TABLE OF CHANGES – FORM Form N-300, Application to File Declaration of Intention OMB Number: 1615-0078 09/14/2017

Reason for Revision: Standard Language updates. Black text is existing language on the form, purple text is Standard Language (SL), and red text signifies any edits.

| Current Page Number and Section | Current Text | Proposed Text |
|--|--|---|
| Page 1, To be completed by an attorney or accredited | [Page 1] To be completed by an attorney or | [Page 1] [No Change] |
| representative (if any). | accredited representative (if any). 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) | |
| Pages 1-2, | [Page 1] | [Page 1] |
| Part 1. Information About You | START HERE - