has your U.S. citizen father been married (including annulled marriages and marriages to the same person)?	
	<b>B.</b> What is your U.S. citizen father's current marital status?	
	Single, Never Married Married Divorced Widowed Separated Marriage	Annulled
	Other (Explain):	
	If you selected "Other," provide an explanation. If you need extra space to complete this section, use the spart 11. Additional Information.	pace provided in

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		Information About Yo optive Father) (continue		. Citizen	Biological Fat	ther		A-				
9.	Info	rmation About U.S. Citizen F	ather's C	Current Spo	ouse							
	A.	Family Name (Last Name)		C	Given Name (First l	Name)		Middle	e Name			
	В.	Date of Birth (mm/dd/yyyy)		C. Countr	y of Birth							
	D.	Country of Citizenship or Na	tionality									
	Е.	Spouse's Physical Address Street Number and Name							Apt.	Ste.	Flr.	Number
											Ш	
		City or Town						State		$\neg \Box$	P Cod	le + 4
		Province (foreign address only)		Postal (foreign	Code n address only)		untry reign add	ress onl	y)			] - []
	F.	Date of Marriage (mm/dd/yy	уу)									
	G.	Place of Marriage										
		City or Town			State	Country	Į.					
	Н.	Spouse's Immigration Status										
		U.S. Citizen Lawfu	ıl Perma	nent Resid	lent							
		Other (Explain):										
		If you selected "Other," prov Part 11. Additional Informa		xplanation.	. If you need extra	space to c	omplete t	his sect	ion, use	the sp	ace pi	ovided in
	I.	Is your U.S. citizen father's c	urrent sp	ouse also	your biological (or	adopted)	mother?				Ye	es 🗌 No
Par	t 5.	<b>Information About Yo</b>	ur U.S	. Citizen	Biological Mo	ther (or	Adopti	ve Mo	ther)			
infor	mati	Complete this section if you are or adopted child.										
1.	_	rent Legal Name of U.S. Citiz	en Moth	ier								
		nily Name (Last Name)			Given Name (Fir	rst Name)		M	iddle N	ame		
		·										
2.	Dat	e of Birth (mm/dd/yyyy)	3.	Country o	f Birth		4. (	Country	of Citi	zenshij	or N	ationality
							l [					

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		Information About Your U.S. Citizen Biological Mother optive Mother) (continued)
5.		sical Address
٥.	•	et Number and Name (Type or print "Deceased" and the date of death if your mother has passed away.) Apt. Ste. Flr. Number
	City	y or Town State ZIP Code + 4
		-
	Pro	vince (foreign address only) Postal Code (foreign address only) Country (foreign address only)
6.	My	mother is a U.S. citizen by
		Birth in the United States
		Birth abroad to U.S. citizen parents
		Certificate of Citizenship Number A-Number (if any)
		► A-
		Naturalization
		Place of Naturalization (Name of Court or USCIS Office Location)
		City or Town State
		Certificate of Naturalization Number  A-Number (if any)  Date of Naturalization (mm/dd/yyyy)
		► A-
7.	Has	your mother ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship?
	If y	ou answered "Yes" to <b>Item Number 7.</b> , provide an explanation in <b>Part 11. Additional Information</b> .
8.	Mai	rital History
	<b>A.</b>	How many times has your U.S. citizen mother been married (including annulled marriages and marriages to the same person)?
	B.	What is your U.S. citizen mother's current marital status?
		☐ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Marriage Annulled
		Other (Explain):
		If you selected "Other," provide an explanation. If you need extra space to complete this section, use the space provided in <b>Part 11. Additional Information</b> .
9.	Info	ormation About U.S. Citizen Mother's Current Spouse
	A.	Family Name (Last Name) Given Name (First Name) Middle Name
	B.	Date of Birth (mm/dd/yyyy) C. Country of Birth

