

## N-400 INTAKE QUESTIONNAIRE

To be completed by typing or printing legibly in as much detail as possible by the principal alien seeking admission to the United States or wishing to remain here. Please answer all questions, writing "none" or "not applicable" where appropriate. If you need additional space, please attach other sheets. *(Note: This confidential information is used only in preparing your immigration paperwork.) All "dates" should be listed as "month/day/year," unless otherwise specified as "month/year."*

### A. PERSONAL DATA (Applicant)

Name of Applicant

**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **Full Middle** \_\_\_\_\_

Other Names Used (including maiden name) \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

City: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Province: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Country: \_\_\_\_\_ U.S. Social Security Number: \_\_\_\_\_

Country of current Citizenship: \_\_\_\_\_ Alien Registration Number A- \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### B. PASSPORT INFORMATION

Passport Number: \_\_\_\_\_

Date Passport Issued: \_\_\_\_\_

Date Passport Expires: \_\_\_\_\_

Place Issued (City): \_\_\_\_\_ (Country) \_\_\_\_\_

### C. DATA RELATING TO ELIGIBILITY

I am at least 18 years old AND *(Please check one)*:

- I have been a Lawful Permanent Resident of the United States for at least 5 years.
- I have been a Lawful Permanent Resident of the United States 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 the last 3 years.
- I am applying on the basis of qualifying military service.
- Other *(Please explain)*: \_\_\_\_\_

Date you became a permanent resident: \_\_\_\_\_ (Month/Day/Year)

Are either of your parents U.S. citizens?  Yes  No

**D. RESIDENCE DATA**

List complete addresses, starting with most recent address (including zip code if possible) for the last 5 years. On dates for length of stay, indicate month and year. (Attach separate sheet as necessary.)

Dates: (From) \_\_\_\_\_ (To) Present  
Number and Street: \_\_\_\_\_  
City, Province, Zip, Country: \_\_\_\_\_

Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_  
Number and Street: \_\_\_\_\_  
City, Province, Zip, Country: \_\_\_\_\_

Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_  
Number and Street: \_\_\_\_\_  
City, Province, Zip, Country: \_\_\_\_\_

Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_  
Number and Street: \_\_\_\_\_  
City, Province, Zip, Country: \_\_\_\_\_

Dates: (From) \_\_\_\_\_ (To) \_\_\_\_\_  
Number and Street: \_\_\_\_\_  
City, Province, Zip, Country: \_\_\_\_\_

**E. EMPLOYMENT DATA**

List all jobs starting with current position for the last 5 years. Include all names and addresses of employers. List different positions for same employer separately. On dates of employment indicate month and year. (Attach separate sheet as necessary.)

Employer: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Job Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Job Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Job Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Job Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Job Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Job Title: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Address: \_\_\_\_\_

**F. FAMILY DATA**

1. PRESENT SPOUSE (Husband or Wife)

Name: \_\_\_\_\_  
(First) (Middle) (Maiden) (Last)

Address (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

City: \_\_\_\_\_ Marks of Identification: \_\_\_\_\_

Country: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Province: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Country of Current Citizenship: \_\_\_\_\_ Place of Marriage: \_\_\_\_\_

Passport:

Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date Expires: \_\_\_\_\_

Issued by (Country): \_\_\_\_\_

U.S. Social Security Number: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Permanent Resident:  Yes  No

Is spouse here on a U.S. visa?:  Yes  No

2. PREVIOUS MARRIAGE(S)

Yourself:

Name of Prior Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date/Place of Marriage: \_\_\_\_\_

Date/Place Marriage Terminated: \_\_\_\_\_

How Marriage Was Terminated (divorce, death, annulment): \_\_\_\_\_

Was spouse previously married?  Yes  No

3. CHILDREN

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Place of Birth: \_\_\_\_\_ Married or Single: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ U.S. Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Place of Birth: \_\_\_\_\_ Married or Single: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ U.S. Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Place of Birth: \_\_\_\_\_ Married or Single: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ U.S. Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Place of Birth: \_\_\_\_\_ Married or Single: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ U.S. Social Security Number: \_\_\_\_\_

4. YOUR PARENTS

Father:

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Citizenship (Country): \_\_\_\_\_

Place of Birth (City, Province, Country): \_\_\_\_\_

Present Address: \_\_\_\_\_

If deceased, indicate date of death: \_\_\_\_\_

Mother:

Name: \_\_\_\_\_  
(Maiden Name/Name Before Marriage) (First) (Middle)

Date of Birth: \_\_\_\_\_ Citizenship (Country): \_\_\_\_\_

Place of Birth (City, Province, Country): \_\_\_\_\_

Present Address: \_\_\_\_\_

If deceased, indicate date of death: \_\_\_\_\_

**G. EDUCATION AND TRAINING**

Please give the following information for all schools, college and universities that you have attended since 15 years of age.

