



## NATURALIZATION QUESTIONNAIRE (FORM N-400)

| I. PERSONAL INFORMATION                 |   |  |         |
|---|---|--|---------|
| Name:                                   |   |  |         |
| Name on alien registration card:        |   |  |         |
| Sex:                                    | <input type="checkbox"/> Male   | <input type="checkbox"/> Female                          | Height: |
| Present marital status:                 | <input type="checkbox"/> Single <input type="checkbox"/> Married (Please fill Section II)<br><input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Please fill Section III) |  |         |
| Can you speak, read, and write English? | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |         |
| Address in US:                          |   |  |         |
| Telephone:                              |   |  |         |
| Date of Birth:                          |   | City/Country of Birth:                                   |         |
| Citizenship:                            |   |  |         |
| A#:                                     |   |  |         |
| Social Security #:                      |   |  |         |
| Date you became a permanent resident:   |   | Port of entry or USCIS office where status was adjusted: |         |

| II. CURRENT SPOUSE INFORMATION |  |                        |  |
|--------------------------------|--|------------------------|--|
| Name:                          |  |                        |  |
| Current Address:               |  |                        |  |
| Telephone:                     |  |                        |  |
| Date of Birth:                 |  | City/Country of Birth: |  |

|  |  |  |  |
|--|--|--|--|
| <b>Date &amp; Place of Marriage:</b>       |  |  |  |
| <b>Citizenship:</b>                        |  | <b>Immigration status (if not U.S. citizen):</b> |  |
| <b>A# if any:</b>                          |  |  |  |
| <b>Social Security #:</b>                  |  |  |  |
| <b>Date &amp; Place of naturalization:</b> |  |  |  |

**III. PREVIOUS MARRIAGE INFORMATION**

I have been married \_\_\_\_ time(s).  
 (\*If you or your spouse were previously married, please provide the following information for all your prior marriages.)

|  | <b>Yourself</b> | <b>Current Spouse</b> |
|--|-----------------|-----------------------|
| <b>Name of Prior Spouse</b>                          |                 |                       |
| <b>When &amp; Where did the Marriage take place?</b> |                 |                       |
| <b>When &amp; How did the marriage end?</b>          |                 |                       |
| <b>Immigration Status of Prior Spouse</b>            |                 |                       |

**IV. ADDITIONAL INFORMATION ABOUT YOU**

**RESIDENCE IN THE LAST FIVE YEARS (LIST PRESENT FIRST)**

| <b>Street &amp; Number</b> | <b>City</b> | <b>State</b> | <b>Country</b> | <b>From</b>  |             | <b>To</b>    |             |
|----------------------------|-------------|--------------|----------------|--------------|-------------|--------------|-------------|
|                            |             |              |                | <b>Month</b> | <b>Year</b> | <b>Month</b> | <b>Year</b> |
|                            |             |              |                |              |             | Present      |             |
|                            |             |              |                |              |             |              |             |
|                            |             |              |                |              |             |              |             |

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**EMPLOYMENT HISTORY DURING THE LAST 5 YEARS (START WITH MOST RECENT)**

| Employer's Name: | Work Address: | Your occupation: | From  |      | To    |      |
|------------------|---------------|------------------|-------|------|-------|------|
|                  |               |                  | Month | Year | Month | Year |
|                  |               |                  |       |      |       |      |
|                  |               |                  |       |      |       |      |
|                  |               |                  |       |      |       |      |
|                  |               |                  |       |      |       |      |

**ABSENCES FROM THE U.S. SINCE BECOMING A PERMANENT RESIDENT. PLEASE BE ACCURATE. (IF NONE, WRITE "NONE")**

| Date departed/returned: | Absence over 6 months? | Destination: | Reason for trip? |
|-------------------------|------------------------|--------------|------------------|
|                         |                        |              |                  |
|                         |                        |              |                  |
|                         |                        |              |                  |
|                         |                        |              |                  |

**V. How many children do you have? Please complete the following information for each child.**

| Full name of child | Date of birth | Birth Country | Citizenship | A# | Current Address |
|--------------------|---------------|---------------|-------------|----|-----------------|
|                    |               |               |             |    |                 |

