TABLE OF CHANGES – FORM

Form N-565, Application for Replacement Naturalization/Citizenship Document OMB Number: 1615-0091 8/06/2018

Reason for Revision: Comprehensive revision to include standard language updates.

Legend for Proposed Text:

• Black font = Current text

• Purple font = Standard language

• Red font = Changes

Current Page Number and Section	Current Text	Proposed Text
Page 1, To be completed	[Page 1]	[Page 1]
by an attorney or BIA- accredited representative (if any)	To be completed by an attorney or BIA- accredited representative (if any)	To Be Completed by an Attorney or Accredited Representative (if any)
	Select this box if Form G-28 is attached to represent the applicant	Select this box if Form G-28 is attached
	Attorney State Bar Number (if applicable)	Attorney State Bar Number (if applicable)
	Attorney or Accredited Representative USCIS Online Account Number (if any)	Attorney or Accredited Representative USCIS Online Account Number (if any)
Page 2, Part 3.	[Page 2]	[Page 1]
Processing Information	Part 3. Processing Information	Part 1. Information From Current Certificate or Declaration
	6. Name in Which the Document Was Issued	1. Your Full Name Provide your full name exactly as it is printed on the certificate or declaration.
		Family Name (Last Name) Given Name (First Name) Middle Name
		2. Country of Former Citizenship or Nationality
		3. Certificate or Declaration Number
		4. Alien Registration Number (A-Number)
	My last certificate or Declaration of Intention was issued to me by:	5. Certificate or Declaration Issuance Provide information about who issued your last certificate or declaration along with the date it was issued.
	4. USCIS Office or Name of Court	U.S. Citizenship and Immigration Services (USCIS) Office or Name of Court
	5. Date (mm/dd/yyyy)	Date (mm/dd/yyyy)
	1. Gender	[Deleted]

	Male	
	Female	
	2. Height	
	Feet	
	Inches	
	3. Marital Status	
	Single	
	Married	
	Divorced	
	Widowed	
	7. Other Names I Have Used (if none, type or print "None")	
	print None)	
	Family Name (Last Name) [x2]	
	Given Name (First Name) [x2]	
	Middle Name [x2]	
	8. Since becoming a citizen, have you lost or	
	renounced your citizenship in any manner?	
	Yes (attach an explanation)	
	No	
Page 1, Part 1.	[Page 1]	[Page 1]
Information About You		
	Part 1. Information About You	Part 2. Current Information About You
	1. Full Legal Name	1. Your Full Legal Name
	Family Name (Last Name)	Family Name (Last Name)
	Given Name (First Name)	Given Name (First Name)
	Middle Name	Middle Name
		2. Other Names You Have Used
		Provide any other names you have used since
		birth, for any period of time, including aliases,
		maiden names, and nicknames. If your answer
		is "none," type or print "None." If you need
		extra space to complete this section, use the
		space provided in Part 13. Additional
İ		
		Information.
		Information. Family Name (Last Name) [x2] Given Name (First Name) [x2]
		Information. Family Name (Last Name) [x2]
		Information. Family Name (Last Name) [x2] Given Name (First Name) [x2]
	6. Mailing Address	Information. Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name [x2]
	In Care of Name	Information. Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name [x2] [Page 2] 3. Mailing Address In Care of Name
	In Care of Name Street Number and Name	Information. Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name [x2] [Page 2] 3. Mailing Address In Care of Name Street Number and Name
	In Care of Name Street Number and Name Apt./Ste./Flr.	Information. Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name [x2] [Page 2] 3. Mailing Address In Care of Name Street Number and Name Apt./Ste./Flr.
	In Care of Name Street Number and Name Apt./Ste./Flr. [Fillable field]	Information. Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name [x2] [Page 2] 3. Mailing Address In Care of Name Street Number and Name Apt./Ste./Flr. Number
	In Care of Name Street Number and Name Apt./Ste./Flr. [Fillable field] City or Town	Information. Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name [x2] [Page 2] 3. Mailing Address In Care of Name Street Number and Name Apt./Ste./Flr. Number City or Town
	In Care of Name Street Number and Name Apt./Ste./Flr. [Fillable field]	Information. Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name [x2] [Page 2] 3. Mailing Address In Care of Name Street Number and Name Apt./Ste./Flr. Number
	In Care of Name Street Number and Name Apt./Ste./Flr. [Fillable field] City or Town State ZIP Code Province	Information. Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name [x2] [Page 2] 3. Mailing Address In Care of Name Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province
	In Care of Name Street Number and Name Apt./Ste./Flr. [Fillable field] City or Town State ZIP Code Province Postal Code	Information. Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name [x2] [Page 2] 3. Mailing Address In Care of Name Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code
	In Care of Name Street Number and Name Apt./Ste./Flr. [Fillable field] City or Town State ZIP Code Province	Information. Family Name (Last Name) [x2] Given Name (First Name) [x2] Middle Name [x2] [Page 2] 3. Mailing Address In Care of Name Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province