High School: \_\_\_\_\_

Location (City/Province/Country): \_\_\_\_\_

Dates of Attendance: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Degree/Certificate Received: \_\_\_\_\_

School/College/University: \_\_\_\_\_

Location (City/Province/Country): \_\_\_\_\_

Dates of Attendance: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Degree/Certificate Received: \_\_\_\_\_

School/College/University: \_\_\_\_\_

Location (City/Province/Country): \_\_\_\_\_

Dates of Attendance: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Degree/Certificate Received: \_\_\_\_\_

School/College/University: \_\_\_\_\_

Location (City/Province/Country): \_\_\_\_\_

Dates of Attendance: (From) \_\_\_\_\_ (To) \_\_\_\_\_ Degree/Certificate Received: \_\_\_\_\_

**H. AFFILIATIONS**

a. Have you EVER been a member of or associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other place?  Yes  No

b. If you answered "YES," list the name of each group below. If you need more space, attach the names of the other group(s) on a separate sheet of paper.

Name of Organization	Location (City/Country)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**I. TIME OUTSIDE THE UNITED STATES (including trips to Canada, Mexico, and the Caribbean)**

a. How many total days did you spend outside of the United States during the past 5 years?

\_\_\_\_\_ days

b. How many trips of 24 hours or more have you taken outside of the United States during the past 5 years?

\_\_\_\_\_ trips

c. Since becoming a U.S. lawful permanent resident, have you resided outside the U.S. for over 6 months?

Yes  No

If so, how long? \_\_\_\_\_ (months/years)

d. List below all the trips of 24 hours or more that you have taken outside of the United State since becoming a Lawful Permanent Resident. Begin with your most recent trip. If you need more space, use a separate sheet of paper.

Date You Left the United States (Month/Day/Year)	Date You Returned to the United States (Month/Day/Year)	Did Trip Last 6 Months or More (Yes or No)	Countries to Which You Traveled	Total Days Out of the United States
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

**J. ADDITIONAL QUESTIONS**

Have you EVER been arrested or convicted in the U.S. or any foreign country (not including any traffic violations)?

Yes  No

If yes, give details (Date/Place Arrested): \_\_\_\_\_

Charge: \_\_\_\_\_ Disposition: \_\_\_\_\_

There are certain types of cases that may present unusual problems and require special procedures to obtain entry to the United States. Are any of the following applicable to you? If you answer "Yes" to any of these questions, include a written explanation with this form. Your written explanation should (1) explain why your answer was "Yes," and (2) provide any additional information that helps to explain your answer.

- Yes  No 1. Have you EVER been subject to the J-1 related 2-year foreign residence requirement?
- Yes  No 2. Have you EVER been afflicted with a communicable disease of public health significance, a dangerous physical disorder, or a mental disorder of any kind?
- Yes  No 3. Have you EVER been a drug abuser or addict, or trafficker of controlled substances?
- Yes  No 4. Have you EVER been a prostitute or procurer of prostitution?
- Yes  No 5. Have you EVER sought to obtain or assisted others to obtain by fraud or willful misrepresentation a U.S. visa, entry into the United States, or any U.S. immigration benefit?
- Yes  No 6. Do you seek to enter the United States to engage in any unlawful activity?
- Yes  No 7. Have you EVER ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, national origin, or political opinion under the control, direct or indirect, of the Nazi Government of Germany, or of the government of any area occupied by, or allied with, the Nazi Government of Germany, or have you EVER participated in genocide?
- Yes  No 8. Have you or any member of your immediate family EVER been in exclusion or deportation proceedings, or been ordered excluded or deported from the United States?
- Yes  No 9. Have you EVER done anything that violates the terms of your U.S. nonimmigrant status?

**General Questions:**

- Yes  No 10. Have you EVER claimed to be a U.S. citizen (in writing or any other way)?
- Yes  No 11. Have you EVER registered to vote in any Federal, state, or local election in the United States?
- Yes  No 12. Have you EVER voted in any Federal, state, or local election in the United States?
- Yes  No 13. Since becoming a Lawful Permanent Resident, have you EVER failed to file a required Federal, state, or local tax return.
- Yes  No 14. Do you owe any Federal, state, or local taxes that are overdue?
- Yes  No 15. Do you have any title of nobility in any foreign country?
- Yes  No 16. Have you EVER been declared legally incompetent or been confined to a mental institution within the last 5 years?

