

Application for Certificate of Citizenship

Department of Homeland Security

USCIS Form N-600 OMB No. 1615-0057 Expires 02/28/2027

U.S. Citizenship and Immigration Services

	Date Stamp		Action Block								
Fo											
USC US											
On	ly Remarks										
To be completed by an Attorney or Accredited Representative (if any).Select this 			Attorney State Bar Numbe (if applicable)		y or Accredited Representative Online Account Number (if any)						
► S'	START HERE - Type or print in black ink.										
Par	t 1. Information Abo	out Your Eligibility	,		er Your 9 Digit A-Number:						
1.	This application is being f	filed based on the fact th	at: (Select only one box)		A-						
	I am a BIOLOGICAI	L child of a U.S. citizen	parent. I am an ADOP	TED child of a	U.S. citizen parent.						
	Other (Explain fully)	:									
	NOTE: If you need extra	a space to complete this	section, use the space provided	d in Part 11. A o	lditional Information.						
Par	t 2. Information Abo	out You									
			a person applying for the Certi ng for a Certificate of Citizens		-						
1.	Current Legal Name (do 1	not provide a nickname)									
	Family Name (Last Name	2)	Given Name (First Name))	Middle Name						
2.	Your Name Exactly As It	Appears on Your Perm	anent Resident Card (if differe	ent from above)							
	Family Name (Last Name)	Given Name (First Name))	Middle Name						
3.	Other Names You Have U Provide all other names y		de nicknames, maiden name, a	and aliases.							
	Family Name (Last Name	2)	Given Name (First Name))	Middle Name						
4.	U.S. Social Security Num	ber (if any) 5. US	CIS Online Account Number (if any)							
6.	Date of Birth (mm/dd/yyy	y) 7. Country	y of Birth								
8.	Country of Prior Citizensl	hip or Nationality	9. Gender								
		· · · · · · · · · · · · · · · · · · ·		male							

Part 2.	Information	About	You ((continued))
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10. Mailing Address

	In C	Care Of Name (if any)						
	Stre	reet Number and Name	Apt.	Ste.	Flr.	Number		
	City	ty or Town State		Z	IP Cod	e + 4		
						-		
	Pro	povince (foreign address only) Postal Code (foreign address only) Country (foreign address	ess on	ly)				
11.	Phy	ysical Address						
	Stre	reet Number and Name (Do not provide a PO Box in this space unless it is your ONLY address.)	Apt.	Ste.	Flr.	Number		
	City	ty or Town State		Z T	IP Cod	e + 4		
						-		
	Pro	ovince (foreign address only) Postal Code (foreign address only) Country (foreign address	ss on	ly)				
12.								
			arriag	e An	nulled			
		Other (Explain):						
13.	U.S	S. Armed Forces						
	Are	e you a member or veteran of any branch of the U.S. Armed Forces?			Ye	es 🗌 N	0	
14.	Info	Formation About Your Admission into the United States and Current Immigration Status						
	A.	I arrived in the following manner						
		Port-of-Entry						
		City or Town State Date of Entry (mm/dd/yyy	y)	1				
		Exact Name Used at Time of Entry						
		Family Name (Last Name) Given Name (First Name) Middle N	lame					
	В.	I used the following travel document to be admitted to the United States						
		Passport Travel Document						
		Passport Number Travel Document Number						
		Country of Issuance for Passport orDate Passport or Travel DocumentTravel DocumentIssued (mm/dd/yyyy)						

А-

	rt 2.	Information About You (contin	ued)				A-						
	C.	I am													
		A Lawful Permanent Resider	nt (LPR	3) [A Nonimmigra	int [AR	efugee/	Asylee						
		Other (Explain):													
		NOTE: If you select "Other" and Additional Information .	d you n	eed e	extra space to comp	lete ti	his sectio	on, use	the space	provi	ded	in Pa	rt 11.		
	D.	I obtained LPR status through adj	ustmen	nt of s	status in the United	State	s or adm	ission a	as a LPR	(if app	olica	ble)			
		Date I became a LPR (mm/dd/yyyy)			zenship and Immig Location Where I			s (USC	IS) Office	e That	Gra	inted	My L	PR	
15.	If y	ve you previously applied for a Cer you answered "Yes" to Item Numb space provided in Part 11. Additi	er 15.,	prov	ide an explanation	-		need e	xtra spac	e to co	omp	lete tl	Yes nis sec	Ction,	No use
16.	If y	Iave you ever abandoned or lost your LPR status? Yes Yes If you answered "Yes" to Item Number 16., provide an explanation below. If you need extra space to complete this section, use the space provided in Part 11. Additional Information. Yes													
17.	If y	ere you adopted? you answered "Yes" to Item Numb	er 17.,	com	plete Items A D.								Yes		No
	А.	Place of Final Adoption													
	А.	Place of Final Adoption City or Town			State		Country								
	А.	-			State		Country								
		-			State Legal Custody Be /dd/yyyy)				Physical /dd/yyyy		ody	Bega	n		
10	B.	City or Town Date of Adoption (mm/dd/yyyy)		(mm	Legal Custody Be /dd/yyyy)				•		ody	Bega			
18.	B. Dic	City or Town Date of Adoption (mm/dd/yyyy) d you have to be re-adopted in the U	Jnited S	(mm State:	Legal Custody Be /dd/yyyy) s?				•		ody	Bega	n Yes		No
18.	B. Dic If y	City or Town Date of Adoption (mm/dd/yyyy) d you have to be re-adopted in the U you answered "Yes" to Item Numb	Jnited S	(mm State:	Legal Custody Be /dd/yyyy) s?				•		ody :	Bega			No
18.	B. Dic If y	City or Town Date of Adoption (mm/dd/yyyy) d you have to be re-adopted in the U you answered "Yes" to Item Numb Place of Final Adoption	Jnited S	(mm State:	Legal Custody Be /dd/yyyy) s? plete Items A D .	gan	D		•		ody :	Bega			No
18.	B. Dic If y	City or Town Date of Adoption (mm/dd/yyyy) d you have to be re-adopted in the U you answered "Yes" to Item Numb	Jnited S	(mm State:	Legal Custody Be /dd/yyyy) s?	gan			•		ody i	Bega			No
18.	B. Dic If y A.	City or Town Date of Adoption (mm/dd/yyyy) d you have to be re-adopted in the U you answered "Yes" to Item Numb Place of Final Adoption	Jnited S	(mm State: com	Legal Custody Be /dd/yyyy) s? plete Items A D .	gan (D	(mm	•) nysical			Yes	 n	No
18.	B. Dic If y A. B.	City or Town Date of Adoption (mm/dd/yyyy) d you have to be re-adopted in the U you answered "Yes" to Item Numb Place of Final Adoption City or Town Date of Final Adoption	United S er 18.,	(mm. States com	Legal Custody Be /dd/yyyy) s? plete Items A D. State Date Legal Custod (mm/dd/yyyy)	gan (] []]	D	(mm	/dd/yyyyy) nysical			Yes		No
	B. Dia If y A. B. We	City or Town Date of Adoption (mm/dd/yyyy) dyou have to be re-adopted in the U you answered "Yes" to Item Numb Place of Final Adoption City or Town Date of Final Adoption (mm/dd/yyyy)	United S er 18.,	(mm. State: comj C.	Legal Custody Be /dd/yyyy) s? plete Items A D. State Date Legal Custod (mm/dd/yyyy)	gan (] []]	D	(mm	/dd/yyyyy) nysical			Yes		

Par	rt 2.	Information About You (continued)
22.		ve you been absent from the United States since you first arrived?
	Cor	nplete the following information only if you are claiming U.S. citizenship at the time of birth if you were born before ober 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 B. Date You Returned to the (mm/dd/yyyy) United States (mm/dd/yyyy)
	C.	Place of Entry Upon Return to the United States
		City or Town State
	D.	Date You Left the United States E. Date You Returned to the (mm/dd/yyyy) United States (mm/dd/yyyy)
	F.	Place of Entry Upon Return to the United States
		City or Town State
Par	rt 3.	Biographic Information
1.	Eth	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
3.	Hei	ght Feet Inches 4. Weight Pounds
5.	Eye	color (Select only one box)
		Black Blue Brown Gray Green Hazel Maroon Pink Unknown/ Other
6.	Hai	r color (Select only one box) Bald Black Blond Brown Gray Red Sandy White Unknown/ (No hair)

Part 4. Information About Your U.S. Citizen Biological Father (or Adoptive Father)

NOTE: Complete this section if you are claiming citizenship through a U.S. biological father (of adoptive father). **Provide information about yourself** if you are a U.S. citizen father applying for a Certificate of Citizenship on behalf of your minor biological or adopted child.

1. Current Legal Name of U.S. Citizen Father

Family Name (Last Name)	Given Name (First Name)	Middle Name

		Information About Your U.S. Citizen Biological Father A-
2.	Dat	e of Birth (mm/dd/yyyy) 3. Country of Birth 4. Country of Citizenship or Nationality
5.		sical Address et Number and Name (Type or print "Deceased" and the date of death if your father has passed away.) Apt. Ste. Flr. Number
	City	v or Town State ZIP Code + 4
	Pro	vince (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 □ Acquisition after birth through naturalization of alien parents Birth abroad to U.S. citizen parents Certificate of Citizenship Number Alien Registration Number (A-Number) (if any)
7.	Has	your father ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship? ☐ Yes ☐ No
		bu answered "Yes" to Item Number 7., provide an explanation in Part 11. Additional Information.
8.		rital History
	А.	How many times has your U.S. citizen father been married (including annulled marriages and marriages to the same person)?
	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 space provided in **Part 11. Additional Information**.

Par	t 4.	. Information About Your U.S. Citizen Biological Father		A-							
		loptive Father) (continued)									
9.	Info	formation About U.S. Citizen Father's Current Spouse									
	A.	Family Name (Last Name) Given Name (First Name)	Middle	Nam	e						
							-				
	B.	Date of Birth (mm/dd/yyyy) C. Country of Birth									
	D.	Country of Citizenship or Nationality									
	E.	Spouse's Physical Address									
		Street Number and Name			Apt	. St	e. Flr	:. N	umbe	er	
] [
		City or Town	S	State			ZIP C	ode +	- 4		
								-			
		Province Postal Code Country									
		(foreign address only) (foreign address only) (foreign	addre	ss only	r)						
	F.	Date of Marriage (mm/dd/yyyy)									
	G.	Place of Marriage									
		City or Town State Country									
										-	
	H.	Spouse's Immigration Status						-			
		U.S. Citizen Lawful Permanent Resident									
		Other (Explain):									
		If you selected "Other," provide an explanation. If you need extra space to compl	ata thi	a sooti	0.00.110			nrol	idad	in	
		Part 11. Additional Information.		s secu	on, us	e the	space	prov	lucu	111	
	I.	Is your U.S. citizen father's current spouse also your biological (or adopted) mothe	er?					Yes		No	
								105			
Par	t 5	5. Information About Your U.S. Citizen Biological Mother (or Add	ontiv	e Moi	ther						
			-								
		Complete this section if you are claiming citizenship through a U.S. citizen biologic ation about yourself if you are a U.S. citizen mother applying for a Certificate of Ci							rovi	de	
		al or adopted child.			Jenu		, 561 111				

1. Current Legal Name of U.S. Citizen Mother

	Family Name (Last Name)		Given Name (First Name)	Middle Name	
2.	Date of Birth (mm/dd/yyyy)	3.	Country of Birth	4.	Country of Citizenship or Nationality

		Information About Your U.S. Citizen Biological Mother												
(or	·Add	optive Mother) (continued)												
5.		Physical Address												
	Stre	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 Acquisition after birth through naturalization of alien parents												
		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	s your mother ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship? Yes 🗌 No												
	If y	ou answered "Yes" to Item Number 7., provide an explanation in Part 11. Additional Information.												
8.	Ma	rital History												
	А.	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 Part 11. Additional Information .												
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												

		Information About optive Mother) (conti		Citizen	Biologie	cal M	other		A-					
		Country of Citizenship or	,											
	E.	Spouse's Physical Addres	s											
		Street Number and Name								Apt.	Ste.	Flr	N	umber
		City or Town							State		Z	IP Co	ode -	- 4
													-	
		Province		Postal C				Country	_					
		(foreign address only)		(foreign	address o	only)		(foreign addr	ess only	')				
	F.	Date of Marriage (mm/dd	/ /yyyy)											
	G.	Place of Marriage												
		City or Town			State		Co	untry						
	H.	Spouse's Immigration Sta	tus											
			wful Permane	nt Reside	ent									
Other														
		If you selected "Other," p		lanation.	If you nee	ed extra	a space	to complete th	is sectio	on, use	the s	pace j	prov	ided in
		Part 11. Additional Info	rmation.											
	I.	Is your U.S. citizen mothe	er's current sp	ouse also	your biol	ogical	(or ado	pted) father?					Yes	No
Par	t 6.	Physical Presence in	the United	l States	From I	Birth	Until	Filing of Fo	orm N-	600				
when	you	Only applicants born outsic ur U.S. citizen biological fa til the date you file your F	ther or U.S. c											
1.	Ind	licate whether this informat	ion relates to	your U.S.	. citizen fa	ther of	mothe	er						
		U.S. Citizen Father	U.S. Citizen	Mother										
2.	Phy	ysical Presence in the Unite	d States											
	•	From (mm/dd/yyyy)	To (mm/o	ld/yyyy)		B.	From	(mm/dd/yyyy)		To (1	mm/d	d/yyy	y)	
]								
	C.	From (mm/dd/yyyy)	To (mm/o	ld/yyyy)		D.	From	(mm/dd/yyyy)		To (1	mm/d	d/yyv	y)	
]		/					• /	
	E.	From (mm/dd/yyyy)	To (mm/c	ld/yyyy)		F.	From	(mm/dd/yyyy)			mm/d	d/yyy	y)	

 H.	From (mm/dd/yyyy)	To (mm/dd/yyyy)

G. From (mm/dd/yyyy)

To (mm/dd/yyyy)

Par	et 7. Information About Military Service of U. S. Citizen Parents A-					
NOT	TE: 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 Item Number 1., 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	t 8. Applicant's Statement, Contact Information, Certification, and Signature					
NOT	TE: Read the Penalties 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 Part 10. ,					
	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.

Part 8. Applicant's Statement, Contact Information, Certification, and Signature (continued)

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

A-

- 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.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

6.	Applicant's Signature	Date of Signature (mm/dd/yyyy)
⇒		

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

l.	Interpreter's Family Name (Last Name)		Interpreter's G	iven Name (First Nam	e)
•	Interpreter's Business or Organization Nam	ne (if any)	1		
	ammatan's Mailing Addusse				
nı	erpreter's Mailing Address				
	Street Number and Name			Apt. Ste. Flr.	Number
	City or Town			State	ZIP Code + 4
]
	Province	Postal Code	Country		

4. Interpreter's Daytime Telephone Number 6. Interpreter's Email Address (if any)

Part 9. Interpreter's Contact Information, **Certification**, **and Signature** (continued)

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Interpreter's Certification

I certify, under penalty of pe	erjury, that:			
I am fluent in English and		, which is the same language specified in Part 8. ,		
Item B. in Item Number 1., 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 Applicant's Certification , and has verified the accuracy of every answer.				

Interpreter's Signature

7. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer'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)	

Preparer's Mailing Address

Street Number and Name			Apt. Ste. Flr.	Number
City or Town			State	ZIP Code + 4
Province	Postal Code	Country		

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
6. Preparer's Email Address (if any)
5. Preparer's Mobile Telephone Number (if any)

Part 10.	Contact J	Informatio	n. Decla	ration,	and Si	ignatur	e of the Pe	rson
Preparin	g this Ap	plication, i	if Other	Than th	ne Apr	olicant (continued)	

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Preparer's Statement

7.	A. I am not an attorney or accredited represent	ative but have prepared this application on behalf of
	the applicant and with the applicant's conse	nt.

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.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 11. Additional Information

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 **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

A-

1.	Fan	nily Name (Last N	Name)	Giv	ven Name (First Name)	Middle Name
2.	A-N	Number (if any)	► A	-			
3.	A. D.	Page Number	B.	Part Number	C.	Item Number	
4.	A.	Page Number	B.	Part Number	C.	Item Number	
	D.						
_					~		
5.	A. D.	Page Number	B.	Part Number	C.	Item Number	
6.		Page Number	B.	Part Number	C.	Item Number	
	D.						

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

Part 12. Affidavit (do NOT complete this part unless instructed to do so AT THE INTERVIEW)	A-
I, the (applicant, parent, or legal guardian) penalty of perjury under the laws of the United States, that I know and understand the contents	do swear or affirm, under
the attached supplementary pages number to inclusive, that the same are true at and that corrections number to were made by me or at my request.	
Applicant's, Parent's, or Legal Guardian's Signature	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	Date of Signature (mm/dd/yyyy)
Part 13. Officer Report and Recommendation on Application for Certific (for USCIS use ONLY)	cate of Citizenship
On the basis of the documents, records, the testimony of persons examined, and the identificat underage beneficiary, I find that all the facts and conclusions set forth under oath in this applic	
1. True and correct	
2. The applicant derived or acquired U.S. citizenship on Date (mm/dd/yyyy)	
3. The applicant derived or acquired U.S. citizenship through (Select the box next to the bo	ne appropriate section of law, or if the

- section of law is not reflected, type or print the applicable section of law in the space next to "Other.")
 - A. INA Section 301
 - **B.** INA Section 309
 - C. \Box INA Section 320
 - **D.** INA Section 321
 - E. Other

Part 13. Officer Report and Recommendation on Application for Certificate of Citizenship (for USCIS use ONLY) (continued)				A-
I recommend that this Form N-600 be:	Approved Der	nied		
Issue Certificate of Citizenship in the name of				
Family Name (Last Name)	Given Name (Fin	Given Name (First Name)		dle Name
USCIS Officer's Printed Name		USCIS Officer's Title		
USCIS Officer's Signature				Date of Signature (mm/dd/yyyy)
I do do not concur with the USCIS O	fficer's recommenda	tion of Form N-600.		
USCIS District Director's or Field Office Director's Signature				Date of Signature (mm/dd/yyyy)