		4. Has your marital status changed since your
		last document was issued?
		Yes
		No
		NOTE: If you answered "Yes" to Item Number 4., provide your current marital status in Item Number 5. and attach a copy of your marriage certificate, annulment decree, divorce decree, or spouse's death certificate.
		5. Your Current Marital Status Single Married Divorced Widowed
		Marriage Annulled
		6. Since becoming a U.S. citizen, have you lost or renounced your U.S. citizenship in any manner? Yes No
		NOTE: If you answered "Yes" to Item Number 6., provide an explanation in Part 13. Additional Information or attach a separate sheet of paper.
	0 D . (D) 1 (. (1))	m n
	 Date of Birth (mm/dd/yyyy) Country of Birth Certificate Number Alien Registration Number (A-Number) 	[Deleted]
New		[Page 2]
		Part 3. Biographic Information
		1. Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino
		2. Race (Select all applicable boxes) American Indian or Alaska Native Asian
		Black or African American Native Hawaiian or Other Pacific Islander White
		3. Height Feet Inches
		4. Weight Pounds
		5. Eye Color (Select only one box) Black
	I .	
		Blue
		Blue Brown
		Brown
		Brown Gray

		Pink Unknown/Other
		6. Hair Color (Select only one box) Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other
Page 2, Part 2. Type of	[Page 2]	[Page 3]
Application	Part 2. Type of Application	Part 4. Type of Application
	1. I hereby apply for (select only one box):	1. I am applying for a (select only one box):
	A. New Certificate of Citizenship	A. New Certificate of Citizenship
	B. New Certificate of Naturalization	B. New Certificate of Naturalization
	C. New Certificate of Repatriation	C. New Certificate of Repatriation
	D. New Declaration of Intention	D. New Declaration of Intention
	E. Special Certificate of Naturalization to obtain recognition of my U.S. Citizenship by a foreign country. (Skip Item Number 2. and complete Part 3., Part 8., and Part 9.)	E. Special Certificate of Naturalization to Obtain Recognition of My U.S. Citizenship by a Foreign Country
	complete Part 3., Part 3., and Part 3.)	NOTE: If you selected Item E., skip the Basis for My Application section below and go to Part 9.
	2. Basis for application (Select all applicable boxes):	Basis for My Application
	boxes).	Select all applicable boxes and provide explanations where requested.
	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.) [Fillable field]	2. A. My certificate or declaration was lost, stolen, or destroyed.
		B. Provide an explanation of when, where, and how this happened. [Fillable field]
		NOTE: If you selected Item A. in Item Number 2., go to Part 10. and attach a copy of the certificate or declaration (if available), police report, and/or sworn statement.
	B. My certificate is mutilated. (Complete Part3., Part 9., and attach the certificate.)	3. My certificate or declaration is mutilated.
	on a unit of the continue.	NOTE: If you selected Item Number 3., go to Part 10. and attach the original certificate or