**Affiliations:**

- 17. Have you EVER been a member of or in any way associated (*either directly or indirectly*) with:
  - Yes  No a. The Communist Party?
  - Yes  No b. Any other totalitarian party?
  - Yes  No c. A terrorist organization?
- Yes  No 18. Have you EVER advocated (*either directly or indirectly*) the overthrow of any government by force or violence?
- Yes  No 19. Have you EVER persecuted (*either directly or indirectly*) any person because of race, religion, national origin, membership in a particular social group or political opinion?
- 20. Between March 23, 1933, and May 8, 1945, did you work for or associated in any way (*either directly or indirectly*) with:
  - Yes  No a. The Nazi government of Germany?
  - Yes  No b. Any government in any area (1) occupied by, (2) allied with, or (3) established with the help of the Nazi government of Germany?
  - Yes  No c. Any German, Nazi, or S.S. military unit, paramilitary unit, self-defense unit, vigilante unit, citizen unit, police unit, government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, or transit camp?

**Continuous Residence:**

- 21. Since becoming a Lawful Permanent Resident of the United States:
  - Yes  No a. Have you EVER called yourself a “nonresident” on a Federal, state, or local tax return?
  - Yes  No b. Have you EVER failed to file a Federal, state, or local tax return because you considered yourself to be a “nonresident”?

**Good Moral Character:**

- Yes  No 22. Have you EVER committed a crime or offense for which you were NOT arrested?
- Yes  No 23. Have you EVER been arrested, cited, or detained by any law enforcement officer (including INS and military officers) for any reason?
- Yes  No 24. Have you EVER been charged with committing any crime or offense?
- Yes  No 25. Have you EVER been convicted of a crime or offense?
- Yes  No 26. Have you EVER been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)?
- Yes  No 27. Have you EVER received a suspended sentence, been placed on probation, or been paroled?
- Yes  No 28. Have you EVER been in jail or prison?

If you answered "Yes" explain on a separate sheet. If you need more space, use a separate sheet of paper to give the same information.

Answer questions 29 through 40. If you answer "Yes" to any of these questions, attach (1) your written explanation why your answer was "Yes," and (2) any additional information or documentation that helps explain your answer.

29. Have you EVER:

- Yes  No      Been a habitual drunkard?
- Yes  No      Been a prostitute, or procured anyone for prostitution?
- Yes  No      Sold or smuggled controlled substances, illegal drugs or narcotics?
- Yes  No      Been married to more than one person at the same time?
- Yes  No      Helped anyone enter or try to enter the United States illegally?
- Yes  No      Gambled illegally or received income from illegal gambling?
- Yes  No      Failed to support your dependents or to pay alimony?
- Yes  No 30. Have you EVER given false or misleading information to any U.S. government official while applying for any immigration benefit or to prevent deportation, exclusion, or removal?
- Yes  No 31. Have you EVER lied to U.S. government official to gain entry or admission into the United States?

**Removal, Exclusion, and Deportation Proceedings:**

- Yes  No 32. Are removal, exclusion, rescission or deportation proceedings pending against you?
- Yes  No 33. Have you EVER been removed, excluded, or deported from the United States?
- Yes  No 34. Have you EVER been ordered to be removed, excluded, or deported from the United States?
- Yes  No 35. Have you EVER applied for any kind of relief from removal, exclusion, or deportation?

**Military Service:**

- Yes  No 36. Have you EVER served in the U.S. Armed Forces?
- Yes  No 37. Have you EVER left the United States to avoid being drafted into the U.S. Armed Forces?
- Yes  No 38. Have you EVER applied for any kind of exemption from military service in the U.S. Armed Forces.
- Yes  No 39. Have you EVER deserted from the U.S. Armed Forces?

**Selective Service Registration:**

- Yes  No 40. Are you a male who lived in the United States at any time between your 18<sup>th</sup> and 26<sup>th</sup> birthdays in any status except as a lawful nonimmigrant?

If you answered "Yes", but you did NOT register with the Selective Service System and are still under 26 years of age, you must register before you apply for naturalization, so that you can complete the information below:

Date Registered (Month/Day/year) \_\_\_\_\_ Selective Service # \_\_\_\_\_

If you answered "Yes", but you did not register with the Selective Service System and you are now 26 years old or older, attach a statement explaining why you did not register.