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			our U.S. Citizen Biologi	ical M	other	A-					
(or		optive Mother) (continu	,								
	D.	Country of Citizenship or N	ationality								
	E	Spousa's Physical Address									
	Е.	Spouse's Physical Address Street Number and Name					Ant	Ste.	Flr	Nun	nher
		Street Ivaniber and Ivanie					71pt.		Π.		
		City or Town				State		 ZII	 P Cod	le + 4	 1
										] - [	
		Province	Postal Code		Country						
		(foreign address only)	(foreign address	only)	(foreign addre	ess only	)				
	F.	Date of Marriage (mm/dd/yy	ууу)								
	G.	Place of Marriage									
		City or Town	State		Country						
	H.	Spouse's Immigration Status									
		U.S. Citizen Lawf	ful Permanent Resident								
		Other									
		•	vide an explanation. If you ne	ed extra	a space to complete thi	is sectio	n, use	the spa	ice pr	ovid	ed in
	_	Part 11. Additional Inform						_	¬	_	
	I.	Is your U.S. citizen mother's	s current spouse also your bio	logical	(or adopted) father?			L	_ Y€	es L	No
Dar	t 6	Physical Presence in the	he United States From	Rirth	Until Filing of Fo	rm N-	600				
		<u> </u>							1 11	41	1.4
when	you	r U.S. citizen biological fathe	the United States claiming to er or U.S. citizen biological m								
birth		il the date you file your For									
1.	Indi	cate whether this information	n relates to your U.S. citizen f	ather or	mother						
		U.S. Citizen Father U.	S. Citizen Mother								
2.	Phy	sical Presence in the United	States								
	A.	From (mm/dd/yyyy)	To (mm/dd/yyyy)	<b>B.</b>	From (mm/dd/yyyy)		To (r	nm/dd/	уууу	)	
	C.	From (mm/dd/yyyy)	To (mm/dd/yyyy)	<b>D.</b>	From (mm/dd/yyyy)		To (r	nm/dd/	уууу	)	
	E.	From (mm/dd/yyyy)	To (mm/dd/yyyy)	<b>F.</b>	From (mm/dd/yyyy)		To (r	nm/dd/	уууу	)	
	G.	From (mm/dd/yyyy)	To (mm/dd/yyyy)	<b>H.</b>	From (mm/dd/yyyy)		To (r	nm/dd/	уууу	)	

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Par	rt 7. Information About Military Service of U. S. Citizen Parents  A-
NOT	<b>TE:</b> Complete this only if you are an applicant claiming U.S. citizenship at time of birth abroad.
1.	Has your U.S. citizen parent served in the U.S. Armed Forces?
2.	If you answered "Yes" to <b>Item Number 1.</b> , which parent served in the U.S. Armed Forces?
	U.S. Citizen Father U.S. Citizen Mother
3.	Dates of Service (mm/dd/yyyy) (If time of service fulfills any of the required physical presence, submit evidence of the service.)
	A. From (mm/dd/yyyy) To (mm/dd/yyyy)  B. From (mm/dd/yyyy) To (mm/dd/yyyy)
4.	Type of Discharge
	☐ Honorable ☐ Other than Honorable ☐ Dishonorable
Par	et 8. Applicant's Statement, Contact Information, Certification, and Signature
NO	<b>TE:</b> Read the <b>Penalties</b> section of the Form N-600 Instructions before completing this part.
App	plicant's Statement
NOT	TE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.
1.	Applicant's Statement Regarding the Interpreter
	A.  I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
	B The interpreter named in Part 9. read to me every question and instruction on this application and my answer to
	every question, in, a language in which I am fluent and I understood everything.
2.	Applicant's Statement Regarding the Preparer
	At my request, the preparer named in <b>Part 10.</b> , prepared this application for me based only upon information I provided or authorized.
App	plicant's Contact Information
3.	Applicant's Daytime Telephone Number  4. Applicant's Mobile Telephone Number (if any)
_	
5.	Applicant's Email Address (if any)

## Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

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	rt 8. Applicant's Statement, Contact Information, Certification, d Signature (continued)	A-
	derstand that USCIS may require me to appear for an appointment to take my biometrics (finger ature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath	
	1) I reviewed and provided or authorized all of the information in my application;	
	2) I understood all of the information contained in, and submitted 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 of the information in my applicar rmation contained in, and submitted with, my application, and that all of this information is con-	
App	plicant's Signature	
6.	Applicant's Signature (sign in ink)	Date of Signature (mm/dd/yyyy)
$\Rightarrow$		
	<b>TE TO ALL APPLICANTS:</b> If you do not completely fill out this application or fail to submiructions, USCIS may deny your application.	it required documents listed in the
Par	rt 9. Interpreter's Contact Information, Certification, and Signature	
Prov	ride the following information about the interpreter.	
Int	erpreter's Full Name	
1.	Interpreter's Family Name (Last Name)  Interpreter's Given Name (F	First Name)
2.	Interpreter's Business or Organization Name (if any)	
Int	erpreter's Mailing Address	
3.	Street Number and Name Apt. 5	Ste. Flr. Number
	City or Town State	ZIP Code + 4
	Province Postal Code Country	
Int	erpreter's Contact Information	
4.	Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Tele	ephone Number (if any)

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6.

