# TABLE OF CHANGES – FORM Form N-300, Application to File Declaration of Intention OMB Number: 1615-0078 9/14/2017

**Reason for Revision:** Standard Language updates. Black text is existing language on the form, purple text is Standard Language (SL), and red text signifies any edits.

<b>Current Page Number</b>	Current Text	Proposed Text
and Section	Current Text	•
Page 1		[Page 1]
	To be completed by an attorney or	[No Change]
	accredited representative (if any).	[o change]
	<b>k</b> ( )//	
	Select this box if Form G-28 is attached.	
	Attorney State Bar Number (if applicable)	
	Attorney or Accredited Representative USCIS Online Account Number (if any)	
Pages 1-2,		[Pages 1-2]
Part 1. Information About You	START HERE - Type or print in black ink.	START HERE - Type or print in black ink.
	Part 1. Information About You	Part 1. Information About You
	Enter Your 9 Digit A-Number:	Enter Your 9 Digit A-Number:
	Your Current Legal Name (do not provide a nickname)	<b>1.</b> Your Current Legal Name (Do not provide a nickname.)
	Family Name (Last Name)	Family Name (Last Name)
	Given Name (First Name) Middle Name	Given Name (First Name) Middle Name
	2. Other Names Used (if any)	2. Other Names Used (if any)
	List all other names you have ever used,	Provide all other names you have ever used,
	including aliases, maiden name, and	including aliases, maiden name, and
	nicknames. If you need extra space to complete this section, use the space provided	nicknames. If you need extra space to
	in Part 5. Additional Information.	complete this section, use the space provided in <b>Part 5. Additional Information</b> .
	Family Name (Last Name)	Family Name (Last Name)
	Given Name (First Name)	Given Name (First Name)
	Middle Name	Middle Name
	Family Name (Last Name)	Family Name (Last Name)
	Given Name (First Name)	Given Name (First Name) Middle Name
	Middle Name	Trificale Trume

	3. U.S. Social Security Number (if any)	3. U.S. Social Security Number (if any)
	4. USCIS Online Account Number (if any)	4. USCIS Online Account Number (if any)
	5. Date of Birth (mm/dd/yyyy)	5. Date of Birth (mm/dd/yyyy)
	6. Date You Became a Lawful Permanent Resident (mm/dd/yyyy)	6. Date You Became a Lawful Permanent Resident (mm/dd/yyyy)
	7. Country of Birth	7. Country of Birth
	8. Country of Citizenship or Nationality	8. Country of Citizenship or Nationality
	9. Since you were admitted to the United States as a lawful permanent resident, have you been absent for a period of six months or longer? Yes/No	9. Since you were admitted to the United States as a lawful permanent resident, have you been absent for a period of six months or longer? Yes/No
	If you answered "Yes" to <b>Item Number 9.</b> , provide departure/arrival dates of all absences in the space provided in <b>Part 5. Additional Information</b> .	If you answered "Yes" to Item Number 9., provide departure/arrival dates of all absences in the space provided in Part 5. Additional Information.
	[Page 2]	[Page 2]
	10. Mailing Address	10. Mailing Address
	In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code	In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code
	11. Physical Address	11. Physical Address (if different from the address above)
	Street Number and Name (do not provide a PO Box in this space unless it is your <b>ONLY</b> address)  Apt./Ste./Flr. Number City or Town State ZIP Code	Street Number and Name (Do not provide a PO Box in this space unless it is your ONLY address.) Apt./Ste./Flr. Number City or Town State ZIP Code
Pages 2-3, Part 2. Applicant's		[Pages 2-3]
Statement, Contact Information, Certification, and Signature		Part 2. Applicant's Statement, Contact Information, Declaration, Certification, and Signature
		<b>NOTE:</b> Read the <b>Penalties</b> section of the Form

**NOTE:** Read the **Penalties** section of the Form N-300 Instructions before completing this part. You must file Form N-300 while in the United States.

# Applicant's Statement

**NOTE:** 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 3.** read to me every question and instruction on this application and my answer to every question in [Fillable Field], 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 4.**, [Fillable Field], prepared this application for me based only upon information I provided or authorized.

# Applicant's Contact Information

- **3.** Applicant's Daytime Telephone Number
- **4.** Applicant's Mobile Telephone Number (if any)
- **5.** Applicant's Email Address (if any)

### [Page 3]

# 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 N-300 Instructions before completing this part. You must file Form N-300 while in the United States.

