

# Form N-565, Application for Replacement Naturalization/Citizenship Document

OMB Number: 1615-0091

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**To Be Completed by an Attorney or Accredited Representative (if any)**

**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)**

## Part 1. Information From Current Certificate or Declaration

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. Date of Birth on certificate or declaration (mm/dd/yyyy)

3. Country of Former Citizenship or Nationality

4. Certificate or Declaration Number

5. Alien Registration Number (A-Number)

6. Certificate or Declaration Issuance

Provide information about who issued your last certificate or declaration along with the date it was issued.

U.S. Citizenship and Immigration Services (USCIS) Office or Name of Court

Date (mm/dd/yyyy)

## Part 2. Current Information About You

1. Your Full Legal Name (**Do not provide a nickname**)

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Other Names Used

Provide **all** other names you have **ever used**, including aliases, maiden **name**, and **nicknames**. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

Family Name (Last Name) [x2]

Given Name (First Name) [x2]

Middle Name [x2]

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3. **Current** Mailing Address

In Care of Name

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

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 12. Additional Information** or attach a separate sheet of paper.

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### **Part 3. Type of Application**

1. I am applying for a (select **only one** box):

- A. New Certificate of Citizenship
- B. New Certificate of Naturalization
- C. New Certificate of Repatriation
- D. New Declaration of Intention
- E. Special Certificate of Naturalization to Obtain Recognition of My U.S. Citizenship by a Foreign Country

**NOTE:** If you selected **Item E.**, skip the **Basis for My Application** section below and go to **Part 8.**

#### ***Basis for My Application***

Select **all applicable** boxes and provide explanations where requested.

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 9.** and attach a copy of the certificate or declaration (if available), police report, and/or sworn statement.

**3.** My certificate or declaration is mutilated.

**NOTE:** If you selected **Item Number 3.**, go to **Part 9.** and attach the original certificate or declaration.

**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 4.** and attach the original certificate or declaration.

**5.** My name has legally changed.

**NOTE:** If you selected **Item Number 5.**, go to **Part 5.** and attach the original certificate or declaration and evidence of the name change.

**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.

**NOTE:** If you selected **Item Number 6.**, go to **Part 6.** and attach the original **certificate and** evidence of the date of birth change.

**7.** I am seeking to change the gender listed on my document.

**NOTE:** If you selected **Item Number 7.**, go to **Part 7.** and attach the original certificate or declaration and evidence of the gender change.

**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 9.** and attach the original certificate or declaration and any evidence documents.

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**Part 4. Complete If Applying to Correct Your Document Due to a USCIS Typographical or Clerical Error**

**NOTE:** After completing this section, go to **Part 9.**

**1. What was the typographical or clerical error in your document that needs to be corrected?** (select **all applicable** boxes)

Name

Date of Birth

Gender

Other

**2.** Provide an explanation of what is incorrect on your current certificate or declaration and attach copies of any documents supporting your request.

**Part 5. Complete If Applying for a New Document Because of a Name Change**

**NOTE:** After completing this section, go to **Part 9**. If you are applying to correct your document due to a USCIS error, use **Part 4**.

1. My name changed through (select **only one** box):

**A.** Marriage, Divorce, or Annulment  
Date of Event (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

**Part 6. 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 9**. If you are applying to correct your document due to a USCIS error, use **Part 4**.

1. My date of birth changed through (select **all applicable** boxes):

**A.** Court Order  
Date of Court Order (mm/dd/yyyy)

**B.** U.S. Government-Issued Document  
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)

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**Part 7. Complete If Applying for a New Document Because of an Official Change in Gender**

**NOTE:** After completing this section, go to **Part 9**. If you are applying to correct your document due to a USCIS error, use **Part 4**.

1. My gender officially changed through (select **all applicable** boxes):

**A.** Court Order

**B.** Government-Issued Document Reflecting the Gender Change

**C.** Licensed Health Care Professional's Certification of Gender

**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

**Part 8. Complete If Applying for a Special Certificate of Recognition as a Citizen of the United States to the Government of a Foreign Country**

1. Name of Foreign Country

2. Information About Foreign Official

Provide the following information about the official of a foreign country who has requested this certificate (if known).

Family Name (Last Name)

Given name (First Name)

Middle Name

Official Title

Name of Government Agency

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***

**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)

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**Part 9. Applicant's Statement, Contact Information, Certification, and Signature**

**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 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 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 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 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 and, **if I am required to appear**, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that **I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and** that all of this information is complete, true, and correct.

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*Applicant'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.

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

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

*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 Certification*

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.

*Interpreter's Signature*

7. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

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**Part 11. Contact Information, Declaration, 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 any)

***Preparer's Mailing Address***

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

***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, 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 **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.

***Preparer's Signature***

8. Preparer's Signature  
Date of Signature (mm/dd/yyyy)

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**Part 12. 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. Page Number
- B. Part Number
- C. Item Number
- D. [Fillable field]

- 6. A. Page Number
- B. Part Number
- C. Item Number
- D. [Fillable field]