Interpreter's Email Address (if any)

	t 9. Interpreter's Contact Information, Certification, and Signature atinued)								
Inte	rpreter's Certification								
I cert	ify, under penalty of perjury, that:								
<b>Item</b> appli	I am fluent in English and , which is the same language specified in <b>Part 8.</b> , <b>Item B.</b> in <b>Item Number 1.</b> , and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the <b>Applicant's Certification</b> , and has verified the accuracy of every answer.								
Inte	rpreter's Signature								
7.	Interpreter's Signature (sign in ink)  Date of Signature (mm/dd/yyyy)								
	t 10. Contact Information, Declaration, and Signature of the Person Preparing this Application, if her Than the Applicant								
Provi	de the following information about the preparer.								
Pre	parer's Full Name								
1.	Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)								
2.	Preparer's Business or Organization Name (if any)								
Pre	parer's Mailing Address								
3.	Street Number and Name  Apt. Ste. Flr. Number								
	City or Town         State         ZIP Code + 4           -         -								
	Province Postal Code Country								
Pre	parer's Contact Information								
4.	Preparer's Daytime Telephone Number  5. Preparer's Mobile Telephone Number (if any)								
6.	Preparer's Email Address (if any)								

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			Contact Information. Declaration, and Signature of the Person this Application, if Other Than the Applicant (continued)	A-				
Pr	ера	rer's	Statement					
7.	A		I am not an attorney or accredited representative but have prepared this application of the applicant and with the applicant's consent.	n behalf of				
	<b>B.</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.							
			<b>NOTE:</b> If you are an attorney or accredited representative whose representation externation, you may be obliged to submit a completed Form G-28, Notice of Entry of Accredited Representative, with this application.	• • •				
Pr	ера	rer's	Certification					
revi witl	ewe	ed this s or h	ure, I certify, under penalty of perjury, that I prepared this application at the request of completed application and informed me that he or she understands all of the information application, including the Applicant's Certification, and that all of this information is application based only on information that the applicant provided to me or authorize	ion contained in, and submitted s complete, true, and correct. I				
Pr	ера	rer's	Signature					
8.	P	repare	r's Signature (sign in ink)	Date of Signature (mm/dd/yyyy)				

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Pai	rt 11	. Additional I	nfo	rmation						A-				
than Type	If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the <b>Page Number</b> , <b>Part Number</b> , and <b>Item Number</b> to which your answer refers; and sign and date each sheet.													
1.	Fan	Family Name (Last Name)				Given Name (First Name) Midd						ne		
2.	A-N	Number (if any)	• A	-										
3.	A.	Page Number	В.	Part Numbe	er	C.	Item Number							
	D.													
4.	A.	Page Number	В.	Part Numbe	er	C.	Item Number	]						
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5.	A.	Page Number	В.	Part Numbe	er	C.	Item Number							
	D.													
6.	A.	Page Number	В.	Part Numbe	er	C.	Item Number							
	D.													

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## Part 12. Affidavit (do NOT complete this part unless instructed to do so AT THE INTERVIEW) I, the (applicant, parent, or legal guardian) do swear or affirm, under penalty of perjury under the laws of the United States, that I know and understand the contents of this application signed by me, and the attached supplementary pages number \_\_\_\_\_ to \_\_\_\_ inclusive, that the same are true and correct to the best of my knowledge, and that corrections number to were made by me or at my request. Applicant's, Parent's, or Legal Guardian's Signature (Sign in ink) Date of Signature (mm/dd/yyyy) Subscribed and sworn or affirmed before me upon examination of the applicant (parent, legal, guardian) on Date (mm/dd/yyyy) at (Location) USCIS Officer's Printed Name USCIS Officer's Title USCIS Officer's Signature (Sign in ink) Date of Signature (mm/dd/yyyy) Part 13. Officer Report and Recommendation on Application for Certificate of Citizenship (for USCIS use **ONLY**) On the basis of the documents, records, the testimony of 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: 1. True and correct 2. The applicant derived or acquired U.S. citizenship on Date (mm/dd/yyyy) The applicant derived or acquired U.S. citizenship through (Select the box next to the appropriate section of law, or if the 3. section of law is not reflected, type or print the applicable section of law in the space next to "Other.") INA Section 301 INA Section 309 INA Section 320 INA Section 321 **E.** Other The applicant has not been expatriated since that time 4.

NOTE: Do not complete Parts 12. and 13. unless the USCIS officer instructs you to do so at the interview.

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Part 13. Officer Report and Recommendation on Application for Certificate of Citizenship (for USCIS use ONLY) (continued)					
I recommend that this Form N-600 be: A	pproved Denied				
Issue Certificate of Citizenship in the name of					
Family Name (Last Name)	Given Name (First Name)	Middle Name			
USCIS Officer's Printed Name	USCIS Officer's Tit	le			
USCIS Officer's Signature (Sign in ink)	Date of Signature (mm/dd/yyyy)				
☐ I do ☐ do not concur with the USCIS Off	icer's recommendation of Form N-600.				
USCIS District Director's or Field Office Director	Date of Signature (mm/dd/yyyy)				

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