		declaration.
		deciaration.
	C. My certification or declaration is incorrect due to typographical/clerical error. (Complete Part 3., Part 4. , and Part 9. , and attach the documents.)	4. My certificate or declaration is incorrect due to a typographical or clerical error by USCIS.
		NOTE: If you selected Item Number 4. , go to Part 5. and attach the original certificate or declaration.
		[Page 3]
	D. My name has legally changed. (Complete Part 3. , Part 5. , and Part 9. , and attach the certificate and documents.)	5. My name has legally changed.
		NOTE: If you selected Item Number 5., go to Part 6. and attach the original certificate or declaration and evidence of the name change.
	E. My date of birth has legally changed due to a court order or other state-issued documents. NOTE: Only applicants applying for a replacement Certificate of Citizenship may select this option. (Complete Part 3. , Part 6. , and Part 9. , and attach the certificate and documents.)	6. My date of birth has legally changed through a court order or U.S. Government-issued document, and I am applying for a replacement Certificate of Citizenship.
	documents.	NOTE: If you selected Item Number 6., go to Part 7. and attach the original certificate or declaration and evidence of the date of birth change.
	F. My gender has legally changed. (Complete Part 3. , Part 7. , and Part 9. , and attach the certificate and documents.)	7. I am seeking to change the gender listed on my document.
		NOTE: If you selected Item Number 7. , go to Part 8. and attach the original certificate or declaration and evidence of the gender change.
	G. Other: Explain (Complete Part 3., Part 4., and Part 9., and attach the documents.) [Fillable field]	8. A. My reason for applying for a new document is not listed above.
	[B. Provide an explanation. [Fillable field]
		NOTE: If you selected Item A in Item Number 8., go to Part 10. and attach the original certificate or declaration and any evidence documents.
Page 3, Part 4.	[Page 3]	[Page 3]
Complete If Applying to Correct Your Document	Part 4. Complete If Applying to Correct Your Document	Part 5. Complete If Applying to Correct Your Document Due to a USCIS Typographical or Clerical Error
		NOTE: After completing this section, go to Part 10.

	1	
		1. Which information needs correcting? (select all applicable boxes)
		Name Date of Birth Gender Other
	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.	2. Provide an explanation of what is incorrect on your current certificate or declaration and attach copies of any documents supporting your request.
Page 3, Part 5.	[Page 3]	[Page 3]
Complete If Applying for a New Document Because of a Name	Part 5. Complete If Applying for a New Document Because of a Name Change	Part 6. Complete If Applying for a New Document Because of a Name Change
Change		NOTE: After completing this section, go to Part 10. If you are applying to correct your document due to a USCIS error, use Part 5.
	Name changed because of (select only one box):	1. My name changed through (select only one box):
	A. Marriage or divorce on (Attach a copy of marriage or divorce certificate) (mm/dd/yyyy)	A. Marriage, Divorce, or Annulment Date of Event (mm/dd/yyyy)
	B. Court Order (Attach a certified copy of the document) (mm/dd/yyyy)	B. Court Order Date of Court Order (mm/dd/yyyy)
		NOTE: If you selected Item A. , attach a copy of your marriage certificate, annulment decree, or divorce decree. If you selected Item B. , attach a copy of either the original or certified court document.
		2. My new legal name is: Family Name (Last Name) Given Name (First Name) Middle Name
Page 3, Part 6.	[Page 3]	[Page 4]
Complete If Applying for a New Certificate of Citizenship Because of a Date of Birth Change	Part 6. Complete If Applying for a New Certificate of Citizenship Because of a Date of Birth Change	Part 7. Complete If Applying for a New Certificate of Citizenship Because of an Official Date of Birth Change
		NOTE: After completing this section, go to Part 10. If you are applying to correct your document due to a USCIS error, use Part 5.
	Date of birth changed by:	1. My date of birth changed through (select all applicable boxes):
	Court Order (Attach a certified copy of the document) (mm/dd/yyyy)	A. Court Order Date of Court Order (mm/dd/yyyy)
	B. State-issued document (For example, birth	B. U.S. Government-Issued Document

