TABLE OF CHANGES – FORM FORM N-565

Application for Replacement Naturalization/Citizenship Document OMB Number: 1615-0091 Submission Date 08/22/2014

Reason for Revision: Remove hanging indents from all sub-headers

Current Section and Page Number	Current Text	Proposed Text
For USCIS Use Only	[] Declaration of Intention Verified by:	[] Citizenship Verified by:
Page 1, Part 1	Part 1. Information about you.	Part 1. Information About You.
	Family Name Given Name	 Full Legal Name Family Name (Last Name) Given Name (First Name) Date of Birth (mm/dd/yyyy) Country of Birth
	A-Number Address – In care of: Street Number and Name Apt. Number City or Town State or Province Country Zip or Postal Code	4. Certificate Number 5. Alien Registration Number (A-Number) 6. Mailing Address [sub-header] In Care Of Name: Street Number and Name Apt. Ste. Flr City or Town State ZIP Code Province Postal Code Country
Page 1, Part 2	Part 2. Type of application	Part 2. Type of Application
	 I hereby apply for: (check one) Special Certificate of Naturalization(Skip Number 2 and go to 	1. I hereby apply for: (select only one box) a b c d e. Special Certificate of Naturalization(Skip Item Number 2 and complete Part 3., Part 8., and Part 9.)

	 2. Basis for application: a. [] My certificate is/was lost, stolen or destroyed b. [] My certificate is mutilated c. [] My name has been changed d. [] My certificate or declaration is incorrect 	 2. Basis for application. Select all that apply: a. [] My certificate was lost, stolen, or destroyed. Explain when, where, and how. (Complete Part 3. and Part 9., and attach a copy of the certificate (if any), police report, or sworn statement.) b. [] My certificate is mutilated. (Complete Part 3., Part 9., and attach the certificate) c. [] My certification or declaration is incorrect due to typographical/clerical error. (Complete Part 3., Part 4., and Part 9., and attach the document(s)). d. [] My name has legally changed (Complete Part 3., Part 5., and Part 9., and attach the certificate and document(s)). e. [] My date of birth has legally changed due to a court order or other state-issued documents (Complete Part 3., Part 6., and Part 9., and attach the certificate and document(s)). NOTE: Only applicants applying for a replacement Certificate of Citizenship may select this option. f. My gender has legally changed (Complete Part 3., Part 7., and Part 9., and attach the certificate and document(s)). g. Other (Explain)(Complete Part 3., Part 4., and Part 9., and attach the
Page 1, Part 3	Part 3. Processing information	Part 3. Processing Information
	Height 8. Since becoming a citizen, have you lost your citizenship in any manner?	Height Feet Inches 8. Since becoming a citizen, have you lost or renounced your citizenship in any manner?
Page 1, Part 4	Part 4. Complete if applying for a new document because of a name change Name changed to present name by: (check one)	Part 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
	[] Marriage or divorce on (mm/dd/yyy) (Attach a copy of marriage or divorce certificate)	attach copies of any documents supporting your request.

	[] Court Decree (mm/dd/yyy) (Attach a copy of the court decree	[Delete]
Page 2, Part 5	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 document supporting your request.	Part 5. Complete If applying for a New Document Because of a Name Change Name changed because of (select only one box): A. [] Marriage or divorce on (Attach a copy of marriage or divorce certificate)(mm/dd/yyy) B. [] Court Order (Attach a certified copy of the document) (mm/dd/yyy)
Page 2, Part 6	Part 6. Complete if applying for a special certificate of recognition as a citizen of the U.S. by the government of a foreign country	Part 6. Complete If Applying for a New Certificate of Citizenship Because of a Date of Birth Change
	Name of Foreign Country	Date of birth changed by: A. [] Court Order (Attach a certified copy
	Information about official of the country who has requested this certificate (if known)	of the document.) (mm/dd/yyyy) B. [] State-issued document (For example, birth certificate, certificate recognizing the foreign birth, certificate of birth abroad, or other
	Name Official Title Government Agency: Address: Street Number and Name Suite Number City	similar records issued by the child's state of residence.) (mm/dd/yyyy) [Delete] [Delete] [Delete] [Delete] [Delete] [Delete]
	State/Province Country Zip or Postal Code	[Delete]
Page 2, Part 7	Part 7. Signature Read the information on penalities	Part 7. Complete If Applying for a New Document Because of a Change in Gender
	I certify, or if outside the United Stated, I swear or affirm	Evidence of official recognition of gender change recognized by (select all applicable boxes): a. [] Court Order (Attach a certified copy
	Signature Date (mm/dd/yyyy)	of the document) b. [] Amended birth certificate (Attach a certified copy of the document)
	Signature of USCIS or Consular Official Print Your Name Date (mm/dd/yyyy)	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.
	NOTE: If you do not completely fill out	d. [] Medical certification by a licensed physician (doctor of medicine (M.D.)