# Applicant's Statement

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.** 

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At my request, the preparer named in **Part 4.**, [Fillable Field], prepared this application for me based only upon information I provided or authorized.

### Applicant's Contact Information

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- **4.** Applicant's Mobile Telephone Number (if any)
- **5.** Applicant's Email Address (if any)

# [Page 3]

# Applicant's **Declaration and** 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 and all of 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

	other entities and persons where necessary	records, to other entities and persons where
	for the administration and enforcement of	necessary for the administration and
	U.S. immigration laws.	enforcement of U.S. immigration law.
	Cist managrants a visi	
	I understand that USCIS may require me to appear for an appointment to	I understand that USCIS may require me to appear for an appointment to
	take my biometrics (fingerprints,	
	photograph, and/or signature) and, at	take my biometrics (fingerprints,
	that time, if I am required to provide	photograph, and/or signature) and, at
	biometrics, I will be required to sign	that time, if I am required to provide
	an oath reaffirming that:	biometrics, I will be required to sign
	1) I reviewed and provided or	an oath reaffirming that:
	authorized all of the information in my application;	<ol> <li>I reviewed and understood all of the information contained in, and submitted with, my application; and</li> </ol>
	2) I understood all of the information	with, my application, and
	contained in, and submitted with, my application; and	2) All of this information was complete, true, and correct at the time of filing.
	3) All of this information was complete, true, and correct at the time of filing.	[Delete]
	I certify, under penalty of perjury, that	I certify, under penalty of perjury, that
	I provided or authorized all of the	all of the information in my
	information in my application, I	application, and any document
	understand all of the information	submitted with it were provided or
	contained in, and submitted with, my	authorized by me, that I reviewed and
	application, and that all of this	understand all of the information
	information is complete, true, and	contained in, and submitted with, my
	correct.	application, and that all of this
		information is complete, true, and
		correct.
		correct.
	Applicant's Signature	Applicant's Signature
	<b>6.</b> Applicant's Signature	<b>6.</b> Applicant's Signature
	Date of Signature (mm/dd/yyyy)	Date of Signature (mm/dd/yyyy)
	Zute of Signature (mini dai yyyy)	Date of Signature (min/dd/yyyy)
	NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to	NOTE TO ALL APPLICANTS: If you do
	submit required documents listed in the	not completely fill out this application or fail to submit required documents listed in the
	Instructions, USCIS may deny your application.	Instructions, USCIS may deny your application.
	,	instructions, obein may deny your apprecation.
Pages 3-4,		[Pages 3-4]
		r
Part 3. Interpreter's Contact		Part 2 Intermedials Contact Information
Information, Certification,		Part 3. Interpreter's Contact Information,
and Signature		Certification, and Signature
	Provide the following information about the interpreter.	[No Change]
	Interpreter's Full Name	
	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	
	2 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	3. Street Number and Name	
	Apt./Ste./Flr. Number	
	City or Town	
	State	
	ZIP Code	
	Province	
	Postal Code	
	Country	
	[Page 4]	
	Interpreter's Contact Information	
	4. Interpreter's Daytime Telephone Number	
	<b>5.</b> Interpreter's Mobile Telephone Number (if	
	any)	
	<b>6.</b> Interpreter's Email Address (if any)	
	Interpreter's Certification	
	I certify, under penalty of perjury, that:	[No Change]
	I am fluent in English and [Fillable Field], which is the same language provided in <b>Part 2.</b> ,	I am fluent in English and [Fillable Field], which is the same language provided in <b>Part 2.</b> ,
	<b>Item B.</b> , in <b>Item Number 1.</b> ; and I have read to this applicant in the identified language every	<b>Item B.</b> , in <b>Item Number 1.</b> ; and I have read to this applicant in the identified language every question and instruction on this application and
	question and instruction on this application and his or her answer to every question. The	his or her answer to every question. The
	applicant informed me that he or she	applicant informed me that he or she
	understands every instruction, question, and	understands every instruction, question, and
	answer on the application, including the	answer on the application, including the
	Applicant's Certification, and has verified the	Applicant's Declaration and Certification,
	accuracy of every answer.	and has verified the accuracy of every answer.
	Interpreter's Signature	[No Change]
	7. Interpreter's Signature Date of Signature (mm/dd/yyyy)	
Pages 4-5,		[Pages 4-5]
Part 4. Contact		Part 4. Contact Information, Declaration,
Information, Declaration,		and Signature of the Person Preparing this
and Signature of the Person		Application, if Other Than the Applicant
Who Prepared This		EK III
Application, if Other Than	Duraida the faller for information 1	[No Change]
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	
	5	