	certificate, certificate recognizing the foreign birth, certificate of birth abroad, or other similar records issued by the child's state of residence.)	Date of U.S. Government-Issued Document (mm/dd/yyyy) NOTE: If you selected Item A., attach a copy of either the original or certified court document. If you selected Item B., attach a copy of the document (for example, birth certificate, certificate recognizing the foreign birth, certificate of birth abroad, or other similar vital records issued by the U.S. state where the child resided when the document was issued). 2. My new date of birth is (as shown in the court order or U.S. Government-issued document): (mm/dd/yyyy)
Page 3, Part 7. Complete If Applying	[Page 3]	[Page 4]
for a New Document Because of a Change in Gender	Part 7. Complete If Applying for a New Document Because of a Change in Gender	Part 8. Complete If Applying for a New Document Because of an Official Change in Gender
Gender		NOTE: After completing this section, go to Part 10. If you are applying to correct your document due to a USCIS error, use Part 5.
	Evidence of official recognition of gender change recognized by (select all applicable boxes):	1. My gender officially changed through (select all applicable boxes):
	A. Court Order (Attach a certified copy of the document)	A. Court Order
	B. Amended birth certificate (Attach a certified copy of the document)	[Deleted]
	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.	B. Government-Issued Document Reflecting the Gender Change
	D. Medical certificate by a licensed physician (doctor of medicine (M.D.) or doctor of osteopathy (D.O.)	C. Licensed Health Care Professional's Certification of Gender
	Substitution (2.0.)	NOTE: If you selected Item A. , attach a copy of either the original or certified court document. If you selected Item B. , attach a copy of the document. If you selected Item C. , attach the certification letter.
		2. My current gender designation is: Male Female
Page 3 - 4, Part 8.	[Page 3]	[Page 4]
Complete If Applying for a Special Certificate of Recognition as a Citizen of the United States by the	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	Part 9. Complete If Applying for a Special Certificate of Recognition as a Citizen of the United States to the Government of a Foreign Country

Government of a	1. Name of Foreign Country	1. Name of Foreign Country
Foreign Country		2. Information About Foreign Official
	Information about official of the country who has requested this certificate (if known)	Provide the following information about the official of a foreign country who has requested this certificate (if known).
	2. Family Name (Last Name) Given name (First Name) Middle Name	Family Name (Last Name) Given name (First Name) Middle Name
	Official Title	Official Title
	Name of Government Agency	Name of Government Agency
	[Page 4]	
	3. Address of Foreign Official Street Number and Name Apt./Ste./Flr. [Fillable field] City or Town State ZIP Code Province Postal Code Country	3. Foreign Official's Address Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country
	USCIS or Consular Official's Certification	USCIS or Consular Official's Certification
		NOTE: The USCIS or consular official's certification will be completed after USCIS adjudicates your Form N-565, if it is approved. You do not need to obtain this signature before filing this application.
	4. USCIS or Consular Official's Signature Date of Signature (mm/dd/yyyy)	4. USCIS or Consular Official's Signature Date of Signature (mm/dd/yyyy)
Pages 4 - 5, Part 9.	[Page 4]	[Page 5]
Applicant's Statement, Contact Information, Certification, and	Part 9. Applicant's Statement, Contact Information, Certification, and Signature	Part 10. Applicant's Statement, Contact Information, Certification, and Signature
Signature	NOTE: Read the Penalties section of the Form N-565 Instructions before completing this part.	NOTE: Read the Penalties section of the Form N-565 Instructions before completing this section.
		By signing this application, you state under penalty of perjury (28 U.S.C. section 1746) that all information and documentation submitted with this application is complete, true, and correct. You also authorize the release of any information from your records that USCIS may need to determine your eligibility for the immigration benefit you are seeking and consent to USCIS verifying such information. The Department of Homeland Security (DHS) has the authority to verify any information you

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 10.** 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 11.**, [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)

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 other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

submit to establish eligibility for the immigration benefit you are seeking at any time. USCIS' legal authority to verify this information is in 8 U.S.C. sections 1103 and 1454 and 8 CFR parts 103 and 338. To ensure compliance with applicable laws and authorities, USCIS may verify information before or after your case is decided.

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 11.** 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 12.**, [Fillable Filed], 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)

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.

