

Application for Replacement Naturalization/Citizenship Document

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form N-565 OMB No. 1615-0091 Expires 05/31/2017

	Returned]	Fee Stamp			Action Block
	Resubmitted					
	Relocated Sent					
For USCIS	Relocated Received					
Use Only	☐ Applicant Interviewed ☐ Declaration of Intention	Verified by:	Remarks:			
	☐ Citizenship Verified by:					
by B	an attorney or Form Form A-accredited atta	ct this box if m G-28 is ched to represent applicant.	Attorney State Ba	ar Number		or Accredited Representative nline Account Number (if any)
►STA	RT HERE - Type or print in	n black ink.	1			
Part 1	1. Information About Y	You				
	l Legal Name nily Name (Last Name)		Given Name (Fir	st Name)		Middle Name
2. Dat	e of Birth (mm/dd/yyyy)	3. Country of	of Birth			
4. Cei	tificate Number				ien Registrat	tion Number (A-Number)
6. Ma	iling Address					
In (Care Of Name					
Str	eet Number and Name				Apt. Ste. I	Flr.
Cit	y or Town				State	ZIP Code
Pro	vince	Pos	tal Code (Country		

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Pa	rt 2	. T	ype of Application					
1.	I he	eby	apply for (select only one box):					
	A. [_ N	New Certificate of Citizenship		D. 🗌	New Declaration of Intentio	n	
	В. [_ N	New Certificate of Naturalization		Е.	*		ion to obtain recognition of my
	C. [N	New Certificate of Repatriation			complete Part 3. , Part 8. , as		ntry. (Skip Item Number 2. and nrt 9.)
2.	Basi	s for	r application (Select all applicabl	e boxes):				
	A.		My certificate was lost, stolen, of a copy of the certificate (if any),	•	-		mple	te Part 3. and Part 9., and attach
	В.	_	My certificate is mutilated. (Cor	•				
	C.		My certification or declaration is and attach the documents.)	incorrect du	ie to typ	ographical/clerical error. (Co	omple	ete Part 3., Part 4., and Part 9.,
	D.		My name has legally changed. (Complete Pa	art 3., P	art 5., and Part 9., and attach	the	certificate and documents.)
	Е.	_	My date of birth has legally chan applying for a replacement Certificand attach the certificate and doc	icate of Citi				* 11
	F.	My gender has legally changed. (Complete Part 3. , Part 7. , and Part 9. , and attach the certificate and documents.)						
	G.		Other: Explain (Complete Part	3., Part 4. , a	nd Part	9., and attach the documents	.)	
Pa	rt 3	. Pı	rocessing Information					
1.	Gen	der	2. Height			3. Marital Status		
		Mal	le Female Feet	Inches	8	Single Ma	arried	Divorced Widowed
Му	last	certif	ficate or Declaration of Intention	was issued to	o me by	:		
1 .	USC	CIS C	Office or Name of Court				5.]	Date (mm/dd/yyyy)
6.	Nan	ne in	Which the Document Was Issued	<u>l</u>				
7.	Oth	er Na	ames I Have Used (if none, type of	r print "Nor	ie")			
	Fam	ily N	Name (Last Name)		Given	Name (First Name)		Middle Name
3.	Sinc	e be	ecoming a citizen, have you lost or	renounced	vour cit	izenship in any manner?	Yes	(attach an explanation) No

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Part 4	4. Complete If Applying To Correct Your Document						
	If you are applying for a new certificate or Declaration of Intention because your current one is incorrect, explain why it is incorrect and attach copies of any documents supporting your request.						
Part :	5. Complete If Applying for a New Document Because of a Name Change						
Name c	hanged because of (select only one box):						
A.	Marriage or divorce on (Attach a copy of marriage or divorce certificate) (mm/dd/yyyy)						
В.	Court Order (Attach a certified copy of the document) (mm/dd/yyyy)						
Part (6. Complete If Applying for a New Certificate of Citizenship Because of a Date of Birth Change						
Date of	birth changed by:						
A.	Court Order (Attach a certified copy of the document) (mm/dd/yyyy)						
В.	State-issued document (For example, birth certificate, certificate recognizing the foreign birth, certificate of birth abroad, or other similar records issued by the child's state of residence.)						
Part '	7. Complete If Applying for a New Document Because of a Change in Gender						
Evidend	ce of official recognition of gender change recognized by (select all applicable boxes):						
A.	Court Order (Attach a certified copy of the document)						
В.							
C.	Other official documentation recognizing the new gender by U.S. state, local jurisdiction, or foreign state, such as a passport or driver's license.						
D.	Medical certification by a licensed physician (doctor of medicine (M.D.) or doctor of osteopathy (D.O.)						
	3. Complete If Applying for a Special Certificate of Recognition as a Citizen of the United States by overnment of a Foreign Country						
1. Na	me of Foreign Country						
Informa	ation about official of the country who has requested this certificate (if known)						
2. Fai	mily Name (Last Name) Given Name (First Name) Middle Name						
Off	Ficial Title Name of Government Agency						

