



# Application to File Declaration of Intention

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form N-300  
OMB No. 1615-0078  
Expires 03/31/2020

For USCIS Use Only		
Date Stamp	Receipt	Action Block
Remarks	Bar Code	

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		<input type="text"/>	<input type="text"/>

▶ **START HERE - Type or print in black ink.**

Enter Your 9 Digit A-Number:

## Part 1. Information About You

▶ A-

1. Your Current Legal Name (Do not provide a nickname.)

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 5. Additional Information.**

Family Name (Last Name)

Given Name (First Name)

Middle Name

3. U.S. Social Security Number (if any)

4. USCIS Online Account Number (if any)

5. Date of Birth (mm/dd/yyyy)

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6. Date You Became a Lawful Permanent Resident

7. Country of Birth

(mm/dd/yyyy)

8. Country of Citizenship or Nationality

9. Since you were admitted to the United States as a lawful permanent resident, have you been absent for a period of six months or longer?  Yes  No

If you answered "Yes" to **Item Number 9.**, provide departure/arrival dates of all absences in the space provided in **Part 5. Additional Information.**

**Part 1. Information About You** (continued)

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**10. Mailing Address** ([USPS ZIP Code Lookup](#))

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

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 **ONLY** address.)

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

 

**Part 2. Applicant's Statement, Contact Information, Declaration, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form N-300 Instructions before completing this part. You must file Form N-300 while in the United States.

***Applicant's Statement***

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

**1. Applicant's Statement Regarding the Interpreter**

**A.**  I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

**B.**  The interpreter named in **Part 3.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent and I understood everything.

**2. Applicant's Statement Regarding the Preparer**

At my request, the preparer named in **Part 4.**, , prepared this application for me based only upon information I provided or authorized.

***Applicant's Contact Information***

**3. Applicant's Daytime Telephone Number**

**4. Applicant's Mobile Telephone Number (if any)**

**5. Applicant's Email Address (if any)**

**Part 2. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)**

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***Applicant's Declaration and Certification***

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 and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore 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 law.

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 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.

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

***Applicant's Signature***

6. Applicant's Signature

Date of Signature (mm/dd/yyyy)

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**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

**Part 3. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

***Interpreter's Full Name***

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

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2. Interpreter's Business or Organization Name (if any)

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***Interpreter's Mailing Address***

3. Street Number and Name

Apt. Ste. Flr. Number

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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City or Town

State

ZIP Code

		<input type="text"/>
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Province

Postal Code

Country

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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. Family Name (Last Name)  Given Name (First Name)  Middle Name

2. A-Number (if any) ▶ A-

3. A. Page Number  B. Part Number  C. Item Number

D.

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4. A. Page Number  B. Part Number  C. Item Number

D.

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5. A. Page Number  B. Part Number  C. Item Number

D.

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6. A. Page Number  B. Part Number  C. Item Number

D.

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**Part 6. Declaration of Intention**

▶ A-

1. Your Current Legal Name (Do not provide a nickname.)

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. U.S. Social Security Number (if any)

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3. USCIS Online Account Number (if any)

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4. Date of Birth (mm/dd/yyyy)

5. Date You Became a Lawful Permanent Resident

(mm/dd/yyyy)

6. Country of Birth

7. Country of Citizenship or Nationality

8. Mailing Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Fl. Number

City or Town

State

ZIP Code

9. Physical Address

Street Number and Name (Do not provide a PO Box in this space unless it is your **ONLY** address.)

Apt. Ste. Fl. Number

City or Town

State

ZIP Code

10. Daytime Telephone Number

11. Work Telephone Number (if any)

12. Evening Telephone Number

13. Mobile Telephone Number (if any)

14. Email Address (if any)

