

## Application for Replacement Naturalization/Citizenship Document

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form N-565 OMB No. 1615-0091 Expires 06/30/2019

		Returned			F	ee Stamp				Action Block
		Resubmitted								
F US		Relocated Sent								
	or CIS	Relocated Received								
Use Only		☐ Applicant Interviewed ☐ Declaration of Intention		Remarks:						
		☐ Citizenship Vo	erified by:							
	by a BIA	n attorney or A-accredited entative (if any)	Fori	ct this box if n G-28 is ched to represe applicant.	ent	Attorney State B (if applicable)	sar Num	nber		or Accredited Representative Online Account Number (if any)
►S	TAF	T HERE - Type	or print i	ı black ink.						
Pa	rt 1	Information	About Y	Zou Zou						
		Legal Name ily Name (Last Na	ame)			Given Name (Fi	rst Nam	ıe)		Middle Name
2.	Date	of Birth (mm/dd/	уууу)	3. Count	try of	f Birth				
4.	Certi	ficate Number							en Registra	ation Number (A-Number)
6.	L Mail	ing Address								
	In C	are Of Name								
	Stree	et Number and Nar	me						Apt. Ste.	Flr.
	City	or Town							State	ZIP Code
	Prov	ince			Posta	al Code	Country	У		

Form N-565 06/13/17 N Page 1 of 7

Pa	rt 2.	Type of Application						
ι.	I hereb	by apply for (select <b>only one</b> box):						
	A. [	New Certificate of Citizenship D. New Declaration of Intention						
	В. 🗌	New Certificate of Naturalization E. Special Certificate of Naturalization to obtain recognition of my						
	с. 🗌	New Certificate of Repatriation  U.S. citizenship by a foreign country. (Skip <b>Item Number 2.</b> and complete <b>Part 3.</b> , <b>Part 8.</b> , and <b>Part 9.</b> )						
2.	Basis f	for application (Select all applicable boxes):						
	<b>A.</b>	My certificate was lost, stolen, or destroyed. Explain when, where, and how. (Complete <b>Part 3.</b> and <b>Part 9.</b> , and attach a copy of the certificate (if any), police report, or sworn statement.)						
	В. [	My certificate is mutilated. (Complete <b>Part 3.</b> , <b>Part 9.</b> , and attach the certificate.)						
	<b>C.</b>	My certification or declaration is incorrect due to typographical/clerical error. (Complete <b>Part 3.</b> , <b>Part 4.</b> , and <b>Part 9.</b> , and attach the documents.)						
	<b>D.</b>	My name has legally changed. (Complete Part 3., Part 5., and Part 9., and attach the certificate and documents.)						
	E. [	My date of birth has legally changed due to a court order or other state-issued documents. <b>NOTE:</b> Only applicants applying for a replacement Certificate of Citizenship may select this option. (Complete <b>Part 3.</b> , <b>Part 6.</b> , and <b>Part 9.</b> , and attach the certificate and documents.)						
	<b>F.</b>	My gender has legally changed. (Complete <b>Part 3.</b> , <b>Part 7.</b> , and <b>Part 9.</b> , and attach the certificate and documents.)						
	G. Other: Explain (Complete Part 3., Part 4., and Part 9., and attach the documents.)							
Pa	rt 3.	Processing Information						
۱.	Gende	er 2. Height 3. Marital Status						
		Iale Female Feet Inches Single Married Divorced Widowed						
Мy	last cer	rtificate or Declaration of Intention was issued to me by:						
í.		S Office or Name of Court  5. Date (mm/dd/yyyy)						
5.	Name	in Which the Document Was Issued						
,,		The state of the s						
7.	Other	Names I Have Used (if none, type or print "None")						
	Family	y Name (Last Name) Given Name (First Name) Middle Name						
3.	Since	becoming a citizen, have you lost or renounced your citizenship in any manner? \(\subseteq\) Yes (attach an explanation) \(\subseteq\) No						

