

## **Application to File Declaration of Intention**

USCIS Form N-300

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

_		For USCIS Use Only					
Date Stamp		Receipt	Action Block				
Remarks		Bar Code					
To be completed by an attorney or accredited representative (if any).	Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representativ USCIS Online Account Number (if an				
► START HERE - Type or	print in black ink.		Enter Your 9 Digit A-Number:				
Part 1. Information Abo	out You		► A-				
1. Your Current Legal Name	Do not provide a nick	name.)					
Family Name (Last Name)		Given Name (First Name)	Middle Name	Middle Name			
this section, use the space p		ditional Information.	icknames. If you need extra space to comp	olete			
Family Name (Last Name)		Given Name (First Name)	Middle Name				
3. U.S. Social Security Number	) 5. Date of Birth (mm/dd/yyyy)						
6. Date You Became a Lawfu	l Permanent Resident	7. Country of Birth					
(mm/dd/yyyy)							
8. Country of Citizenship or N	Jationality						
<ol><li>Since you were admitted to period of six months or lon</li></ol>		lawful permanent resident, have y	you been absent for a Yes	No			
If you answered "Yes" to It Additional Information.	em Number 9., provid	de departure/arrival dates of all ab	sences in the space provided in <b>Part 5.</b>				

Pa	rt 1. Information About You (continued)	A- [				
10.	Mailing Address	L				
	In Care Of Name (if any)					
	Street Number and Name	Apt. Ste. Flr. Number				
	City or Town	Sta	te	ZIP	Code	
11.	Physical Address (if different from the address above)					
	Street Number and Name (Do not provide a PO Box in this space unless it is your <b>ONLY</b> address	s.)	Apt. Ste.	Flr.	Numbe	r
	City or Town	Sta	te	ZIP	Code	
D			1.0'	4		
Pa	rt 2. Applicant's Statement, Contact Information, Declaration, Certification	, ar	id Signa	ture		
	<b>TE:</b> Read the <b>Penalties</b> section of the Form N-300 Instructions before completing this part. You United States.	mu	st file Fori	n N-3	00 whi	le in
Ap	plicant's Statement					
NO	<b>TE:</b> Select the box for either <b>Item A.</b> or <b>B.</b> in <b>Item Number 1.</b> If applicable, select the box for l	tem	Number	2.		
1.	Applicant's Statement Regarding the Interpreter					
	<b>A.</b> I can read and understand English, and I have read and understand every question and in my answer to every question.	ıstru	ection on th	nis app	olicatio	n and
	B.   The interpreter named in Part 3. read to me every question and instruction on this appli	catio	on and my	answe	er to ev	ery
	question in	, 8	a language	in wh	ich I an	1
•	fluent and I understood everything.					
2.	Applicant's Statement Regarding the Preparer					
	At my request, the preparer named in <b>Part 4.</b> , prepared this application for me based only upon information I provided or authorized.					
	prepared this application for the based only upon information i provided of authorized.					
Ap	plicant's Contact Information					
3.	Applicant's Daytime Telephone Number  4. Applicant's Mobile Telephone	ne N	Number (if	any)		
5.	Applicant's Email Address (if any)					

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	t 2. Applicant's Statement, Contact Information, Declaration, tification, and Signature (continued)								
App	olicant's Declaration and Certification								
requi	es of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may re that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.								
	hermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to entities and persons where necessary for the administration and enforcement of U.S. immigration law.								
	erstand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or ture) 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 understood all of the information contained in, and submitted with, my application; and								
,	2) All of this information was complete, true, and correct at the time of filing.								
autho	ify, under penalty of perjury, that all of the information in my application, and any document submitted with it were provided or orized by me, that I reviewed and understand all of the information contained in, and submitted with, my application, and that all is information is complete, true, and correct.								
App	licant's Signature								
6.	Applicant's Signature Date of Signature (mm/dd/yyyy)								
$\Rightarrow$									
	<b>E TO ALL APPLICANTS:</b> If you do not completely fill out this application or fail to submit required documents listed in the								
	t 3. Interpreter's Contact Information, Certification, and Signature								
Par	t 3. Interpreter's Contact Information, Certification, and Signature  ide the following information about the interpreter.								
<b>Par</b> Prov	t 3. Interpreter's Contact Information, Certification, and Signature								
Par Prov <i>Inte</i>	t 3. Interpreter's Contact Information, Certification, and Signature  ide the following information about the interpreter.								
Par Prov <i>Inte</i> 1.	t 3. Interpreter's Contact Information, Certification, and Signature ide the following information about the interpreter.  **Trypreter's Full Name**								
Par Prov  Inte  1. [ [ 2. ]	t 3. Interpreter's Contact Information, Certification, and Signature  ide the following information about the interpreter.  strpreter's Full Name  Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)								
Par Prov  Inte	t 3. Interpreter's Contact Information, Certification, and Signature  ide the following information about the interpreter.  interpreter's Full Name  Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)  Interpreter's Business or Organization Name (if any)								
Par   Prov   Intel	t 3. Interpreter's Contact Information, Certification, and Signature  ide the following information about the interpreter.  **Preter's Full Name**  Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)  Interpreter's Business or Organization Name (if any)  **Prefer's Mailing Address**								
Par Prov   Inter	t 3. Interpreter's Contact Information, Certification, and Signature  ide the following information about the interpreter.  Interpreter's Full Name  Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)  Interpreter's Business or Organization Name (if any)  Interpreter's Mailing Address  Street Number and Name  Apt. Ste. Flr. Number								