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**VI. If you are a permanent resident child of U.S. citizen parent(s), please complete the following:**

|  |   |
|--|---|
| <b>How many of your parents are U.S. citizens?</b> | <input type="checkbox"/> One <input type="checkbox"/> Both  |
| <b>Complete name of one U.S. citizen parent:</b>   |   |
| <b>Address:</b>                                    |   |
| <b>Relationship to you:</b>                        | <input type="checkbox"/> Natural parent<br><input type="checkbox"/> Adoptive parent<br><input type="checkbox"/> Parent of child legitimized after birth<br>If you were adopted or legitimized after birth, give date of adoption or legitimization: _____ |
| <b>Your parent was:</b>                            | <input type="checkbox"/> Born in the U.S. <input type="checkbox"/> Naturalized: Certificate No.: _____  |
| <b>Does this parent have legal custody of you?</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No  |

**VII. Memberships and Organizations**

**Are you currently a member of any organization, club, or group (including military service)? Have you ever been a member of any organization? Please list:**

| <b>Name and location of organization:</b> | <b>Dates from/to:</b> | <b>Nature of organization:</b> |
|---|-----------------------|--------------------------------|
|   |                       |                                |
|   |                       |                                |
|   |                       |                                |

## VIII. Other Factors

| Please tick in appropriate columns  | Yes | No |
|---|-----|----|
| 1. Have you ever aided, supported, or been a member of a totalitarian or communist party?   |     |    |
| 2. Nazi affiliations?   |     |    |
| 3. Participated in the persecution of any person because of race, religion, national origin, or political opinion?  |     |    |
| 4. Deserted the Armed Forces of the U.S. or avoided being drafted?  |     |    |
| 5. Have you ever registered under Selective Service?<br>If so, complete the following:<br>Selective Service Number: _____<br>Date Registered: _____<br>If not, were you required to do so? If required (males between 18 and 26 years old), why didn't you register?<br>_____ |     |    |
| 6. Have you ever applied for exemption from military service?   |     |    |
| 7. Since becoming a permanent resident, have you  |     |    |
| a) Failed to file a federal income tax return?  |     |    |
| b) failed to file a tax return because you considered yourself a nonresident?   |     |    |
| c) filed a tax return as a nonresident?   |     |    |
| 8. Have you ever been deported or had deportation proceedings against you?  |     |    |
| 9. Have you ever practiced, used, or been involved in any of the following:   |     |    |
| a) alcohol abuse/alcoholism?  |     |    |
| b) polygamy?  |     |    |
| c) prostitution?  |     |    |

|  |  |  |
|--|--|--|
| d) illegal entry of foreigners?  |  |  |
| e) drugs (narcotics)?  |  |  |
| f) illegal gambling?   |  |  |
| 10. Have you given false testimony for immigration benefits?   |  |  |
| 11. Have you ever claimed to be a U.S. citizen?  |  |  |
| 12. Have you ever declared legally incompetent or confined as a mental patient?  |  |  |
| 13. Do you hold nobility in any foreign state? Ties or lineage?  |  |  |
| 14. Have you ever committed any crime or ever been arrested for violating any law (excluding traffic regulations)?                 |  |  |
| 15. Have you ever been on probation?<br>If so, why?<br>_____<br>_____<br>When did probation end?<br>_____                          |  |  |
| 16. If you have children not living with you, are you under financial child support obligations?<br>If so, what are they?<br>_____ |  |  |
| Have you always complied with those obligations?   |  |  |
| If not, are you in compliance now?   |  |  |

| <b>IX. Allegiance to the U.S.</b>   |            |           |
|---|------------|-----------|
| <b>Please tick in appropriate columns</b>   | <b>Yes</b> | <b>No</b> |
| Do you believe in the U.S. government and the Constitution, and are you willing to take the oath of allegiance to the U.S.?   |            |           |
| If required, would you be willing to bear arms, perform noncombatant services, and other civilian work on behalf of the U.S.? |            |           |

| <b>X. Documents Required</b> |   |
|------------------------------|---|
| <input type="checkbox"/>     | Copy of your green card (front and back)  |
| <input type="checkbox"/>     | Copy of your passport (old and current) with all biographic pages and all dates (Departures and Arrivals - legible from the Passport) |
| <input type="checkbox"/>     | Copy of current driver's license or Government ID   |
| <input type="checkbox"/>     | Two passport size pictures (2" X 2" color frontal view with white back ground)  |
| <input type="checkbox"/>     | Copy of your SS card  |
| <input type="checkbox"/>     | Weight, Eye and Hair color  |
| <input type="checkbox"/>     | Copy of spouse's citizenship certificate or green card, if available,   |
| <input type="checkbox"/>     | Copy of marriage certificate, if available.   |