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N-565 Application for Replacement Naturalization/Citizenship Document

OMB control number 1615-0091

Edits in support of: Revision of currently approved

collection

Baseline Form Edition: 10/21/2019

| Revision of curre | | | its made NAL AND HELP TEXT, AND OTHER COPY | | |
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| | | | | | |
| Step | Section | Revised | Instructional Text | Revised | CTA |
| Application for Replacement Naturalization/Citizenship Document | t Application for Replacement Naturalization/Citizens hip Document | | The Application for Replacement Naturalization/Citizenship Document (N-565) is used to apply to U.S. Citizenship and Immigration Services (USCIS) for a replacement of a certificate of Naturalization, Certificate Officienship, Declaration of Intention, Repatriation Certificate, or to apply for a special certificate of naturalization to be recognized as a U.S. citizen by a foreign country. | | Learn more about ca href="https://www.uscis.gov/n- 565">applying for a replacement document |
| Before you start your application | Eligibility | | Your eligibility to apply for a replacement document depends on the reason for your request. You may apply for a replacement if: | You may apply for a replacement document if: | |
| аррисации | | | You were issued a Certificate of Naturalization, Certificate of Citizenship, Declaration of Intention, or Repatriation Certificate which was lost, stolen, destroyed, or mutilated | • You were issued a Certificate of Naturalization, Certificate of Citizenship, Declaration of Intention, or Repatriation Certificate which was lost, stolen, destroyed, or mutilated | |
| | | | You were issued a Certificate of Naturalization, Certificate of Citizenship, Declaration or Repatriation Certificate which is incorrect due to a typographical/clerical error by USCIS | • You were issued a Certificate of Naturalization, Certificate of Citizenship, Declaration or Repatriation Certificate which is incorrect due to a typographical or clerical error by USCIS | ı |
| | | | Your name was changed by marriage or by court order after the document was issued and you seek a document in your new name | Your name was changed by marriage, dworce, annulment, or court order after the document was issued and you seek a document in your new name | |
| | | | | You received your Certificate of Citizenship and afterwards you obtained a court order or a document issued by the U.S. government or the government of any U.S. state that changes your date of birth and you seek a certificate with the new date of birth | |
| | | | You were issued a Certificate of Citizenship or a Certificate of Naturalization and your change of gender is legally recognized through a court order, a government-issued document, or a medical certification | • You were issued a Certificate of Citizenship, a Certificate of Naturalization, Declaration of Intention, or Repatriation Certificate and your change of gender is legally recognized through a court order, a government-issued document, or a letter from a licensed health care professional. | • |
| | | | You are a naturalized citizen seeking a special certificate of naturalization for the purpose of a foreign country recognizing you as a citizen of the United States. | You are a naturalized citizen seeking a special certificate of naturalization for the purpose of a foreign country recognizing you as a citizen of the United States. | |
| | | | NOTE: USCIS will not change your name without evidence such as a marriage certificate, divorce decree, or court order. We will not change the date of birth on a Certificate of Citizenship without documentation such as a U.S. court order or state-issued documents. | NOTE: USCIS will not change your name without evidence such as a marriage certificate, divorce decree, or court order. We will not change the date of birth on a Certificate of Citizenship without documentation such as a U.S. court order or state-issued documents. | |
| | | | USCIS cannot make any changes to an incorrect date of birth on a Naturalization Certificate if you reported an incorrect date on your Application for Naturalization (N-400), and then later swore to the facts of your application by signing Part 16, Signature at Interview. We can only change the name on your Certificate of Naturalization if you changed your name after you naturalized. | USCIS cannot make any changes to an incorrect date of birth or name on a Certificate of Naturalization if you provided an incorrect date or name on your Application for Naturalization (N-400), and then later swore to the facts of your application by signing Part 16, Signature at Interview. We can only change the name on your Certificate of Naturalization if you changed your name after you naturalized. | 2 |
| | Fee | | Fee: \$555 | Fee: \$555 | Learn more about <a href="https://www.uscis.gov/fee</a |
| | | | If your current document is incorrect due to a typographical or clerical error caused by USCIS, there is no fee. If you are applying for a fee waiver, you cannot submit your request online and will need to file a paper form instead. | If your current document is incorrect due to a typographical or clerical error caused by USCIS, there is no fee. If you are applying for a fee waiver, you cannot submit your request online and will need to file a paper form instead. | |
| | | | | Refund Policy USCIS does not refund fees, regardless of any action we take on your application, petition or request, or how long USCIS takes to reach a decision. | |
| | | | | By continuing this transaction, you acknowledge that you must submit fees in the exact amount and that you are paying the fees for a government service. | |
| | | | | Please refer to the instructions for the form(s) you are filing for additional information or you may call the USCIS Contact Center at 800-375-5283. For TTY (deaf or hard of hearing) 800-767-1833. | |
| | | | | | |
| | Submitting online | | Submitting your application online is the same as mailing in a completed paper form. They both gather the same information and cost the same. | | |
| | Documents you may need | | Before starting the Application for Replacement Naturalization/Citizenship Document (N-565), you may want to gather the documents you will need to support your application. These include your original document, if you still have it, and a recent color photograph of yourself. | Before starting the Application for Replacement Naturalization/Citbenship Document (N-565), you may want to gather the documents you will need to support you application. These include your original document, if you still have it. | r |
| | | | The other documents you need will depend on the information you provide in the application, such as the reason you are requesting the replacement document. We will tell you which documents you need to submit in the Evidence section of the application. | The other documents you need will depend on the information you provide in the application, such as the reason you are requesting the replacement document. We will tell you which documents you need to submit in the Evidence section of the application. | |
| After you submit your application | Track your application status | | After you submit your application, you can track its status through your USCIS account. Sign in to your account often to check on your case status and read any important messages from USCIS. | | Go to my USCIS account |

