**Intake Form**

### YOUR NAME:

* Your USCIS “A” Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Family Name in CAPS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name *exactly* as it appears on your permanent resident card (Family Name in CAPS, Middle, First): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If you have ever used any other names, provide them below:

|  |  |  |
| --- | --- | --- |
| **Family Name (*Last Name*):** | **Given Name (*First Name*):** | **Middle Name:** |
|  |  |  |
|  |  |  |
|  |  |  |

* Name Change (optional):
  + Would you like to legally change your name? (circle one) Y / N
  + If yes, please print the name that you would like to use (Family Name in CAPS, First, Middle; *do not use initials or abbreviations*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION ABOUT YOUR ELIGIBILITY:**

I am at least 18 years old, and:

I have been a Lawful Permanent Resident of the U.S. for at least 5 years.

I have been a Lawful Permanent Resident of the U.S. for at least 3 years, **AND** I have been married to and living with the same U.S. citizen for the last 3 years, **AND** my spouse has been a U.S. citizen for at least 3 years.

I am applying on the basis of qualifying military service.

Other (*explain*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### INFORMATION ABOUT YOU:

* U.S. Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Date You Became a Permanent Resident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Country of Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are either of your parents U.S. citizens? (circle one) Y / N
* Marital Status:
* Single, Never Married
* Married
* Widowed
* Divorced
* Marriage Annulled or Other
* Are you requesting a waiver of the English and/or U.S. History requirements and attaching a Form N-648? (circle one) Y / N
* Are you requesting an accommodation to the naturalization process because of a disability or impairment? (circle one) Y / N

I am deaf or hearing impaired, and I need a sign language interpreter using the following language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I use a wheelchair.

I am blind or sight impaired.

I will need another type of accommodation (*explain*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS AND TELEPHONE NUMBERS:**

* Home Address (Street Number and Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Home Address (City, County, State, Zip, Country): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mailing Address *if different from Home address*  (Street Number and Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Mailing Address *if different from Home address* (City, State, Zip, Country): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Daytime Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION FOR CRIMINAL RECORDS SEARCH (*required by the FBI*):**

* Gender: (circle one) M / F Height: \_\_\_\_\_\_feet \_\_\_\_\_\_\_inches. Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_pounds.

### Are you Hispanic or Latino? (circle one) Y / N

### Race:

* + White
  + Asian
  + Black or African American
  + American Indian or Alaskan Native
  + Native Hawaiian or Pacific Islander
* Hair Color:
  + Black
  + Brown
  + Blonde
  + Gray
  + White
  + Red
  + Sandy
  + Bald (No Hair)
* Eye Color:
  + Brown
  + Blue
  + Green
  + Hazel
  + Gray
  + Black
  + Pink
  + Maroon
  + Other

**INFORMATION ABOUT YOUR RESIDENCE & EMPLOYMENT:**

* Where have you lived during the last five years (*list present address first*):

|  |  |  |
| --- | --- | --- |
| **Street Number and Name, City, State, Zip, Country:** | **From (*date*):** | **To (*date*):** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

### Where have you worked (or attended school) during the last five years (*include military service*):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer or School Name:** | **Address (Street, City, State):** | **From (*date*):** | **To (*date*):** | **Occupation:** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### TIME OUTSIDE THE UNITED STATES (including trips to Canada, Mexico, and Caribbean Islands):

* How many days did you spend outside the U.S. during the past five years? \_\_\_\_\_\_\_\_\_\_\_\_ days.
* How many trips for 24 hours or more have you taken outside the U.S. during the past five years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_trips.
* List all trips longer than 24 hours taken outside the U.S. since becoming a Lawful Permanent Resident below (*beginning with your most recent trip*):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Left:** | **Date Returned:** | **More than six months?**  **Yes / No** | **Countries to Which You Traveled:** | **Total Days Outside U.S.:** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**INFORMATION ABOUT YOUR MARITAL HISTORY:**

* How many times have you been married (*if none, skip this section*)? \_\_\_\_\_\_\_\_\_\_
* Spouse’s Family Name in CAPS:
* Spouse’s First:
* Spouse’s Middle:
* Spouse’s Date of Birth:
* Date of Marriage:
* Spouse’s U.S. Social Security #:
* Home Address (Street Name and Number):
* Home Address (City, State, Zip):
* Is spouse a U.S. citizen: (circle one) Y / N
* If your spouse is a U.S. citizen:
  + When did your spouse become a U.S. citizen?

At birth

Other

* Date your spouse became a U.S. citizen: \_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Place your spouse became a U.S. citizen: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If your spouse is not a U.S. citizen:
  + Spouse’s Country of Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Spouse’s “A” Number (*if applicable*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Spouse’s Immigration Status:  Lawful Permanent Resident  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If you were married before, provide the following information:
  + Prior Spouse’s Family Name in CAPS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Prior Spouse’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Prior Spouse’s Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Prior Spouse’s Immigration Status:
* US Citizen
* Lawful Permanent Resident
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Date of Marriage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Date Marriage Ended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + How Marriage Ended:
* Divorce
* Spouse Died
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How many times has your current spouse been married (*including annulled marriages*): \_\_\_\_\_\_\_\_\_\_\_\_\_
* If your spouse has been married before, provide the following information:
  + Prior Spouse’s Family Name in CAPS:
  + Prior Spouse’s First Name:
  + Prior Spouse’s Middle Name:
  + Prior Spouse’s Immigration Status:
* US Citizen
* Lawful Permanent Resident
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Date of Marriage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Date Marriage Ended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + How Marriage Ended:
* Divorce
* Spouse Died
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION ABOUT YOUR CHILDREN:**