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	ort 3. Interpreter's Contact Information, Certifica ontinued)	tion	, and Signature	► A-	
In	terpreter's Contact Information				
4.	Interpreter's Daytime Telephone Number	5.	Interpreter's Mobile Tel	ephone Nur	mber (if any)
6.	Interpreter's Email Address (if any)				
In	terpreter's Certification				
Ιce	ertify, under penalty of perjury, that:				
I ar	n fluent in English and		, which is the sa	me languag	e provided in Part 2.,
app and	m B., in Item Number 1.; and I have read to this applicant in the dication and his or her answer to every question. The applicant answer on the application, including the Applicant's Declaration.	inforı	med me that he or she un	derstands ev	very instruction, question,
In	terpreter's Signature				
7.	Interpreter's Signature			Date of	f Signature (mm/dd/yyyy)
	ort 4. Contact Information, Declaration, and Signather Than the Applicant	atur	e of the Person Prep	paring thi	s Application, if
Pro	vide the following information about the preparer.				
Pr	eparer's Full Name				
1.	Preparer's Family Name (Last Name)	Pr	reparer's Given Name (Fi	rst 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		Stat	e	ZIP Code
	Province Postal Code		Country		
				<u> </u>	

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	rt 4. Contact Information, Declaration, and Signature of the Person eparing this Application, if Other Than the Applicant (continued)
Pr	eparer's Contact Information
4.	Preparer's Daytime Telephone Number  5. Preparer's Mobile Telephone Number (if any)
6.	Preparer's Email Address (if any)
Pr	eparer's Statement
7.	<b>A.</b> I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
	<b>B.</b> I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.
	<b>NOTE:</b> If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.
Pr	eparer's Certification
revi witl	my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then ewed this completed application and informed me that he or she understands all of the information contained in, and submitted in, his or her application, including the <b>Applicant's Declaration and Certification</b> , and that all of this information is complete, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain use.
Pr	eparer's Signature
8.	Preparer's Signature Date of Signature (mm/dd/yyyy)

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## Part 5. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.	Fan	nily Name (Last Nar	ne)		Given Na	me (First Name)	)	Middle Name	
		-							
2.	A-N	Number (if any)	<b>A-</b> [						
3.	A. D.	Page Number	В.	Part Number	C.	Item Number			
4.	A.	Page Number	В.	Part Number	C.	Item Number			
	D.								
5.	Α.	Page Number	В.	Part Number	C.	Item Number			
	D.								
_									
6.	Α.	Page Number	В.	Part Number	<b>C.</b>	Item Number			
	D.								

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Pa	rt 6. Declaration of Intention		•	A-	
1.	Your Current Legal Name (Do not provide a nickname.)				
	Family Name (Last Name) Given Nam	ne (Fi	irst Name)	Middle Name	
2.	U.S. Social Security Number (if any) 3. USCIS Online According	ount l	Number (if any)		
4.	Date of Birth (mm/dd/yyyy)  5. Date You Became a Law				
	(mm/dd/yyyy)				
6.	Country of Birth 7	7.	Country of Citizenship or N	lationality	
8.	Mailing Address				
	In Care Of Name (if any)				
	Street Number and Name			Apt. Ste. Flr.	Number
	City or Town			State	ZIP Code
9.	Physical Address				
	Street Number and Name (Do not provide a PO Box in this space unl	nless i	t is your <b>ONLY</b> address.)	Apt. Ste. Flr.	Number
	City or Town			State	ZIP Code
10.	Daytime Telephone Number 1	11. V	Work Telephone Number (i	t any)	
10		12 )	(11) m 1 1 N 1	<i>(</i> :6 )	
12.	Evening Telephone Number 1	13. N	Mobile Telephone Number	(if any)	
1.4	Email Address (if ann)	Ĺ			
14.	Email Address (if any)				

Part 6. Declaration of Intentio	n (continued)	► A-					
I am over 18 years of age, have been law United States based on such admission.	vfully admitted to the United States as a lawful per	manent resid	ent, and	am now	residir	ng in	the
I hereby declare my intention in good fa original and duplicate hereof are a liken	ith to become a citizen of the United States and I class of me and were signed by me.	certify that the	photog	raphs af	fixed to	o the	
me are true to the best of my knowledge		in this declara	tion of	intention	ı subscı	ribed	by
Applicant's and USCIS Officer's	s Signature						
15. Applicant's Signature (USCIS will a	reject your Form N-300 if it is not signed.)	D	Date of Signature (mm/dd/yyyy)				
16. USCIS Officer's Signature		D	ate of S	ignature	(mm/de	d/yyy	<u>y)</u>
	Affix						
	Photograph						

Not valid unless DHS Seal applied below.

Here

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