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| | Section | Revised | Instructional Text | Revised | CTA |
| | | Biometric services appointment | | If you reside in the United States, USCIS may request that you attend an appointment at an ASC to have your photograph taken. | |
| | | аррининен | | USCIS may require that you appear for an interview or provide biometrics; (fingerprints, photograph, and/or signature) at any time to verify your identity, obtain additional information, and conduct background and security checks, including a check of criminal history records maintained by the Federal Bureau of Investign (Fill), before making a decision on your application or petition. After USCIS reviews your application and ensures it is connected, we will inform you if you need to attend a biometric services appointment. If an appointment is necessary, the notice will provide you the location of your local or designated USCS application support netter (ACI) and the date and time of your appointment or, if you are currently outside the United States, instruct you to contact a U.S. Embassy, U.S. Consulate, or USCIS office outside the United States to set up an appointment. If you are required to provide biometrics, at your appointment you must sign an oath reaffirming that: | n |
| | | | | You provided or authorized all information in the application; | |
| | | | | 2. You reviewed and understood all of the information contained in, and submitted with, your application; and | |
| | | | | 3. All of this information was complete, true, and correct at the time of filing. | |
| | Mail in your original document | | USCIS may require you to mail your original document. This is required if you are applying for a new document for one of the reasons below. • Current document is mutilated • Current document has a typographical/derical error caused by USCIS • Name changed • Date of birth changed • Gender changed You should include your A-Number with your original document. Mail your original document to: USCIS Nebrasias Service Center | | |
| | Respond to requests for evidence | | Lincoln, NE 68508 If we need more information from you, we will send you a Request for Evidence (RFE) or Request for Information (RFI). You can respond to our request and upload your documents through your USCIS account. | | |
| g your form onlin | ne Complete the Getting Started section first | | You should answer all questions in the Getting Started section first so we can best customize the rest of your online application experience. | | |
| | Provide as many responses as you can Saving your responses will be done automatically | application | You should provide as many responses as you can, to the best of your knowledge, throughout the application. Incomplete fields or sections and missing informatio can slow down the process after you submit your application. We will automatically save pour information when you select "next" to go to a new page or navigate to another section of the application. We will save your information for 30 days from today, or from the last time you worked on your application. | Once USCIS accepts your application, we will check it for completeness. If you do not completely fill out this application, you will not establish a basis for your eligibility and USCIS may reject or deny your application. | |
| icy Notice | | | AUTHORITIES: The information requested on this application, and the associated evidence, is collected pursuant to immigration and Nationality Act Section 343(a) | | |
| | | | PUBPOSE: The primary purpose for providing the information on this application is to request a replacement of your Declaration of Intention, Certificate of Naturalization, Certificate of Citizenship, Repatriation Certificate, or to apply for a special certificate of naturalization as a U.S. citizen to be recognised by a foreign country. DHS will use the information you provide to grant or deny the replacement document you are seeking. | | |
| | | | DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable and any requested evidence, may delay a final decision or result in denial of your application. | | |
| | | | ROUTINE USES: DHS may share the information you provide on this application and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCS/DE/CE/B-003 laten File, Index, and National File Tracking System, DHS/USCS-003 Benefits information System, and DHS/USCS-018 Immigration Silometric and Baseground Cheeka) and published privacy import assessments [DHS/USCS/PIA-016] Computer Linked application Information Management System and Associated Systems, and DHS/USCS/PIA-056 USCS Betcroic Information System, and DHS/USCS/PIA-071 my/USCS Account Experience], which an information as a proportiate, for I we enforcement purposes or the interest of national security. | e | |

Revision of currently approved collection - edits made N565 INTERACTIVE FORM COPY: QUESTIONS, INSTRUCTIONAL AND HELP TEXT, AND OTHER COPY Step Section Revised Instructional Text An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently visil office of Management and Budget (OMB) control number. The public reporting burden for this collection of information, collection of information, unless it displays a currently visil office of Management and Budget (OMB) control number. The public reporting burden for this collection of information, collection of information, unless it displays a currently visil office of Management and Budget (OMB) control number. The public reporting burden for this collection of information, unless it displays a currently visil office of Management and Budget (OMB) control number. The public reporting burden for this collection of information, unless it displays a currently visil office of Management and Budget (OMB) control number. The public reporting burden for this collection of information, unless it displays a currently visil office of Management and Budget (OMB) control number. The public reporting burden for this collection of information, unless it displays a currently visil office of Management and Budget (OMB) control number. The public reporting burden for this collection of information information, unless it displays a currently visil office of Management and Budget (OMB) control number. The public reporting burden for this collection of information information, unless it displays a currently visil office of Management and Budget (OMB) control number. The public reporting burden for this collection of information information, unless it displays a currently visil office of Management and Budget (OMB) control number. The public reporting burden for this collection of information information, unless it displays a currently visil office of Management and Budget (OMB)

If you do not work on your application for more than 30 days, we will delete your data in order to prevent storing personal information indefinitely.

Security Reminder

Revision of currently approved collection - edits made N565 INTERACTIVE FORM COPY: QUESTIONS, INSTRUCTIONAL AND HELP TEXT, AND OTHER COPY Copy in gray boses is approved copy from the Note and should not be edited instructional ext. Text that appears directly below a question and provides instructions for answering the question. Help text. Text that appears a directly below a question and provides instructions for answering the question. Help text. Text that appears ablow on reach to an input field, puralishy hidden. Users can click to expand. Provides additional contextual or clarifying information about a question. Question grouping page breats are inclused by a horizontal line Conditional question logic is indicated in | 1 before question | Personalized copy is indicated in | 1 before question | 1 before question | 1 before question | 1 before | 1 b Section Paper Form Revised Question Sub-Question Field Type Revised Instructional Text Help Text Question # Getting Started Preparer and interpreter information Is someone assisting you with completing Yes/No (IF YES) Is a preparer assisting you with Yes/No A preparer is anyone who completes or helps you complete completing this application all or part of your application using information and answers that you provide. (IF YES) Is an interpreter assisting you with Yes/No Radio An interpreter is someone who reads the instructions and completing this application? questions on this application to you Preparer information 12.1 What is your preparer's full name? Given name (first name) Family name (last name) What is your preparer's business or 12.2 11.2 Text My preparer is not part of a business or Checkbox 12.3 Country Address line 1 11.3 What is your preparer's mailing address? Address line 2 City or town State/Province ZIP code/Postal code Daytime telephone number Text Text Text 12.4 Vhat is your preparer's contact information? 12.5 11.5 My preparer does not have a mobile Checkbox 12.6 Email address My preparer does not have an email address. Checkbox What is your interpreter's full name? 11.1 10.1 Given name (first name) Family name (last name) 11.2 My interpreter is not part of a business or organization. Country Checkbox 11.3 10.3 Dropdown What is your interpreter's mailing address? Address line 1 Address line 2 City or town ZIP code/Postal code 11.4 10.4 information? Mobile telephone number My interpreter does not have a mobile 11.5 10.5 telephone number. 11.6 Email address My interpreter does not have an email 10.2.b 9.2.b What language is your interpreter using to Text interpret this application for you? About you 2.1 Given name (first name) Text Your current legal name is the unless it changed after birth by a legal action such as marriage or court order. Do not provide any nicknames here. Middle name (if applicable) Family name (last name) Have you used any other names since birth? Other names used may include nicknames, aliases, and maiden 2.2 (IF YES) Given name (first name) Text Provide the other names you have Middle name (if applicable) Text What is your country of former citizenship or [moved to Your Request] [moved to Your Request] 1.2 1.3 Country Dropdown nationality? Mobile telephone number 10.3 Daytime telephone number This is the same as my mobile telephone Checkbox 10.5 2.3 9.5 Email address We will use your current mailing What is your current mailing address? In care of name (if any) address to contact you throughout the application process. We may not be able to contact you if you do not provide a complete and valid address. Country Address line 1 Address line 2 City or town