* How many sons and daughters have you had? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name (Family Name in CAPS, Middle, First):** | **Date of Birth:** | **“A” Number:** | **Country of Birth:** | **Current Address (Street, City, State, Country):** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**ADDITIONAL QUESTIONS:**

**General Questions**

* Have you ever claimed to be a U.S. citizen? (circle one) Y / N
* Have you ever registered to vote in any Federal, State, or Local U.S. election? (circle one) Y / N
* Have you ever voted in any Federal, State, or Local U.S. election? (circle one) Y / N
* Since becoming a Lawful Permanent Resident, have you ever failed to file a Federal, State, or Local tax return? (circle one) Y / N
* Do you owe any Federal, State, or Local taxes? (circle one) Y / N
* Do you have any title of nobility in a foreign country? (circle one) Y / N
* Have you ever been declared legally incompetent or been in a mental institution within the past five years? (circle one) Y / N

**Affirmations**

* Have you ever been a member of or associated with any organization, foundation, party, or similar group in the U.S. or any other place? (circle one) Y / N
  + If yes, list the name of each group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Have you ever been a member or been associated with:
  + The Communist Party? (circle one) Y / N
  + Any other totalitarian party? (circle one) Y / N
  + A terrorist organization? (circle one) Y / N
* Have you ever advocated the overthrow of any government by force or violence? (circle one) Y / N
* Have you ever persecuted any person because of race, religion, nationality, or political opinion? (circle one) Y / N
* Between March 23, 1933 and May 8, 1945, did you work for or associate with:
  + The Nazi government of Germany? (circle one) Y / N
  + Any government occupied by, allied with, or established by the Nazi government of Germany? (circle one) Y / N
  + Any German, Nazi, or S.S. military unit, office, camp, etc.? (circle one) Y / N

**Continuous Residence**

* Since becoming a Lawful Permanent Resident of the U.S.:
  + Have you ever called yourself a “nonresident” on a Federal, State, or Local tax return? (circle one) Y / N
  + Have you ever failed to file a Federal, State, or Local tax return because you considered yourself a “nonresident?” (circle one) Y / N

**Good Moral Character**

* Have you ever committed a crime or offense for which you were not arrested? (circle one) Y / N
* Have you ever been arrested, cited, or detained by law enforcement? (circle one) Y / N
* Have you been charged with committing any crime or offense? (circle one) Y / N
* Have you ever been convicted of a crime or offense? (circle one) Y / N
* Have you ever been placed in an alternative sentencing or rehabilitation program? (circle one) Y / N
* Have you ever received a suspended sentence, probation, or parole? (circle one) Y / N
* Have you ever been in jail or prison? (circle one) Y / N
* If you answered yes to any of these questions, please provide the information below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Why were you arrested, cited, or charged?** | **Date:** | **Place where you were arrested, cited, or charged (City, State, Country):** | **Outcome:** |
|  |  | , |  |
|  |  |  |  |
|  |  |  |  |

* Have you ever:
  + Been a drunk? (circle one) Y / N
  + Been a prostitute, or procured a prostitute? (circle one) Y / N
  + Sold or smuggled drugs? (circle one) Y / N
  + Been married to more than one person at the same time? (circle one) Y / N
  + Helped anyone enter the U.S. illegally? (circle one) Y / N
  + Gambled illegally or received income from illegal gambling? (circle one) Y / N
  + Failed to support your dependents or pay alimony? (circle one) Y / N
* Have you ever given false or misleading information to the U.S. government when applying for an immigration benefit or to prevent deportation, removal, etc.? (circle one) Y / N
* Have you ever lied to any U.S. government official to gain entry into the U.S.? (circle one) Y / N

**Removal, Exclusion, and Deportation Proceedings**

* Do you have removal, exclusion, rescission, or deportation proceedings pending against you? (circle one) Y / N
* Have you ever been removed, excluded, or deported from the U.S.? (circle one) Y / N
* Have you ever been ordered to be removed, excluded, or deported from the U.S.? (circle one) Y / N
* Have you ever applied for any kind of relief from removal, exclusion, or deportation? (circle one) Y / N

**Military Service**

* Have you ever served in the U.S. Armed Forces? (circle one) Y / N
* Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces? (circle one) Y / N
* Have you ever applied for any exemption from service in the U.S. Armed Forces? (circle one) Y / N
* Have you ever deserted the U.S. Armed Forces? (circle one) Y / N

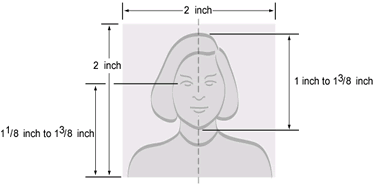
**Selective Service Registration**

* Are you a male who lived in the U.S. at any time between your 18th and 26th birthdays? (circle one) Y / N
  + If “yes:”
    - Date Registered For Selective Service System: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    - Selective Service Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Oath Requirements**

* Do you support the Constitution and form of government of the U.S.? (circle one) Y / N
* Do you understand the Oath of Allegiance to the U.S.? (circle one) Y / N
* Are you willing to take the full Oath of Allegiance to the U.S.? (circle one) Y / N
* Are you willing to bear arms on behalf of the U.S.? (circle one) Y / N
* Are you willing to perform noncombatant services in the U.S.? (circle one) Y / N
* Are you willing to perform work of national importance under civilian direction? (circle one) Y / N

### DOCUMENT REQUIREMENTS:



* Copy of Alien Registration Card
* Copy of stamped passport pages, if any
* Two color photographs within last 30 days per specifications
* Latest tax returns
* Character reference letters

I hereby certify and aver that the statements herein are true, complete and accurate to the best of my knowledge, and I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

Signature Date (mm/dd/yyyy)