(if any)

# Preparer's Mailing Address

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

# [Page 5]

# Preparer's Contact Information

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

# Preparer's Statement

- **7. A.** I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- **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

**NOTE:** If you are an attorney or accredited representative, you may need 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 <b>Applicant's Certification</b> , 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. <b>Preparer's Signature</b>	with, his or her application, including the Applicant's Declaration and 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.  [No Change]
	8. Preparer's Signature Date of Signature (mm/dd/yyyy)	
Page 6, Part 5. Additional Information		[Page 6]
Intormation	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.  1. Family Name (Last Name) Given Name (First Name) Middle Name	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.  1. Family Name (Last Name) Given Name (First Name) Middle Name
	<ol> <li>A. Page Number</li> <li>B. Part Number</li> <li>C. Item Number</li> <li>[Fillable Field]</li> <li>A. Page Number</li> <li>B. Part Number</li> <li>C. Item Number</li> <li>[Fillable Field]</li> <li>A. Page Number</li> <li>D. [Fillable Field]</li> <li>Item Number</li> <li>Item Number</li> <li>Item Number</li> <li>[Fillable Field]</li> </ol>	<ol> <li>A. Page Number</li> <li>B. Part Number</li> <li>C. Item Number</li> <li>D. [Fillable Field]</li> <li>A. Page Number</li> <li>B. Part Number</li> <li>C. Item Number</li> <li>D. [Fillable Field]</li> <li>A. Page Number</li> <li>D. [Fillable Field]</li> <li>Item Number</li> <li>Item Number</li> <li>Item Number</li> <li>Item Number</li> <li>Item Number</li> <li>Ifillable Field]</li> </ol>
	<ul><li>5. A. Page Number</li><li>B. Part Number</li><li>C. Item Number</li><li>D. [Fillable Field]</li></ul>	<ul><li>6. A. Page Number</li><li>B. Part Number</li><li>C. Item Number</li><li>D. [Fillable Field]</li></ul>

# Pages 7-8, [Pages 7-8] Part 6. Declaration of Intent Part 6. Declaration of Intention 1. Your Current Legal Name (do not provide a 1. Your Current Legal Name (Do not provide a nickname) nickname.) Family Name (Last Name) Family Name (Last Name) Given Name (First Name) Given Name (First Name) Middle Name Middle Name [No Change] **2.** U.S. Social Security Number (if any) **3.** USCIS Online Account Number (if any) **4.** Date of Birth (mm/dd/yyyy) **5.** Date You Became a Lawful Permanent Resident (mm/dd/yyyy) 6. Country of Birth 7. Country of Citizenship or Nationality 8. Mailing Address In Care of Name (if any) Street Number and Name Apt./Ste./ Flr. Number City or Town State ZIP Code **9.** Physical Address **9.** Physical Address Street Number and Name (Do not provide a PO Street Number and Name (do not provide a PO Box in this space unless it is your **ONLY** address.) Box in this space unless it is your **ONLY** address) Apt./Ste./Flr. Number Apt./Ste./Flr. Number City or Town City or Town State State ZIP Code ZIP Code [No Change] **10.** Daytime Telephone Number **11.** Work Telephone Number (if any) **12.** Evening Telephone Number **13.** Mobile Telephone Number (if any) **14.** Email Address (if any) [Page 8] I am over 18 years of age, have been lawfully admitted to the United States as a lawful permanent resident, and am now residing in the

United States based on such admission.	
I hereby declare my intention in good faith to become a citizen of the United States and I certify that the photographs affixed to the original and duplicate hereof are a likeness of me and were signed by me.	
I do swear (or affirm) that the statements I have made and the intentions I have expressed in this declaration of intention subscribed by me are true to the best of my knowledge and belief.	
Applicant's and USCIS Officer's Signature	
<b>15.</b> Applicant's Signature (USCIS will reject your Form N-300 if it is not signed)	<b>15.</b> Applicant's Signature (USCIS will reject your Form N-300 if it is not signed.)
Date of Signature (mm/dd/yyyy)	[No Change]
<b>16.</b> USCIS Officer's Signature Date of Signature (mm/dd/yyyy)	
Affix Photograph Here	

Not valid unless DHS Seal applied below.