Revision of currently approved collection - edits made N565 INTERACTIVE FORM COPY: QUESTIONS, INSTRUCTIONAL AND HELP TEXT, AND OTHER COPY Copy in gray boxes is approved copy from the Mold and should not be edited instructional text. Text that appears directly below a question and provides instructions for answering the question. Help text. Text that appears a directly below as question and provides instructions for answering the question. Help text. Text that appears ablieve not on input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question. Outsetton grouping page breaks are indicated by a horizontal line Conditional question logic is indicated in () before question. Personalized copy is indicated in () before question. Section Paper Form Revised Question Revised Sub-Question Field Type Revised Instructional Text Help Text Question # ZIP code/Postal code Additional information (delete) What is your ethnicity? Hispanic or Latino (delete) Hispanic or Latino refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. (delete) What is your race? (delete) White Checkbox (delete) Select all that apply. Your race is (delete) White (delete) different from your ethnicity and should reflect your geographical A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. origins. Checkbox (delete) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including. for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Black or African American Black or African American (delete) A person having origins in any of the black racial groups of Africa. American Indian or Alaska Native Checkbox (delete) American Indian or Alaska (delete) A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. Native Hawaiian or Other (delete) Pacific Islander Native Hawaiian or Other Pacific Islander (delete) Checkbox (delete) A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. 3.3 3.4 3.5 What is your height? Feet/Inches What is your weight? Pounds (delete) Black/Blue/Brown/Gray/Green/Hazel/Maroo (delete) (delete) What is the color of your eyes? Dropdown (delete) n/Pink/ Unknown/other Bald (no hair)/Black/Blonde/Brown/Grav/Red/Sandy/ 3.6 What is the color of your hair? Dropdown (delete) White/ Unknown/other 2.4 Has your marital status changed since your Radio last document was issued? What is your current marital status? 2.5 Single/Married/Divorced/Widowed/Marriage since you received your original document, we may request evidence of this change. Sign in to What is your current marital status? your USCIS account often to check for any Requests for Evidence. What is your A-Number? 1.4 Text Checkbox I do not have or know my A-Number. 2.6 Since becoming a U.S. citizen, have you lost

(If Yes to lost/renounced) provide an explanation. [Fillable text]

