

Application to File Declaration of Intention

Department of Homeland Security U.S. Citizenship and Immigration Services

	For USCIS Use Only							
	Date Stamp		Receipt		Action Block			
	Remarks	I	Bar Code					
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	o be completed by an ttorney or accredited	Select this box if Form G-28 is	(if applicable)		or Accredited Representative line Account Number (if any)			
r	epresentative (if any).	attached.						
	START HERE - Type or p	print in black ink.		Ent	ter Your 9 Digit A-Number:			
Part 1. Information About You					A-			
1.	Your Current Legal Name (Do not provide a nickn	ame.)					
	Family Name (Last Name)	I I I I I I I I I I I I I I I I I I I	Given Name (First Name)		Middle Name			
2.	Other Names Used (if any)	()						
	Provide all other names you this section, use the space provide all other names you be all other names you have been all other nat you have been all other names you have been all other n			cknames. If	you need extra space to complete			
	Family Name (Last Name)		Given Name (First Name)		Middle Name			
		0/1	100					
3.	U.S. Social Security Number	r (if any) 4. USCIS	Online Account Number (if any)) 5.	Date of Birth (mm/dd/yyyy)			
6.	Date You Became a Lawful	Permanent Resident	7. Country of Birth					
	(mm/dd/yyyy)							
8.	Country of Citizenship or N	ationality						
9.	Since you were admitted to period of six months or long		awful permanent resident, have y	you been abse	ent for a Yes No			
	If you answered "Yes" to It. Additional Information.	em Number 9. , provid	e departure/arrival dates of all ab	sences in the	space provided in Part 5.			

Part 1. Information About You (continued)

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10. Mailing Address

In Care Of Name (if any)

Street Number and Name	Apt. Ste	e. Flr. Number
City or Town	State	ZIP Code

11. Physical Address (if different from the address above)

Street Number and Name (Do not pro	vide a PO B	ox in this space	unless it is your	ONLY address.)	Apt. Ste. Flr.	Number
				_		
City or Town				Sta	ite ZI	P Code
		K H				

Part 2. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

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 ______, 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.**, 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)

Part 2.	Applicant's Statement ,	Contact Information ,	Certification, and
Signatu	re (continued)		

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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 records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

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 understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application, and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Ap	plicant's Signature				
6.	Applicant's Signature				Date of Signature (mm/dd/yyyy

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Pa	Part 3. Interpreter's Contact Information, Certification, and Signature					
Pro	vide the following information about the interpreter.					
Int	terpreter's Full Name					
1.	Interpreter's Family Name (Last Name) Interpreter	er's Given Name (First Name)				
2.	2. Interpreter's Business or Organization Name (if any)					
Int	terpreter's Mailing Address					
3.	Street Number and Name	Apt. Ste. Flr.	Number			
	City or Town	State	ZIP Code			
	Province Postal Code Cour	ntry				

	Interpreter's Contact Information, Certification, and Signature Interpreter's Contact Information, Certification, and Signature Interpreter's Contact Information, Certification, and Signature
In	terpreter's Contact Information
4.	Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any)
6.	Interpreter's Email Address (if any)
In	terpreter's Certification
I ce	rtify, under penalty of perjury, that:
Iter app and	n fluent in English and , which is the same language provided in Part 2. , m B. , in Item Number 1. ; and I have read to this applicant in the identified language every question and instruction on this lication and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, answer on the application, including the Applicant's Declaration and Certification , and has verified the accuracy of every wer.
In	terpreter's Signature
	Interpreter's Signature Date of Signature (mm/dd/yyyy) Terr 4. Contact Information, Declaration, and Signature of the Person Preparing this Application, if ther Than the Applicant
	vide the following information about the preparer.
	eparer's Full Name
1.	Preparer's Family Name (Last Name) Preparer's Given Name (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 Image: Constraint of the street
	City or Town State ZIP Code
	Province Postal Code Country

P		
Pı	Preparer's Contact Information	
4.	Preparer's Daytime Telephone Number 5.	Preparer's Mobile Telephone Number (if any)
6.	6. Preparer's Email Address (if any)	
Pı	Preparer's Statement	
7.	 the applicant's consent. B. I am an attorney or accredited representative and my repr extends does not extend beyond the preparation 	on of this application.
	Entry of Appearance as Attorney or Accredited Representative	ye, you may need to submit a completed Form G-28, Notice of tative, with this application.
Pı	Preparer's Certification	
rev wit true or	By my signature, I certify, under penalty of perjury, that I prepared this eviewed this completed application and informed me that he or she un with, his or her application, including the Applicant's Declaration and rue, and correct. I completed this application based only on information or use.	derstands all of the information contained in, and submitted d Certification, and that all of this information is complete,
8.		Date of Signature (mm/dd/yyyy)
	09/14/	2017

Part 5. Additional Information

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
2.	A-Number (if any) ► A-		
3.	A. Page Number B. Part Number	C. Item Number	
	D.		
		RAFT	
4.	A. Page Number B. Part Number	C. Item Number	
			D
	D.		R
5.	A. Page Number B. Part Number D.	C. Item Number	ION
	- 09/	14/20	17
6.	A. Page Number B. Part Number	C. Item Number	
	D.		
	<i>D</i>		

Pa	rt 6. Declaration of Intention	A-
1.	Your Current Legal Name (Do not provide a nickname.)	
	Family Name (Last Name) Given Name (First Name)	Middle Name
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 N	Jationality
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	
	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
10.	Daytime Telephone Number 11. Work Telephone Number (if any)
12.	Evening Telephone Number 13. Mobile Telephone Number	(if any)
		7
14.	Email Address (if any)	

Part 6. Declaration of Intention (continued)

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.

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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

15.	Applicant's Signature (USCIS will reject your Form N-300 if it is not signed.)	Date of Signature (mm/dd/yyyy)
16.	USCIS Officer's Signature	Date of Signature (mm/dd/yyyy)
	UKAFI	
	NOTAffix OR Photograph	
	PRODUCTION Not valid unless DHS Seal applied below.)N
	09/14/201	7