## **Request for Verification of Naturalization**

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			D	ATE		
CLERK,				FI	FILE NO.	
				N	AME OF APPLICANT	
•			•			
NAME OF ALLEGEDLY NATURALIZED PERSON			APPROXIMATE DATE OF NATURALIZATION		NATIVE OF	
please fill out the blocks signature. However, if a l	as completely as your r Declaration of Intention	records permit n was filed, ple	. If no naturalizat ease fill in the lov	ion record is found wer block. If the s	that this person was naturalized, d, write "No Record" above your ubject's signature is available, I for the official use of INS.	
			Sincerely,			
NAME OF NATURALIZED PERSON AS SHOWN IN COURT RECORDS				DATE OF NATURALIZATION		
PETITION NUMBER	CERTIFICATE NUMBE	ER	COURT (Title and Location)			
DATE AND PLACE OF BIRTH (or age)			<u> </u>	FORMER ALLEGIANCE		
PLACE OF RESIDENCE			OCCUPATION			
DATE, PLACE AND MANNER	R OF ARRIVAL IN THE U	UNITED STATI	ES			
NAMES OF WITNESSES (if ap	oplicable)					
MARITAL STATUS NAME OF S			POUSE			
NAMES OF CHILDREN, DATE	ES AND PLACES OF BIF	RTH				
OTHER INFORMATION APPE	EARING ON RECORD					
DECLARATION OF INTENTIO	ON FILED					
AGE OR DATE OF BIRTH		_	Sign	nature and Title of	person verifying Report	
		Date				

**Reporting Burden.** A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. This collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536; OMB No. 1115-0104. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**