Form N-565 06/13/17 N Page 2 of 7

Par	t 4.	Complete If Applying To Correct You	r Do	cument					
-	If you are applying for a new certificate or Declaration of Intention because your current one is incorrect, explain why it is incorrect and attach copies of any documents supporting your request.								
Par	t 5.	Complete If Applying for a New Docu	ment	Because of a Name C	hange				
		nged because of (select <b>only one</b> box):							
A	۸. [	Marriage or divorce on (Attach a copy of mar	riage o	or divorce certificate)	(mm/	/dd/yyyy)			
F	3.	Court Order (Attach a certified copy of the do	cumei	nt)	(mm/	/dd/yyyy)			
Par	t 6.	Complete If Applying for a New Certi	ficate	e of Citizenship Becau	se of a	<b>Date of Birth Change</b>			
Date	of bir	th changed by:							
A	<b>\.</b> [	Court Order (Attach a certified copy of the do	cumei	nt)	(mm/	/dd/yyyy)			
F	3.	State-issued document (For example, birth cert the foreign birth, certificate of birth abroad, or by the child's state of residence.)			(mm/	/dd/yyyy)			
Par	t 7.	Complete If Applying for a New Docu	ment	Because of a Change	in Ger	nder			
Evid	ence c	of official recognition of gender change recognize	ed by	(select all applicable boxes	):				
A	<b>\.</b> [	Court Order (Attach a certified copy of the do	cumei	nt)					
F	<b>3.</b> [	Amended birth certificate (Attach a certified of	сору о	f the document)					
(	C. [	Other official documentation recognizing the passport or driver's license.	new g	ender by U.S. state, local ju	risdictio	n, or foreign state, such as a			
Ι	<b>).</b> [	Medical certification by a licensed physician (	(docto	r of medicine (M.D.) or doc	tor of os	steopathy (D.O.)			
		Complete If Applying for a Special Ce ernment of a Foreign Country	rtific	cate of Recognition as	a Citiz	zen of the United States by			
1. I	Name	of Foreign Country							
Infor	matio	n about official of the country who has requested	l this c	ertificate (if known)					
2. Family Name (Last Name) Given Name (First Name) Middle					Middle Name				
Official Title Name of Government Agency									

Form N-565 06/13/17 N Page 3 of 7

th	e Government of a Foreign Country	(continued)						
3.	Address of Foreign Official							
	Street Number and Name					Apt. Ste. Flr.		
	City or Town					State	ZIP Code	
	Province	Postal Code			Country			
$U^{\sharp}$	SCIS or Consular Official's Certificat	ion						
4.	USCIS or Consular Official's Signature					Date of S	ignature	
						(mm/dd/y	ууу)	
Pa	art 9. Applicant's Statement, Contac	t Information	, Cer	tif	ication, an	d Signature	·	
NC	OTE: Read the Penalties section of the Form N	N-565 Instruction	s befor	re c	ompleting thi	is part.		
$A_{I}$	oplicant's Statement							
NC	OTE: Select the box for either Item A. or B. in	Item Number 1	. If ap	plio	cable, select t	he box for <b>Ite</b>	n Number 2.	
1.	Applicant's Statement Regarding the Interpret	ter						
	A. I can read and understand English, and I have read and understand every question and instruction on this application are my answer to every question.						ction on this application and	
	B The interpreter named in Part 10. read	d to me every que	estion	and	instruction o	n this applicati	on and my answer to every	
	question in				, a la	anguage in wh	ich I am fluent, and I	
	understood everything.							
2.	Applicant's Statement Regarding the Preparer							
	At my request, the preparer named in <b>Pa</b> prepared this application for me based or		ion I p	orov	vided or autho	orized.	,	
41	oplicant's Contact Information							
-	•		4	۸	mliaant'a Mah	ila Talambana	Number (if one)	
3.	Applicant's Daytime Telephone Number		4.	Ap	pricant's Mot	one reiepnone	Number (if any)	_
5.	Applicant's Email Address (if any)							_
٥.	Applicant's Email Address (II ally)							
Aı	oplicant's Certification							