| | nd should not be edited and provide international provide internations for anxienting the tritially hidden. Users can click to expand. Price Revised Revised Current cartificate or declaration | e question. rovides additional co Paper Form Question # 1.3 | ntentual or clarifying information about a question. **Revised Question** | | | | | | | | | |
|---|---|---|---|--|--|--|--|------------------|-----------------------|---|--|-------------------|
| oficated in [] Section Ri Current document Co | Revised | Paper Form Question # | | | | | | | | | | |
| Reference Co | | Question # | Burland Counties | | | | | | | | | |
| | Current certificate or declaration | | | Revised | Sub-Question | Revised | Field Type | Revised | Instructional Text | Revised Instructional Test | Help Text | Revised Help Text |
| isw document. | | | | t? What is the certificate or declaration number on your current document? When was this document issued? | | | Text | | | | | |
| aw document | | 15.b 15.s 1.1 | 1.6.b When did USCIS issue this document? 1.6.a Which court or USCIS office issued your document? In which name was your current document issued? | When was this document issued? | Month/Dav/Year | | Date Text | | | | | |
| ew document | | 1.1 | In which name was your current document issued? | | The name on my current document matches my current legal name. Given name (first name) | | Checkbox | | | | | |
| iew document | | | | | Middle name (if applicable) | | Test Test Test | | | | | |
| lew document | | | 12 | What is the date of birth on your current document? | Family name (last name) | | Test | Date Checkbox | | | | |
| ew document | | | 3.1.A Which document are you requestine? | | e e e e e e e e e e e e e e e e e e e | The date of birth on my current document match my current date of birth | | Checkbox | | | | |
| | | 4.1A 4.1B 4.1C 4.1D 4.1E | 115 115 110 | | New Certificate of Citizenship New Certificate of Naturalization New Certificate of Repatriation New Declaration of Intention | | Radio Radio Radio Radio Radio | | | | | |
| | | 4.1D | 11D 11F | | New Declaration of Intention | | Radio | | | | | |
| | | 4.44 | | | Special Certificate of Naturalization to obtain necognition of my U.S. citizenship by a foreign | | Nauv | | | | | |
| | | 1.2 | 1.3 What is your country of former citizenship or nationality | (if New Cit/Natz/Repat/Special Cert) What is your country of former citizenship or nationality? | Country | | Dropdown | | | | | |
| | | 9.1 | (£11.0 81 What is the name of the foreign country? | | | | Dropdown | | | | | |
| | | | | Provide the following information about the foreign official who has requested this certificate. | 4 | | | Radio | | | | |
| | | 9.2 | (# 3.1.2) 8.2 What is the name of the foreign official who is requesting this certificate? | who has requested this certificate. (If Yes to name of foreign official) What is the name of the foreign official who is requesting this certificate? | Given name (first name) | | Test | | | | | |
| | | | | | Middle name (if applicable) Family name (last name) | | Test Test | | | | | |
| | | 9.2 | (# 3.1.1) B.2 What is the foreign official's title? | | | I do not know their name. I do not know their title. | Text | Checkbox | | | | |
| | | | (#3.1.E) B.2 What is the foreign official's government agency? | | | I do not know their title. I do not know their agency. | Test | Checkbox | | | | |
| | | 9.3 | (# 3.1.E) B.3 What is the foreign official's address? | | Country | I do not know their agency. | Dropdown | Chedibox | | | | |
| | | | | | Address line 2 | | Text | | | | | |
| | | | | | Country Address line 1 Address line 2 City or town Satel/Province Za tel/Province Zin code/Postal code | | Droodown Test Test Test Test Test | | | | | |
| leason for new document | | 4.2A | 3.2A Why are you requesting a new document? | M*** *** *** *** | | I do not know their address. | Charlebox | Checkbox | Select all that apply | | | |
| auton for new document | | 4.24 | 3.3 | (If 3.1A, 3.1B, 3.1C, or 3.1D) Why are you requesting a new document? | My certificate or declaration was lost, stolen, or destroyed. My certificate or declaration is mutilated. | | Checkbox | | select as that apply | | | |
| | | | | | | | | | | | | |
| | | 4.4 | 14 | | My certification or declaration is incorrect due to typographical/clerical error by USCIS. | | Checkbox | | | | | |
| | | 45 | 35 | | My name has legally changed | | Checkbox | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | 4.6 | 16 | | My date of birth has legally changed through a court order or U.S. government-issued document. | | Checkbox | | | Only applicants applying for a new Certificate of Citizenship may select this option. | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | 4.7 | 27 | | I am seeking to change the gender listed on my | | Checkbox | | | | | |
| | | 4.8A | 184 | | document. My reason for applying for a new document is not | | Checkbox | | | | | |
| | | 4.28 | 1.25 (IF LOST STOLEN OR DESTROYED) When, where, and how was your document lost, stolen, or destroyed? | | listed above. | | Test | | | | | |
| | | | was your document lost, stolen, or destroyed? | | | | | | | | | |
| | | 4.1 | | | I was to see the second | | Radio | | | | | |
| | | 4.1 | error in your document? | (IF CLERICAL ERROR) What was the typographical or derica error in your document that needs to be corrected? | Name/Liste or sirtn/Gender/Loner | | Hadio | | | | | |
| | | 5.2 | 42 Provide an explanation of what is incorrect on your curre | nt | | | Text | | | | | |
| | | 5.1A | 4.2 Provide an explanation of what is incorrect on your curre certificate or declaration. 5.1A (If NAME CHANGED) Why has your name changed? | DE NAME CHANGED) How did your name channel | Marriage or divorce | Marriage, divorce, annulment | Radio | | | If you select marriage, divorce or annulment, we will request a copy o | | |
| | | U.AR | Comme providency with the lover through Changes? | A THE STREET THE STREET STREET | | and the same of th | | | | your marriage certificate, annulment decree, or divorce decree. | | |
| | | 6.18 | 5.18 | | Court order | | Radio | | | If you select Court order, we will request a copy of either the original | | |
| | | 0.10 | | | | | | | | reposition court order, we will request a copy or either the original certified court document. | - | |
| | | | | | On what date did your name chanse? Month/Day/Year Given name (first name) | | Date | | | | | |
| | | 6.2 | 5.2 What is your new legal name? | | Family name (last name) | | | | | | | |
| | | 7.1.A | 6.1A (IF BRTHDAY CHANGED) How was your date of birth | | Middle name (if applicable) Court order | | Checkbox | | | | | |
| | | | changed? | | | | | | | | | 4444 |
| | | 7.1.8 | 6.18 | | State-issued document | U.S. Government-issued document | Checkbox | | | | A state-issued document could be a birth certificate, certificate recognizing the foreig birth, certificate of birth abroad, or other similar records issued by the child's state o residence. | (delete) n |
| | | | | | | | | | | | similar records issued by the child's state o | |
| | | | | | | | | | | | ressent. | |
| | | | | | | | | | | | | |
| | | | | | On what date did your date of birth charse? Month/Day/Year Month/Day/Year | | Date Date | | | | | |
| | | 7.2 8.1A | 6.2 (IF BIRTHDAY CHANGED) What is your new date of birth? 7.1A (IF GENDER CHANGED) How has your gender change been | | | Court order granting change of sex or gender. | Date | | | | | |
| | | 8.18 | Ingally recognized? 7.18 | | | | | | | | | |
| | | 0.40 | | | Other official documentation recognizing the new gender by a U.S. state, local jurisdiction, or foreign state, such as an amended birth certificate, passport or driver's license | gender change. | | | | | | |
| | | | | | passport or driver's license | | | | | | | |
| | | 8.1C | 7.00 | | Certification of Gender issued by a licensed | Certification of wender issued by a licensed health | Checkbox | | | | | |
| | | | | | physician (Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.)) | care professional | | | | | | |
| | | | | | | | | | | | | |
| | | 8.2 | 7.2 (IF GENDER CHANGED) What is your current gender | | Male/Female | | Radio | | | | | |
| | | | designation? | | | | _ | | | | | |
| | | 4.85 | 3.88 (IF MY REASON FOR APPLYING FOR A NEW DOCUMENT IS NOT LISTED ABOVE") Why are you requesting a new document? | | | | Test | | | | | |

