

N-565, Application for Replacement Naturalization/Citizenship Document

START HERE - Please type or print in black ink.

Part 1. Information about you.

| | | |
|------------------------------|--------------------|-------------|
| Family Name | Given Name | Middle Name |
| Address - In care of: | | |
| Street # and Name | | Apt # |
| City or town | State or Province | |
| Country | Zip or Postal Code | |
| Date of Birth (mm/dd/yyyy) | Country of Birth | |
| Certificate # | A # | |

Part 2. Type of application.

1. I hereby apply for: (check one)

- a. a new Certificate of Citizenship
- b. a new Certificate of Naturalization
- c. a new Certificate of Repatriation
- d. a new Declaration of Intention
- e. a special Certificate of Naturalization to obtain recognition of my U.S. citizenship by a foreign country

2. Basis for application: (If you checked other than "e" in Part 1, check one)

- a. my certificate is/was lost, stolen or destroyed (attach a copy of the certificate if you have one). Explain when, where and how.

- b. my certificate is mutilated (attach the certificate)
- c. my name has been changed (attach the certificate)
- d. my certificate or declaration is incorrect (attach the documents)

Part 3. Processing information.

| | | | | | |
|--------|--|--------|----------------|---|---|
| Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female | Height | Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Married | <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced |
|--------|--|--------|----------------|---|---|

My last certificate or declaration of Intention was issued to me by:

| | |
|------------------------------|-----------------------|
| BSIC Office or Name of court | Date (Month/Day/Year) |
|------------------------------|-----------------------|

Name in which the document was issued:

Other names I have used (if none, so indicate):

Since becoming a citizen, have you lost your citizenship in any manner?

- No Yes (attach an explanation)

Part 4. Complete if applying for a new document because of name change.

Name changed to present name by: (check one)

- Marriage or Divorce on (month/day/year) _____ (attach a copy of marriage or divorce certificate)
- Court Decree (month/day/year) _____ (attach a copy of the court decree)

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| | |
|---|---------|
| Returned | Receipt |
| | |
| Resubmitted | |
| | |
| Reloc Sent | |
| | |
| Reloc Rec'd | |
| | |
| <input type="checkbox"/> Applicant Interviewed | |
| <input type="checkbox"/> Declaration of Intention verified by _____ <input type="checkbox"/> Citizenship verified by _____ | |
| Remarks | |
| Action Block | |
| | |
| To Be Completed by Attorney or Representative, if any | |
| <input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant | |
| VOLAG# | |
| ATTY State License # | |

Part 5. 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 the documents supporting your request.

Part 6. Complete if applying for a special certificate of recognition as a citizen of the U.S. by the Government of the foreign country.

Name of Foreign Country _____

Information about official of the country who has requested this certificate (if known)

Name _____ Official Title _____

Government Agency _____

| | | |
|-----------------------------------|-------------------|-----------------------|
| Address: Street # and Name | | Room # |
| City | State Province | |
| Country | | Zip or Postal Code |

Part 7. Signature. *Read the information on penalties in the instructions before completing this part. If you are going to file this application at a CIS office in the United States, sign below. If you are going to file it at a U.S. CIS office overseas, sign in front of a U.S. CIS or Consular Official.*

I certify, or if outside the United States, I swear or affirm, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that the Bureau of Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

| Signature | Date |
|---|------------|
| Signature of CIS or Consular Official _____ Print Name _____ | Date _____ |

NOTE: *If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you may not be found eligible for a certificate and this application may be denied.*

Part 8. Signature of person preparing form, if other than above. (sign below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

| Signature | Print Your Name | Date |
|--------------------------------|-----------------|-------|
| _____ Firm Name and Address | _____ | _____ |