		or doctor of osteopathy)
Page 2, Part 8	Part 8. Signature of person preparing form, if other than the applicant I declare that I prepared Signature Print Your Name Date (mm/dd/yyyy) Firm Name and Address Telephone Number (with area code) E-mail Address (if any)	Part 8. Complete If Applying for a Special Certificate of Recognition as a Citizen of the United States by the Government of a Foreign Country 1. Name of Foreign Country 2. Information about official of the country who has requested this certificate (if known) Name Official Title Government Agency: 3. Address of foreign official Street Number and Name Suite Number City State ZIP Code Province Postal Code Country
NEW		Part 9. Applicant's Statement, Certification, USCIS ASC Acknowledgement, Signature, and Contact Information NOTE: Select the box for either Item A. or B. If applicable, select the box for Item Number 2. A. [Check Box] I can read and understand English, and have read and understand each and every question and instruction on this application, as well as my answer to each question. I have read the Acknowledgement of Required Appointment at USCIS ASC. B. [Check Box] The interpreter named in Part 10. has read to me each and every question and instruction on this application, as well as my answer to each question, in [Fillable Field], a language in which I am fluent. I understand each and every question and instruction on this application as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in Part 10. also has read the Acknowledgement of Required

Appointment at USCIS ASC to me, in the language in which I am fluent, and I understand the USCIS ASC Acknowledgement as read to me by my interpreter.

2. [Check Box] I have requested the services of and consented to [Fillable Field], [checkbox] who is [checkbox] is not an attorney or accredited representative, preparing this application for me. My attorney or accredited representative, as named above, and any other person who assisted me in preparing my application has reviewed the

Acknowledgement of Required Appointment at USCIS ASC with me and I understand the USCIS ASC Acknowledgement.

Acknowledgement of Required Appointment at USCIS ASC [sub-header]

I, [Auto-populate Field with Applicant Full Name], understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide fingerprints, photographs, and/or signature and to verify that all of the information in my application is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photographs, and/or signature during my USCIS ASC appointment:

By signing here, I declare under penalty of perjury that I have reviewed and understand my application as identified by the receipt number displayed on the screen above, and all supporting document(s), application(s), petition(s), or request(s) filed with my application that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will verify that I willingly submit this application; I have reviewed the contents of this application; all of the information in my application are complete, true, and correct; and if I was assisted in completing this application, the person assisting me also reviewed this **Acknowledgement of Required Appointment at USCIS ASC** with me.

	Applicant's Certification [Sub-header]
	I certify, under penalty of perjury under the laws of the United States of America, that the information in my application and any document submitted with my applicant are complete, true, and correct. 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 my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.
	I furthermore 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 of U.S. immigration laws.
	1. Applicant's Signature
	Date of Signature (mm/dd/yyyy)
	Applicant's Contact Information
	2. Applicant's Daytime Telephone Number
	3. Applicant's Mobile Telephone Number (if any)
NEWY	4. Applicant's Email Address (if any)
NEW	Part 10. Interpreter's Certification, Signature, and Contact Information
	Provide the following information concerning the interpreter:
	Interpreter's Full Name [Sub-header]
	1. Interpreter's Family Name (Last Name)
	Interpreter's Given Name (First Name)
	2. Interpreter's Business or Organization Name (if any)
	Interpreter's Mailing Address [Sub-header]
	3. Street Number and Name
	Apt. Ste. Flr.

	City or Town
	State
	ZIP Code
	Province
	Postal Code
	Country
	Interpreter's Contact Information [Subheader]
	4. Interpreter's Daytime Telephone Number
	5. Interpreter's Email Address
	Interpreter's Certification [Sub-header]
	I certify that:
	I am fluent in English and [Fillable Field] which is the same language provided in Part 9., Item Number 1.B.;
	I have read to this applicant each and every question and instruction on this application, as well as the answer to each question, in the language provided in Part 9., Item Number 1.B. ; and
	I have also read the Acknowledgement of Required Appointment at USCIS ASC to the applicant in the same language provided in Part 9., Item Number 1.B. ;
	The applicant has informed me that he or she understands each and every instruction and question on the application, as well as the answer to each question. The applicant also has informed me that he or she understands the USCIS ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photographs, and/or signature, he or she is affirming that the contents of this application and all supporting documentation are complete, true, and correct.
	6. Interpreter's Signature
	Date of Signature (mm/dd/yyyy)
NEW	Part 11. Name, Contact Information, Declaration, and Signature of the Person Preparing this Application, If
	Other Than the Applicant
	NOTE: If you are an attorney or accredited

representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application. Provide the following information concerning the preparer: 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) 2. Preparer's Business or Organization (if any) Preparer's Mailing Address [Sub-header] 3. Street Number and Name Apt. Ste. Flr. City or Town State **ZIP** Code Province Postal Code Country Preparer's Contact Information [Subheader] 4. Preparer's Daytime Telephone Number **5.** Preparer's Fax Number **6.** Preparer's Email Address **7.A.** [Check Box] I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent. **7.B.** [Check Box] I am an attorney or accredited representative and my representation of the applicant in this case (choose one) [Check Box] extends [Check Box] does not extend beyond the preparation of this application. **Preparer's Declaration** [Sub-header]

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this application on behalf of, at the request of, and with the express consent of the applicant. I

Date of Signature (mm/dd/yyyy)
8. Signature of Preparer
documentation are complete, true, and correct.
of this application and all supporting
signature, he or she will affirm that the contents
his or her fingerprints, photographs, and/or
biometric services appointment and providing
and that by appearing for a USCIS ASC
understands the USCIS ASC Acknowledgement
applicant has informed me that he or she
at USCIS ASC to the applicant and the
Acknowledgement of Required Appointment
question on the application. I also have read the
supplied additional information to respond to a
provided on the application and, when required,
who agreed with each and every answer
of the applicant's responses with the applicant,
completing the application, I reviewed it and all
completed this application based only on responses the applicant provided to me. After