[Page 5] I understand that USCIS may require me to I understand that USCIS will require me to appear for an appointment to take my appear for an appointment to take my biometrics and, at that time, I will be required to biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to sign an oath reaffirming that: provide biometrics, I will be required to sign an oath reaffirming that: 1) I reviewed and provided or authorized all of 1) I reviewed and provided or authorized all of the information in my application; the information in my application; 2) I understood all of the information contained 2) I understood all of the information contained in, and submitted with, my application; and in, and submitted with, my application; and 3) All of this information was complete, true, 3) All of this information was complete, true, and correct at the time of filing. and correct at the time of filing. I certify, under penalty of perjury, that I I certify, under penalty of perjury, that all of the provided or authorized all of the information in information in my application and any my application, I understand all of the document submitted with it were provided or information contained in, and submitted with, authorized by me, that I reviewed and my application, and that all of this information understand all of the information contained in, is complete, true, and correct. and submitted with, my application and that all of this information is complete, true, and correct. Applicant's Signature Applicant's Signature **6.** Applicant's Signature **6.** Applicant's Signature Date of Signature (mm/dd/yyyy)

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.

[Page 5]

Part 10. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

Pages 5 - 6, Part 10.

Certification, and

Information,

Signature

Interpreter's Contact

- **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

3. Street Number and Name Apt./Ste./Flr.

[Fillable field] City or Town State ZIP Code

Province Postal Code

[Page 6]

Part 11. Interpreter's Contact Information, Certification, and Signature

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.

Provide the following information about the interpreter.

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

3. Street Number and Name Apt./Ste./Flr. Number City or Town State

ZIP Code Province Postal Code Country

	Country	
	 Interpreter's Contact Information 4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any) 	 Interpreter's Contact Information 4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any)
	[Page 6]	
	Interpreter's Certification	Interpreter's Certification
	I certify, under penalty of perjury, that:	I certify, under penalty of perjury, that:
	I am fluent in English and [Fillable Field], which is the same language specified in Part 9. , Item B. in Item Number 1. , and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Certification , and has verified the accuracy of every answer.	I am fluent in English and [Fillable Field], which is the same language specified in Part 10., Item B. in Item Number 1., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Certification, and has verified the accuracy of every answer.
	Interpreter's Signature7. Interpreter's SignatureDate of Signature (mm/dd/yyyy)	Interpreter's Signature7. Interpreter's SignatureDate of Signature (mm/dd/yyyy)
Pages 6 - 7, Part 11.	[Page 6]	[Page 7]
Contact Information,		
Declaration, and Signature of the Person Preparing this	Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant	Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant
Declaration, and Signature of the Person	and Signature of the Person Preparing this	and Signature of the Person Preparing this
Declaration, and Signature of the Person Preparing this Application, if Other	and Signature of the Person Preparing this Application, if Other Than the Applicant Provide the following information about the	and Signature of the Person Preparing this Application, if Other Than the Applicant Provide the following information about the
Declaration, and Signature of the Person Preparing this Application, if Other	and Signature of the Person Preparing this Application, if Other Than 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 (if	and Signature of the Person Preparing this Application, if Other Than 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 (if

	6. Preparer's Email Address (if any)	6. Preparer's Email Address (if any)
	[Page 7]	
	Preparer's Statement	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.	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.	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, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative with this application.	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	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 Applicant's 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.	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 Applicant's 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.
	<i>Preparer's Signature</i>8. Preparer's SignatureDate of Signature (mm/dd/yyyy)	Preparer's Signature8. Preparer's SignatureDate of Signature (mm/dd/yyyy)
New		[Page 8]
		Part 13. 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) [Auto-populated field] Given Name (First Name) [Auto-populated field]

Middle Name [Auto-populated field]
2. A-Number (if any) [Auto-populated field]
3. A. Page Number
B. Part Number
C. Item Number
D. [Fillable field]
4. A. Page Number
B. Part Number
C. Item Number
D. [Fillable field]
5 A. Deve N. orber
5. A. Page Number
B. Part Number
C. Item Number
D. [Fillable field]
6. A. Page Number
B. Part Number
C. Item Number
D. [Fillable field]