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th	e Government of a Foreign Country	(continued)				
3.	Address of Foreign Official					
	Street Number and Name				Apt. Ste. Flr.	
	City or Town				State	ZIP Code
	Province	Postal Code		Country		
U_{s}^{s}	SCIS or Consular Official's Certificati	ion				
4.	USCIS or Consular Official's Signature				Date of Si	gnature
					(mm/dd/y	
Pa	art 9. Applicant's Statement, Contac	t Information, Co	ertif	fication, an	d Signature	
NO	OTE: Read the Penalties section of the Form N	N-565 Instructions bet	fore o	completing thi	s part.	
				1 0	1	
Ap	oplicant's Statement					
NO	TE: Select the box for either Item A. or B. in	Item Number 1. If	appli	icable, select th	he box for Iten	n Number 2.
1.	Applicant's Statement Regarding the Interpret	ter				
	A. I can read and understand English, and my answer to every question.	d I have read and und	ersta	nd every quest	tion and instruc	etion on this application and
	B The interpreter named in Part 10. read	d to me every question	n and	d instruction of	n this application	on and my answer to every
	question in			, a la	anguage in whi	ch I am fluent, and I
	understood everything.					
2.	Applicant's Statement Regarding the Preparer					
	At my request, the preparer named in Par		-			
	prepared this application for me based on	lly upon information.	I pro	vided or autho	rized.	
Ap	oplicant's Contact Information					
3.	Applicant's Daytime Telephone Number	4.	Aı	oplicant's Mob	ile Telephone	Number (if any)
5.	Applicant's Email Address (if any)					
4	oplicant's Certification					
AL	Ducant S Certification					

Part 8. Complete If Applying for a Special Certificate of Recognition as a Citizen of the United States by

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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Part 9. 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:

- 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.

Ap	oplicant's Signature							
6.	Applicant's Signature		Date of Signature					
			(mm/dd/yyyy)					
Ins	OTE TO ALL APPLICANTS: If you do not completely fill of tructions, USCIS may deny your application.					ired documents listed in the		
Pa	art 10. Interpreter's Contact Information, Certific	catio	on, and S	ignatu	re			
Pro	ovide the following information about the interpreter.							
In	terpreter's Full Name							
1.	Interpreter's Family Name (Last Name)	Int	erpreter's (Given Na	ame (First Nam	ne)		
2.	Interpreter's Business or Organization Name (if any)							
In	terpreter's Mailing Address							
3.	Street Number and Name				Apt. Ste. Flr.	Number		
	City or Town				State	ZIP Code		
	Province Postal Code		Count	ry				
In	terpreter's Contact Information							
4.	Interpreter's Daytime Telephone Number	5.	Interprete	er's Mob	vile Telephone	Number (if any)		
6.	Interpreter's Email Address (if any)]						

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Pa	Part 10. Interpreter's Contact Information, Certification, and Signature (continued)						
In	terpreter's Certification						
I ce	rtify, under penalty of perjury, that:						
I an	n fluent in English and				, whic	h is the same l	anguage specified in Part 9.,
app	n B. in Item Number 1. , and I have read to this applicant in the lication and his or her answer to every question. The applicant answer on the application, including the Applicant's Certific	t ir	nforme	ed	me that he or	she understan	ds every instruction, question,
In	terpreter's Signature						
7.	Interpreter's Signature					_ Date of Sig	nature
						(mm/dd/yy	yy)
	rt 11. Contact Information, Declaration, and Sig her Than the Applicant	gna	ature	e o	of the Perso	on Preparin	g this Application, if
Pro	vide the following information about the preparer.						
Pr	eparer's Full Name						
1.	Preparer's Family Name (Last Name)	1	Prepa	ıre	r's Given Nan	ne (First Name	
2.	Preparer's Business or Organization Name (if any)						
Pr	eparer's Mailing Address						
3.	Street Number and Name					Apt. Ste. Flr.	Number
	City or Town					State	ZIP Code
	Province Postal Code				Country		J [
					,		
Pr	eparer's Contact Information						
4.	Preparer's Daytime Telephone Number]	5.		Preparer's Mo	bile Telephon	e Number (if any)
6.	Preparer's Email Address (if any)]					

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		1. Contact Information, Declaration, and Signa Than the Applicant (continued)	ature of the Person Preparing this Application, if
Pr	ераг	er's Statement	
7.	A.	I am not an attorney or accredited representative but he applicant and with the applicant's consent.	have prepared this application on behalf of
	В.	☐ I am an attorney or accredited representative and my ☐ extends ☐ does not extend beyond the preparation	•
		NOTE: If you are an attorney or accredited represent completed Form G-28, Notice of Entry of Appearance with this application.	• •
Pr	еран	er's Certification	
rev wit	iewed h, his	I this completed application and informed me that he or she	his application at the request of the applicant. The applicant then understands all of the information contained in, and submitted, and that all of this information is complete, true, and correct. I ant provided to me or authorized me to obtain or use.
Pr	еран	er's Signature	
8.	Sign	nature of Preparer	Date of Signature
			(mm/dd/yyyy)

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