| N565 IN Copy in gra Instruction Help text: 1 | On of currently ap ITERACTIVE FORM COF by boxes is approved copy from al text: Text that appears directly ext that appears below or next to coupling page breaks are indicated | | | | | | | |
|---|---|--|---|---------------|---------|--|--|---|
| Conditiona Personalize | question logic is indicated in () t d copy is indicated in [] | before question | | | | | | |
| Step | Section | Evidence Title | Revised | Field Type | Revised | Instructional Text | Revised | |
| Evidence | Evidence to support your application | | | | | As part of the application process, you will need to provide evidence to support your application. These documents help us evaluate your application and verify your answers are true. | As part of the application process, you will need to provide evidence to support your application. These documents help us evaluate your application and verify your answers are true. | |
| | | | | | | You are required to provide images or copies of several documents now as part of submitting your application. You may also need to provide additional evidence, depending on how you answered certain questions in the application. | You are required to provide images or copies of several documents now as part of submitting your application. You may also need to provide additional evidence, depending on how you answered certain questions in the application. | |
| | | | | | | You also must mail your original document to USCIS to complete your application. You should include your A-Number with your original document. | | |
| | | | | | | Mail your original document to: USCIS Nebraska Service Center 850 S. Street Lincoln, NE 68508 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | [Upload tool] | | Drag files here or choose a file Maximum size: 6MB per file Accepted formst. JPG, JPEG, PDF, TiF, or TIFF No encrypted or password-protected files | | |
| | | | | | | Attaching your files Use a scanner or take pictures of each document. Make sure each image you attach is clear and that all text is readable. | | |
| | | | | | | Translations If your documents are in a foreign language, upload an English translation along with the original. | | |
| | | 2" x 2" photo of you | U.S. Government-issued photo identification | Upload | Upload | Upload a recent color photograph of yourself that measures 2 inches by 2 inches, with your face measuring 1 inch to 13/8 inch from your chin to the top of your head. Your eyes should be between 11/8 inch and 13/8 inch from the bottom of the photo. | recent color photograph of yourself that measures 2 inches by 2 inches, with your face measuring 1 inch to 1 3/8 inch from your chin to the top of your head. Your eyes should | |
| | | | | | | Make sure your whole face is visible, you are facing the camera directly, and the background is white or off-white. Your head must be bare, unless contrary to your religious beliefs. Also, include an image of the back of the photograph with your name and A-Number written in pen or pencil. | be between 1 1/8 inch and 1 3/8 inch from the bottom of the photo. Make sure your whole face is visible, you are facing the camera directly, and the background is white or off-white. Your head must be bare, unless contrary to your religious beliefs. Also, include an image of the back of the photograph with your name | |
| | | | | | | If you need he understanding the photo requirements or want to resize, rotate, or cropyour photo, you can use to the Department of State's <a href="https://travel.state.gov/content/passports/en/passports/photos/photo-photo</td><td>and A-Number written in pen or pencil.</td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td>composition-template.html">photo composition tools . | href="https://travelstate.gov/content/passports/en/passports/photos/photo- composition-template.html">photo composition tools>. | |
| | | | | | | | | |
| | | Evidence of change in marital status | | Upload | | If your marital status has changed since you were last issued a document, you must upload an image or copy of your most recent marriage certificate, divorce decree, or spouce's death certificate. Tou do not have ou pload a copy of your marriage certificate, divorce decree, or spouce's death certificate if your marriagh attains han of changed. | upload an image or copy of the document establishing your change in marital staus. Such documents may include your most recent marriage certificate, divorce decree. | |
| | - | (IF TYPOGRAPHICAL/CLERICAL ERROR, NAME CHANGE, DOB CHANGE, GENDER CHANGE) | | Upload | | Upload an image or copy of your original document. | | - |
| | | Original document from USCIS | | | | You also must mail your original document to USCIS to complete your application. You should include your A-Number with your original document. | | |
| | | | | | | Mail your original document to: USCS Nebraska Service Center 850 S. Street Lincoln, NE 68508 | | |
| | | (IF MUTILATED) | | Upload | | Upload an image or copy of your damaged document. | Upload an image or copy of your mutilated document. | |
| | | Evidence of your mutilated document | | | | You also must mail your damaged original document to USCIS to complete your application. You should include your A-Number with your original document. | You also must mail your mutilated original document to USCIS to complete your application. You should include your A-Number with your original document. | |
| | | | | | | Mail year original document to: USCS Nebrusian Service Center 830 5. Street Lincoln, NE 68508 | Mail year original document to: USCS Nebrasia Service Center ESO. Street Lincoln, NE 68509 | |
| | | (IF LOST, STOLEN, OR DESTROYED) | | Upload | | Upload an image or copy of your original document if you have one. | Upload an image or copy of your original document if you have one. | |
| | | Evidence of your lost, stolen, or destroyed document | | | | You can also upload a copy of a police report or a sworn statement that explains how your original document was lost, stolen, or destroyed. You do not have to upload a copy of your police report if you do not have one. | You must also upload a copy of a police report and/or a sworn statement explaining what happened to the document and any attempts to retrieve the document. | |
| | | | | | | | | |

| Revis | sion of currently | approved collection - e | dits made | | | | | | | | | |
|-------------|---|---------------------------|-----------|------------|---------|--------------------|---------|--|--|--|--|--|
| N565 | NS6S INTERACTIVE FORM COPY: QUESTIONS, INSTRUCTIONAL AND HELP TEXT, AND OTHER COPY | | | | | | | | | | | |
| Copy in p | opy in gray boxes is approved copy from the N400 and should not be edited | | | | | | | | | | | |
| Instruction | structional test: Text that appears directly below a question and provides instructions for answering the question. | | | | | | | | | | | |
| Help text | Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question. | | | | | | | | | | | |
| Question | grouping page breaks are indic | ated by a horizontal line | | | | | | | | | | |
| Condition | Conditional question logic is indicated in () before question | | | | | | | | | | | |
| Personali | Personalized copy is indicated in [] | | | | | | | | | | | |
| Step | Section | Evidence Title | Revised | Field Type | Revised | Instructional Text | Revised | | | | | |
| | | | | | | | | | | | | |

