Print clearly or type your answers in black ink, using CAPITAL letters. Failure to print clearly may delay your application. Part 1. Information about your child. (Provide information about the child on If your child has an "A" Number, whose behalf this application for citizenship and a Certificate of write it here: Citizenship is being filed.) A. Current legal name. Family Name (Last Name) For USCIS Use Only Given Name (First Name) Full Middle Name (If applicable) **Bar Code Date Stamp** B. Name exactly as it appears on your Permanent Resident Card (If applicable). Family Name (Last Name) Given Name (First Name) Full Middle Name (If applicable) Remarks C. Other names used since birth. Family Name (Last Name) Given Name (First Name) Middle Name (If Applicable) Action **D.** U.S. Social Security # (If Applicable) Date of Birth (mm/dd/yyyy) **Country of Birth** G. Country of Citizenship/Nationality H. Gender Height Male Female Part 2. Information About the Child's Eligibility. (Check only one.) This application is being filed on my behalf based on the fact that: I am a BIOLOGICAL child (under 18 years) of a United States citizen parent who is applying for citizenship on my behalf. I am an ADOPTED child (under 18 years) of a United States citizen parent who is applying for citizenship on my behalf. I am a child (under 18 years) of a United States citizen parent who died during the five years preceding the filing of this application. A United States citizen grandparent or a United States citizen legal guardian is applying for citizenship on my behalf. Part 3. Additional Information About the Child. (Provide information about the child on whose behalf this application for citizenship and a Certificate of Citizenship is being filed.) Home Address - Street Number and Name (Do not write a P.O. Box in this space.) Apartment Number City County State or Province Zip Code Country

Mai	Mailing Address - Street Number and Name (If Different From Home Address)							
City	County		State or Province	C	Country	Zip Code		
					-	<u>.</u>		
Day	rtime Phone Number (If any)	Evening Pho	one Number (<i>If any</i>)	L	E-Mail Address ([f any]		
	time Finance (tj. tiny)	Evening 1 no	She i tumber (ij uniy)		Z Wan Address (
Mai	rital Status							
	Single, Never Married Ma	arried	Divorced	I	Widowed			
	Marriage Annulled or Other (Explain)							
(Do	Information about entry into the United States and current immigration status. Do not complete this section. The Adjudicator will complete it with you during the interview.)							
	rived in the following manner:							
Por	t of Entry (City/State)	Date of E	Entry (mm/dd/yyyy)	٦	Current Immigra	ation Status		
L	And Manual Handley Tr' C.F.							
Exa	act Name Used at Time of Entry:							
	te of Adoption (mm/dd/yyyy)		custody Began (mm/dd/			ly Began (mm/dd/yyyy		
We	re the child's parents married to each oth	er when the	child was born (or ad	opted)?	No	Yes		
irt 4	. Information about the child's U. are a United States citizen father of your eligible child, provide information legal guardian, provide information	or mother a ormation ab	applying for citizen Sout yourself below	ship and o y). If you	a Certificate of Ci are a U.S. citizen	tizenship on behal grandparent or		
Cu	rrent legal name of U.S. citizen father or	mother.						
Fan	nily Name (Last Name)	Given Nar	me (First Name)		Full Middle Nar	ne (<i>If applicable</i>)		
Dat	te of Birth (mm/dd/yyyy)	C. Coun	ntry of Birth					
Ho	me Address - Street Number and Name					Apartment Num		
Cit	y County	9	State or Province	Cour	ntry	Zip Code		

Part	are a United States citizen father or not gour eligible child, provide information legal guardian, provide information	mother applying aation about you l	for citizenship and a C r self below). If you are	Certificate of Citize e a U.S. citizen gro	nship on behalf andparent or
E. U	J.S. citizen by:				
	Birth in the United States				
	Naturalization Date of Naturalization (mm/dd/yyyy)	Place of Natural (Name of Court	ization and City/State or USCIS (or	r former INS) Office Lo	ocation)
	Certificate of Naturalization Number	Former "A" Nun	nber (If known)		
	Through birth abroad to U.S. citizen parent(s)				
Γ	Acquired after birth through naturalization of a	llien parent(s)			
	Has the U.S. citizen father or mother ever lost U.citizenship?	.S. citizenship or ta	ken any action that would	cause loss of United	States
Γ	No Yes (Please provide full ex	eplanation.)			
5. D	eates of Residence and/or Physical Presence in the	-			
	rovide the dates the U.S. citizen father or mother reparate sheet of paper.	esided in or was phy	sically present in the United	States. If you need mo	ore space, use a
	From (Month/Day/Year - mm/dd/yy	yy)	To (Month/Day/Year - mm/dd/yyyy)		
	Marital History.				
1	•			iges)?	
2		-			
	Family Name (Last Name)	Given Name (First	t Name)	Full Middle Name (I)	t applicable)
	Date of Birth (mm/dd/yyyy)	Country of Birth		Country of Citizensh	ip/Nationality
	, 33337	,		, , , , , , , , , , , , , , , , , , , ,	
	Home Address - Street Number and Name				Apartment Number
	City County	State or	Province Coun	try	Zip Code
	Date of Marriage (mm/dd/yyyy)	Place	e of Marriage (City/State or	Country)	
			<u> </u>	~ /	
	Spouse's Immigration Status:				
	U.S. Citizen Lawful Perm	nanent Resident	Other (Explain)		
3	Is the U.S. citizen Father or Mother's curre child (biological or adoptive) for whom this	•	_	he parent of the	□ No □ Yes

Par	t 5. Information about the U.S. citize are a U.S. citizen parent (or adopt Citizenship for your biological or present in the United States for five provided here should describe, the	ive parent) grandpar adopted child and th e years, two years of	ent or legal gu e citizen paren which were af	nardian applying for a Ce at has not been physicall ter the age of 14. The inf	ertificate of y formation
A.	Current legal name of U.S. citizen grandfath Family Name (Last Name)	Given Name (First Nan	ne)	Full Middle Name (I	f applicable)
В.	Date of Birth (mm/dd/yyyy)	C. Country of Birth	1		
D.	Home Address - Street Number and Name				Apartment Number
	City County	State or Pr	ovince	Country	Zip Code
Е.	U.S. citizen by: Birth in the United States Naturalization Date of Naturalization (mm/dd/yyyy) Certificate of Naturalization Number	Place of Natural (Name of Court Former "A" Nur	and City/State or	(USCIS or former INS) Office	Location)
	Through birth abroad to U.S. citizen parer Acquired after birth through naturalization	nt(s) n of alien parent(s)			
F.	Has your father or mother (your child's grad would cause loss of U.S. citizenship? No Yes (Please provide full e.		·) ever lost U.S. ci	nuzenship or taken any actio	n that
G.	Dates of Residence and/or Physical Presence Provide the dates that your U.S. citizen father more space, use a separate sheet of paper.		andfather or gran	ndmother) lived in the United S	States. If you need
	From (Month/Day/Year - mm	n/dd/yyyy)	,	To (Month/Day/Year - mm/dd/	<i>(</i> yyyy)

Part 6. Legal guardian. (Complete this part only for applications filed by a legal guardian in lieu of a deceased U.S. citizen parent.) A. Current legal name of U.S. citizen Legal Guardian. Family Name (Last Name) Given Name (First Name) Full Middle Name (If applicable)

В.	Date of Birth (mm/dd/yyyy)	C. Country of Birth		
D.	Home Address - Street Number and Name			Apartment Number
	City County	State or Province	Country	Zip Code
E.	U.S. citizen by:			
	Birth in the United States			
	Naturalization			
	Date of Naturalization (mm/dd/yyyy)	Place of Naturalization (Name of	f Court & City/State or US	CIS or former INS Office Location)
	Certificate of Naturalization Number	Former "A" Number (If known)		
	Through birth abroad to United States ci	itizen parent(s)		
	Acquired after birth through naturalization	on of alien parent(s)		
E.	Date of Local Coordinates			
F.	Date of Legal Guardianship			
G.	Name of Authority that Granted Legal Gu	nardianship H. Address o	f Authority that Granted	Legal Guardianship
P	art 7. Your Signature.			
corı	rtify, under penalty of perjury under the laws rect. I authorize the release of any information the benefit I am seeking.			
	olicant's Signature	Print Name		Date (mm/dd/yyyy)

Applicant's Signature	Print Name]	Date (mm/dd/yyyy)

Part 8. Signature of person preparing thi	s form, if other than above.	
I declare that I prepared this application at the request of knowledge and/or were provided to me by the above-nar		
Preparer's Printed Name	Preparer's Signature	
Name of Business/Organization (If Applicable)	Preparer's Daytime Phone Number	Date (mm/dd/yyyy)
Preparer's Address - Street Number and Name		
City County	State	Zip Code
NOTE: Do not complete the following part	rts below unless the USCIS officer instructs you	u to do so at the interview.
Part 9. Affidavit.		
I, the parent/grandparent/legal guardian,	do swear or affirm, unde	r penalty of perjury laws of the
United States, that I know and understand the contents o	of this application signed by me, and the attached supple	ementary pages number () to
	the best of my knowledge, and that corrections numbe	r () to () were made by
		r () to () were made by Date (mm/dd/yyyy)
me or at my request. Signature of U.S. citizen parent/grandparent/legal guard	ian I	Date (mm/dd/yyyy)
me or at my request. Signature of U.S. citizen parent/grandparent/legal guard	ian I	Date (mm/dd/yyyy)
me or at my request. Signature of U.S. citizen parent/grandparent/legal guard Subscribed and sworn or affirmed before me upon exam	ian I	Date (mm/dd/yyyy)

Part 10. Officer Report	and Recommendation.		
On the basis of the documents, r	ecords, and the testimony of person	ns examined, and the identifica	tion upon personal appearance of the underage
beneficiary, I find that all the fact	s and conclusions set forth under oat	th in this application are	true and correct; that the applicant is eligible
to be naturalized on	(month/day/year), throu	ugh section 322 of the INA	; section 322 of the INA (grandparent
residence) section 322	of the INA (grandparent or legal g	guardian application)	
and I recommend that this applications of the commend that this applications of the commend that this application is application of the commend that the			ons Officer's Signature
I do concur in recommer	ndation of the application.	Date:(mm/dd/y)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
District Director or Officer-in-Ch	arge Signature:	. 33	