Part 8. Complete If Applying for a Special Certificate of Recognition as a Citizen of the United States by

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

Form N-565 06/13/17 N Page 4 of 7

## Part 9. Applicant's Statement, Contact Information, Certification, and Signature (continued)

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

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

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

$A_{I}$	oplicant's Signature						
6.	Applicant's Signature		Date of Signature				
					(mm/dd/yy	ууу)	
Ins	OTE TO ALL APPLICANTS: If you do not completely fill of tructions, USCIS may deny your application.					ired documents listed in the	
Pa	art 10. Interpreter's Contact Information, Certifi	icatio	on, an	d Signat	ure		
Pro	ovide the following information about the interpreter.						
In	terpreter's Full Name						
1.	Interpreter's Family Name (Last Name)	Int	terprete	r's Given N	Name (First Nam	ne)	
2.	Interpreter's Business or Organization Name (if any)						
In	terpreter's Mailing Address						
3.	Street Number and Name				Apt. Ste. Flr.	Number	
	City or Town				State	ZIP Code	
	Province Postal Code		Co	ountry			
In	terpreter's Contact Information						
4.	Interpreter's Daytime Telephone Number	<b>5.</b>	Interp	oreter's Mo	bile Telephone	Number (if any)	
6.	Interpreter's Email Address (if any)	]					

Form N-565 06/13/17 N Page 5 of 7

Pa	Part 10. Interpreter's Contact Information, Certification, and Signature (continued)								
Int	Interpreter's Certification								
I ce	I certify, under penalty of perjury, that:								
I an	I am fluent in English and, which is the same language specified in <b>Part 9.</b> ,								
	<b>n B.</b> in <b>Item Number 1.</b> , and I have read to this applicant in the								
	application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the <b>Applicant's Certification</b> , and has verified the accuracy of every answer.								
In	terpreter's Signature								
7.	Interpreter's Signature				Date of Sign	nature			
					(mm/dd/yyy	yy)			
	ert 11. Contact Information, Declaration, and Signer Than the Applicant	na	ture	of the Perso	on Preparing	g this Application, if			
Pro	vide the following information about the preparer.								
Pr	eparer's Full Name								
1.	Preparer's Family Name (Last Name)	]	Preparer's Given Name (First Name)						
2.	Preparer's Business or Organization Name (if any)								
Pr	eparer's Mailing Address								
3.	Street Number and Name				Apt. Ste. Flr.	Number			
	City or Town				State	ZIP Code			
	Province Postal Code			Country					
Pr	eparer's Contact Information								
4.	Preparer's Daytime Telephone Number		5.	Preparer's Mo	bile Telephone	Number (if any)			
		ı							
6.	Preparer's Email Address (if any)								

Form N-565 06/13/17 N Page 6 of 7

			Contact Information, Declaration, and Signature of the Person in the Applicant (continued)	Preparing this Application, if
Pr	epar	er's	Statement	
7.	A.		I am not an attorney or accredited representative but have prepared this applicate the applicant and with the applicant's consent.	eation on behalf of
	olicant in this case			
			<b>NOTE:</b> If you are an attorney or accredited representative, you may be oblig completed Form G-28, Notice of Entry of Appearance as Attorney or Accredit with this application.	
Pr	epar	er's	Certification	
rev	iewed h, his	this or he	are, I certify, under penalty of perjury, that I prepared this application at the requestion application and informed me that he or she understands all of the interapplication, including the <b>Applicant's Certification</b> , and that all of this information based only on information that the applicant provided to me or au	formation contained in, and submitted rmation is complete, true, and correct. I
Pr	epar	er's	Signature	
8.	Sign	ature	of Preparer	Date of Signature
				(mm/dd/yyyy)

Form N-565 06/13/17 N Page 7 of 7