| | copy is indicated in [] Section | Evidence Title | Revised | Field Type | Revised | Instructional Text | Revised |
|----|---------------------------------|--|---|------------|----------|--|---|
| ep | Section | Evidence little | Revised | Field Type | Revised | instructional Fext | Revised |
| | | (IF CLERICAL/TYPO ERROR) Evidence of clerical or typographical error | | Upload | | Upload images or copies of documents supporting your explanation of the error and request for a new document. | Upload images or copies of documents supporting your explanation of the error and request for a new document. |
| | | | | | | You also must mail your incorrect original document to USCIS to complete your application. You should include your A-Number with your original document. | [deleted] |
| | | | | | | Mail your original document to: | |
| | | | | | | USCIS Nebraska Service Center | |
| | | | | | | 850 S. Street Lincoln, NE 68508 | |
| | | | | | | LIILUIII, NE 08308 | |
| | | (IF NAME CHANGE BY MARRIAGE) Evidence of your name change | | Upload | | Upload an image or copy of the marriage certificate or divorce certificate that shows your legally changed name. | Upload an image or copy of the marriage certificate, annulment decree, or divorce decree that shows your legally changed name. |
| | | | | | | You also must mail your original document to USCIS to complete your application. You should include your A-Number with your original document. | [deleted] |
| | | | | | | Mail your original document to: | |
| | | | | | | USCIS Nebraska Service Center 850 S. Street | |
| | | | | | | 850 S. Street Lincoln, NE 68508 | |
| | | | | | | Lincolly, No. 60360 | |
| | | (IF NAME CHANGE BY COURT ORDER) Evidence of your name change | | Upload | | Upload an image or copy of the certified court order, amended birth certificate, or amended passport that shows your legally changed name. | Upload an image or copy of the original or certified court order that shows your legally changed name. |
| | | | | | | You also must mail your original document to USCIS to complete your application. You should include your A-Number with your original document. | [deleted] |
| | | | | | | Mail your original document to: | |
| | | | | | | USCIS Nebraska Service Center 850 S. Street | |
| | | | | | | Lincoln, NE 68508 | |
| | | (IF DOB CHANGE) Evidence of your date of birth change | | Upload | | Upload an image or copy of the state-issued document or a certified copy of the complete document (court order) showing the date of birth change. | Upload an image or copy of the original or certified U.S. Government-issued document or court document showing the date of birth change. |
| | | | | | | A state-issued document may include: | A U.S. Government document may include: |
| | | | | | | Birth certificate Certificate recognizing foreign birth | Birth certificate Certificate recognizing foreign birth |
| | | | | | | Certificate recognizing foreign birth Certificate of birth abroad | Certificate recognizing foreign birth Certificate of birth abroad |
| | | | | | | Other record issued by the child's state of residence | Other similar vital records issued by the U.S. state where you resided when the document was issued |
| | | | | | | You also must mail your original document to USCIS to complete your application. You should include your A-Number with your original document. | deleted] |
| | | | | | | Mail your original document to: | |
| | | | | | | USCIS Nebraska Service Center | |
| | | | | | | 850 S. Street Lincoln, NE 68508 | |
| | | | | | | LINCOIN, NE 685U8 | |
| | | (IF GENDER CHANGE BY COURT ORDER) Court order showing legally changed gender | (IF GENDER CHANGE BY COURT ORDER) Court order granting change of sex or gender | Upload | | Upload an image or certified copy of the court order that shows your legally changed gender. | Upload an image or certified copy of the court order granting your change of sex or gender. |
| | | | | | | You also must mail your original document to USCIS to complete your application. You should include your A-Number with your original document. | [delete] |
| | | | | | | Mail your original document to: | |
| | | | | | | USCIS Nebraska Service Center 850 S. Street Lincoln. NE 68508 | |
| | | (IF GENDER CHANGED BY BIRTH CERT.) | [delete] | Upload | [delete] | Upload an image or certified copy of your amended birth certified certificate that shows | [delete] |
| | | Birth certificate showing legally changed gender | | | | your legally changed gender. You also must mail your original document to USCIS to complete your application. You | |
| | | | | | | should include your A-Number with your original document. Mail your original document to: | |
| | | | | | | USCIS Nebraska Service Center | |
| | | | | | | 850 S. Street Lincoln, NE 68508 | |
| | | | | | | | |
| | | (IF GENDER CHANGED BY OTHER OFFICIAL DOC) Official document showing legally changed gender | (IF GENDER CHANGED BY GOV-ISSUED DOC) Government-issued document reflecting the requested gender designation. | Upload | | Upload an image or certified copy of the official document that shows your legally changed gender. | Upload an image or certified copy of the official document that shows your legally changed gender. |
| | | | | | | An official document may include: | An official document may include: |
| | | | | | | Amended birth certificate Passport recognizing the gender change | Amended birth certificate Passport recognizing the gender change |
| | | | | | | Passport recognizing the gender change Driver's license recognizing the gender change | Driver's license recognizing the gender change |
| | | | | | | You also must mail your original document to USCIS to complete your application. You should include your A-Number with your original document. | Other official document showing identity issued by the U.S. Government, a state or local government in the United States, or a foreign government |
| | | | | | | Mail your original document to: | [deleted] |
| | | | | | | USCIS Nebraska Service Center | |
| | | | | | | 850 S. Street | |
| | | | | | | Lincoln, NE 68508 | |
| | | | | | | | |

| Revision of currently ap | proved collection - edits made | e | | | | |
|---|---|---|-------------------------|---------|---|--|
| N565 INTERACTIVE FORM CO | PY: QUESTIONS, INSTRUCTIONAL AND | D HELP TEXT, AND OTHER COPY | | | | |
| Copy in gray boxes is approved copy fro | | , | | | | |
| | y below a question and provides instructions for answer | ring the question | | | | |
| | | and. Provides additional contextual or clarifying informa | ation about a question. | | | |
| estion grouping page breaks are indicate | | | | | | |
| onditional question logic is indicated in () | | | | | | |
| ersonalized copy is indicated in [] | | | | | | |
| itep Section | Evidence Title | Revised | Field Type | Revised | Instructional Text | Revised |
| | | | | | | |
| | (IF GENDER CHANGED BY MED. CERT.) | (IF GENDER CHANGED BY LIC. HEALTH CARE | Upload | | Upload an image or copy of the medical certification that documents your legally | Upload an image or copy of a letter from a licensed health care professional certifying |
| | Medical evidence of legally changed gender | PROF.) | | | | the requested gender designation is consistent with your gender identity. Licensed |
| | | Letter from licensed health care professional | | | | health care professionals include licensed counselors, nurse practitioners, physicians |
| | | | | | following: | (Medical Doctors or Doctors of Osteopathy), physician assistants, psychologists, social |
| | | | | | | workers, and therapists. The health care certification must include the following |
| | | | | | | information: |
| | | | | | Physician's medical license or certificate (including number and issuing state) | |
| | | | | | Physician's Drug Enforcement Administration registration number or comparable | The health care professional's full name, address, and phone number; |
| | | | | | | The health care professional's license number and issuing state, country, or other |
| | | | | | Language stating that you have received the appropriate treatment for gender | jurisdiction of the professional license; |
| | | | | | transition to the new gender (male or female) | Language stating the health care professional has treated or evaluated you in relation |
| | | | | | | to your gender identity; and |
| | | | | | physician and that he or she has treated you in relation to your change in gender and has | The health care professional s assessment or your gender identity. |
| | | | | | reviewed and evaluated your medical history in relation to your change in gender. | |
| | | | | | You also must mail your original document to USCIS to complete your application. You | |
| | | | | | should include your A-Number with your original document. | [delete] |
| | | | | | ,, | () |
| | | | | | Mail your original document to: | |
| | | | | | USCIS Nebraska Service Center | |
| | | | | | 850 S. Street | |
| | | | | | Lincoln, NE 68508 | |
| | | | | | | |
| | | | | | | |
| | (IF OTHER) | (IF OTHER) | Upload | | Upload images or copies of any documents supporting your explanation of the error and | |
| | Evidence of incorrect document | Evidence supporting your request | | | request for a replacement document. | document. |
| | | | | | You also must mail your incorrect original document to USCIS to complete your | [deleted] |
| | | | | | application. You should include your A-Number with your original document. | (deleted) |
| | | | | | application. You should include your A-Number with your original document. | |
| | | | | | Mail your original document to: | |
| | | | | | USCIS Nebraska Service Center | |
| | | | | | 850 S. Street | |
| | | | | | Lincoln, NE 68508 | |
| | | | | | | |
| | (IF LOSS OF CITIZENSHIP) | | Upload | | Upload a document explaining how and why you lost or renounced your United States | Upload any additional documents explaining how and why you lost or renounced your |
| | Loss of citizenship | | | | citizenship. | United States citizenship. |
| | Additional evidence you want to provide | | Upload | | Upload any additional documents that support your application and help explain any of | |
| | | | | | your answers on the application. | |

Revision of currently approved collection - no edits made

N565 INTERACTIVE FORM COPY: QUESTIONS, INSTRUCTIONAL AND HELP TEXT, AND OTHER COPY

Copy in gray boxes is approved copy from the N400 and should not be edited

Instructional text: Text that appears directly below a question and provides instructions for answering the question.

Help text: Text that appears below or next to an input field, partially hidden. Users can click to expand. Provides additional contextual or clarifying information about a question.

Question grouping page breaks are indicated by a horizontal line

Conditional question logic is indicated in () before question

Personalized

| Step | Section | Paper | Question | Sub-Question | Field | Not Required | Instructional Text |
|---------------------------|----------------------|-------|--|------------------------------|---------|--------------|--|
| | | Form | | | Type | | |
| Additional Information | Optional explanation | | 13 You may provide additional information your request | n for Additional information | Textbox | | If you need to provide any additional information for any of your answers to the questions in this form, enter it into the space below. You should include the questions that you are referencing. |
| | | | | | | | If you do not need to provide any additional information, you may leave this section blank. |

| N565 INTERA | on of currently approved collection - edits made ITERACTIVE FORM COPY: QUESTIONS, INSTRUCTIONAL AND HELP TEXT, AND OTHER COPY ay boxes is a pproved copy from the N400 and should not be edited | | | | | | | | | | |
|---|---|--------------------------------------|--|--|---|---|---------|----------------|---|---|--|
| Instructional text: Tex Help text: Text that a Question grouping pa Conditional question | at that appears directly ppears below or next age breaks are indicated in (| y below a quest to an input field | ion and provides i l. partially hidden. | nstructions for answering the que Users can click to expand. Provid | stion. les additional contextual or ci | iarifying information about a question. | | | | | |
| Personalized copy is Step Se | indicated in [] ection | Paper Form | Revised | Question | Revised | Sub-Question | Revised | Field | Instructional Text | Revised Instructional Text | |
| | eview your application | Question # | | Check your application before | | | | Type | We will review your application to check for accuracy and completeness before you | We will review your application to check for accuracy and completeness before you | |
| Submit | | | | you submit | | | | | submit it. We encourage you to provide as many responses as you can throughout the application. Missing information can slow down the review process after you submit your application. You can return to this page to review your application as many times as you want before you submit. | You can return to this page to review your application as many times as you want | |
| | | | | Alerts and warnings | | | | | You have one or more alerts and warnings based on the information you provided in your application. | | |
| | | | | | | | | | in your application. A red alert means you have incomplete or incorrect responses to certain questions. You cannot submit your application with any alerts. | | |
| | | | | | | | | | A yellow warning means you may be missing information or may need to follow-up with us about your responses. You can still submit your application, but some warnings may slow down the review process after you submit your application. | | |
| _ | | | | Your application summary | | | | | Here is a summary of all the information you provided in your application. | | |
| | | | | | | | | | Make sure you have provided responses for everything that applies to you before you submit your application. You can edit your responses by going to each application section using the site navigation. We also prepared a draft case snasohot with your responses, which you can | | |
| | | | | | | | | | download below. | | |
| P | reparer signature | 12.7A | 11.7A | Preparer's statement | | I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent | | Radio | Your preparer must read the statements below and select the statement that applies to him or her. | | |
| | | | | | | cenarior one applicant and with the applicant's consent. | | | againes to min or ner. If your prepares is an attorney or accredited representative whose representation extends beyond preparation of this application, he or the may be obliged to submit a completed Notice of fitny of Appearance as Attorney or Accredited Representative (G-28) with your application. | | |
| | | 12.7B 12.7B | 11.78 11.78 | | | I am an attorney or accredited representative and my representation of the applicant in this case does not extend beyond the preparation of this application. I am an attorney or accredited representative and my representation of the applicant in this case extends beyond the preparation of this application. | | Radio Radio | | | |
| | | 12 | 11 | Preparer's certification | | line care extension beginn on an expension of on a appeal-asson of the by my agrinute, certify, under penalty of perjury, that prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me than the 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 creekt. Complete this application based only on information that the applicant provided to me or authorized me to obtain or use. | • | | Your preparer must read and agree to the certification below. | | |
| | | | | | | As the applicant's preparer, you must sign on paper and provide your signature page to the applicant. Follow these steps: 1. Download the Preparer Signature page | | | | | |
| | | | | | | Print the Preparer Signature page Read and sign the Preparer Signature page Give the signed Preparer Signature page to the applicant The applicant will need to scan and upload your completed signature page on the next | | | | | |
| | | | | | | screen. | | | | | |
| Ter | nterpreter signature | 12.8 | 11.8 | Preparer's signature upload Interpreter's certification | | I certify, under genalty of perjary that: I am fluent in English and the language provided in the Getting Started section of this application, and I have read to this applicant every question and instruction on this application and his or her answer to every question. The applicant informer 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. | , | Upload | Scan and upload your preparer's completed signature page below. Your interpreter must read and agree to the certification below. | | |
| | | | | | | As the applicant's interpreter, you must sign on paper and provide your signature page to the applicant. Follow these steps: 1. Download the Interpreter Signature page | | | | | |
| | | | | | | Download the interpreter Signature page Read and sign the interpreter Signature page Read and sign the interpreter Signature page Read and sign the interpreter Signature page to the applicant | | | | | |
| | | | | | | The applicant will need to scan and upload your completed signature page on the next screen. | | | | | |
| _ | | 11.7 | 10.7 | Interpreter's signature upload | | | | Upload | Scan and upload your interpreter's completed signature page below. | | |

| INTER/ | CTIVE FORM | COPY: QUI | ESTIONS, I | INSTRUCTIONAL A | ND HELP TEXT, AN | D OTHER COPY | | | | |
|---------------|--|--|------------------------|--|------------------------------------|---|--|---------|--|---|
| gray box | es is approved cop | py from the N40 | and should r | not be edited structions for answering the qu | estion | | | | | |
| : Text that a | ppears below or next | to an input field, p | artially hidden. U | sers can click to expand. Prov | vides additional contextual or cla | arifying information about a question. | | | | |
| grouping p | age breaks are indica logic is indicated in (| ated by a horizonta) before question | line | | | | | | | |
| | indicated in [] | | | | | | | | | |
| S | ection | Paper Form Question # | Revised | Question | Revised | Sub-Question | Revised | Field | Instructional Text | Revised Instructional Text |
| | our signature | Question # | | | | | | Type | NOTE: Read the Penalties section of the Form N-565 Instructions before completing | |
| | our signature | | | | | | | | this section. | |
| | | | | | | | | | By signing this application, you state under penalty of periury (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. | |
| | | | | | | | | | | |
| | | 10.2 | (IF PREPARER) | Applicant's statement | | At my request, the preparer named in the Getting Started section of this application, | | Checkbo | x You must read and agree to the statement below. | |
| | | | 9.2 | regarding the preparer | | prepared this application for me based only upon information I provided or authorized. | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | 10.1.B | (IF | Applicant's statement | | The interpreter named in the Getting Started section of this application read to me every | | Checkbo | x You must read and agree to the statement below. | |
| | | | 9.1B | regarding the interpreter | | questions and instruction on this application and my answer to every question in the language I specified in the Getting Started section, a language in which I am fluent, and I | | | | |
| _ | | | | | | understood everything. | | | | |
| | | 10.1.A | (IF NO INTERPRETER) | | Applicant's statement | 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. | | | You must read and agree to the statement below. | |
| | | | 9.1A | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | | 10 | 9 | Applicant's declaration and certification | Applicant's certification | Copies of any documents I have submitted are exact photocopies of unaltered, original | 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 | | You must read and agree to the certification below. If you knowingly and willfully falsify or conceal a material fact or submit a false document with your application, | If you knowingly and willfully falsify or conceal a material fact or submit a false |
| | | | | certification | | USCIS at a later date. Futhermore, I authorize the release of any information from any | USCIS at a later date. Futhermore, I authorize the release of any information from any | | we can deny your application and may deny any other immigration benefit. You may | other immigration benefit. In addition, you will face severe penalties provided t |
| | | | | | | and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek. | and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek. | n | also face criminal prosecution and penalties provided by law. | law and may be subject to criminal prosecution. |
| | | | | | | | | | | |
| | | | | | | I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where | 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. | necessary for the administration and enforcement of U.S. immigration law. | | | |
| | | | | | | I understand that USCIS will require me to appear for an appointment to take my | I understand that USCIS may require me to appear for an appointment to take my | | | |
| | | | | | | biometrics and, at that time, I will be required to sign an oath reaffirming that: | biometrics and, if I am required to appear, I will be required to sign an oath reaffirming | | | |
| | | | | | | I reviewed and provided or authorized all of the information in my application; | that: | | | |
| | | | | | | I understood all of the information contained in, and submitted with, my application; and | I reviewed and provided or authorized all of the information in my application; I understood all of the information contained in, and submitted with, my application; | | | |
| | | | | | | 3. All of this information was complete, true, and correct at the time of filing. | and 3. 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 | All of this information was complete, true, and correct at the time of filing. | | | |
| | | | | | | 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. | 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. | ′ | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | 10.6 | 9.6 | Your signature | Applicant's signature | | | Text | You must provide your digital signature below by typing your full legal name. We | |
| | | 10.6 | 9.6 | Your signature | Applicant's signature | | | Text | may deny your application if you do not completely fill out this application or fail to | |
| | | | | | | | | | submit required documents. We will record the date of your signature with your application. | |
| _ | | 10.6 | 9.6 | Date of signature | | Month/Day/Year | | Date | | |
| P | ay and submit | | | | | The final step to submit your Application for Replacement Naturalization/Citizenship Document is to pay the required fee. | | | | |
| | | | | | | | | | | |
| | | | | | | Your application fee is: \$555 | | | | |
| | | | | Pay for and submit your application | | We will send you to Pay.gov — our safe, secure payment website — to pay your fees and submit your application online. | | | | |
| | | | | | | | | | | |
| | | | | | | Here are the steps in the payment and submission process: | | | | |
| | | | | | | Provide your billing information on Pay.gov | | | | |
| | | | | | | Provide your credit card or U.S. bank account information Submit your payment | | | | |
| | | | | | | | | | | |
| | | | | | | When you have paid your fee, your application will be submitted. | | | | |
| | | | | | | | | | | |
| | | | | | | Pay.gov will redirect you to a uscis.gov confirmation screen, which will include your | | | | |
| | | | | | | Pay.gov will redirect you to a uscis.gov confirmation screen, which will include your application receipt number. Please keep a copy of your receipt number for your records. You can track the status of your application through your USCIS online account. | | | | |

N565 INTERACTIVE FORM COPY: WARNINGS, ALERTS, NOTICES, AND ERRORS

Copy in gray boxes is approved copy from the N400 and should not be edited

Alert: Appears in red box; indicates missing required information or lack of eligibility; user cannot submit application Warning: Appears in yellow box; indicates potential eligibility issue or follow-up step; user can submit application Notice: Appears in blue box; indicates potential exemptions or other useful information; user can submit application Error: Appears in red text below a form field; user can submit application

| Number | Туре | Revised | Logic | Revised | Message | Revised | Notes |
|--------|---------|----------|--|----------|---|----------|-------|
| | Warning | | applying because: | | h5. You must mail your original document to USCIS | | |
| | | | - mutilated | | | | |
| | | | - typo/clerical error | | You must mail your original document to USCIS because of the reason you | | |
| | | | - name change | | are requesting a new document. Review of your application may be delayed | | |
| | | | - DOB change | | if you do not submit your original document. | | |
| | | | - gender change | | | | |
| | | | | | You should include your A-Number with your original document. | | |
| | | | | | Mail your original document to: | | |
| | | | | | USCIS Nebraska Service Center | | |
| | | | | | 850 S. Street | | |
| | | | | | Lincoln, NE 68508 | | |
| | | | | | 2.1100111, 112 00000 | | |
| | 1 | | | | | | |
| | | | | | h5. You cannot request a Special Certificate of Naturalization online yet | | |
| | | | | | | | |
| | | | | | You should file the paper version of the <a href="https://www.uscis.gov/n-</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td>565">Application for Replacement Naturalization/Citizenship Document (N- | | |
| | 2 Alert | (delete) | If 2.1E (requesting Special Certificate) | (delete) | 565). | (delete) | |