**Oath Requirements:**

- Yes  No 41. Do you support the Constitution and form of government of the United States?
- Yes  No 42. Do you understand the full Oath of Allegiance to the United States?
- Yes  No 43. Are you willing to take the full Oath of Allegiance to the United States?
- Yes  No 44. If the law requires it, are you willing to bear arms on behalf of the United States?
- Yes  No 45. If the law requires it, are you willing to perform noncombatant services in the U.S. Armed Forces?
- Yes  No 46. If the law requires it, are you willing to perform work of national importance under civilian direction?

**J. DOCUMENTATION NEEDED**

Please attach legible photocopies of the following documentation needed for the applicant (and those of each family member who will accompany the applicant to the United States) in order to prepare your immigration paperwork:

- Passport(s) (photocopy all pages, except blank pages)
- Any valid U.S. visa(s) from expired passports
- Two (2) ADIT style photographs
- Copy of Permanent Resident Card (front and back)
- Copy of last three (3) tax returns
- Copy of driver's license

**Note: Please provide an English language translation of any document(s) not in English.**

I have prepared the answers to these questions and believe them to be truthful and correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Addendum to N-400 Intake Questionnaire

[Empty rectangular box for handwritten notes or signatures]

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature) (Month/Day/Year)

697693 v1/SF  
#YCD01!.DOC

# U. S. IMMIGRATION & NATURALIZATION SERVICE

## COLOR PHOTOGRAPH SPECIFICATIONS



NO EYEGLASSES - NO FARRINGS - NO HAIRPINS

IDEAL PHOTOGRAPH

IMAGE MUST FIT INSIDE THIS BOX



THE PICTURE AT LEFT IS IDEAL SIZE, COLOR, BACKGROUND, AND POSE. THE IMAGE SHOULD BE 30MM (1 3/16IN) FROM THE HAIR TO JUST BELOW THE CHIN, AND 26MM (1 IN) FROM LEFT CHEEK TO RIGHT EAR. THE IMAGE MUST FIT IN THE BOX AT RIGHT.

### THE PHOTOGRAPH

\* THE OVERALL SIZE OF THE PICTURE, INCLUDING THE BACKGROUND, MUST BE AT LEAST 40MM (1 9/16 INCHES) IN HEIGHT BY 35MM (1 3/8IN) IN WIDTH.

\* PHOTOS MUST BE FREE OF SHADOWS AND CONTAIN NO MARKS, SPLOTCHES, OR DISCOLORATIONS.

\* PHOTOS SHOULD BE HIGH QUALITY, WITH GOOD BACK LIGHTING OR WRAP AROUND LIGHTING, AND MUST HAVE A WHITE OR OFF-WHITE BACKGROUND.

\* PHOTOS MUST BE A GLOSSY OR MATTE FINISH AND UN-RETOUCHED.

\* POLAROID FILM HYBRID #5 IS ACCEPTABLE; HOWEVER 5X-70 TYPE FILM OR ANY OTHER INSTANT PROCESSING TYPE FILM IS UNACCEPTABLE. NON-PEEL APART FILMS ARE EASILY RECOGNIZED BECAUSE THE BACK OF THE FILM IS BLACK. ACCEPTABLE INSTANT COLOR FILM HAS A GRAY-TONED BACKING.

### THE IMAGE OF THE PERSON

\* THE DIMENSIONS OF THE IMAGE SHOULD BE 30MM (1 3/16 INCHES) FROM THE HAIR TO THE NECK JUST BELOW THE CHIN, AND 26MM (1 INCH) FROM THE RIGHT EAR TO THE LEFT CHEEK. IMAGE CANNOT EXCEED 32MM BY 28MM (1 1/4IN X 1 1/16IN).

\* IF THE IMAGE AREA ON THE PHOTOGRAPH IS TOO LARGE OR TOO SMALL, THE PHOTO CANNOT BE USED.

\* PHOTOGRAPHS MUST SHOW THE ENTIRE FACE OF THE PERSON IN A 3/4 VIEW SHOWING THE RIGHT EAR AND LEFT EYE.

\* FACIAL FEATURES MUST BE IDENTIFIABLE.

\* CONTRAST BETWEEN THE IMAGE AND BACKGROUND IS ESSENTIAL. PHOTOS FOR VERY LIGHT SKINNED PEOPLE SHOULD BE SLIGHTLY UNDER-EXPOSED. PHOTOS FOR VERY DARK SKINNED PEOPLE SHOULD BE SLIGHTLY OVER-EXPOSED.

### SAMPLES OF UNACCEPTABLE PHOTOGRAPHS



INCORRECT POSE



IMAGE TOO LARGE



IMAGE TOO SMALL



IMAGE TOO DARK  
UNDER-EXPOSED



IMAGE TOO LIGHT



DARK BACKGROUND



OVER-EXPOSED



SHADOWS ON PIC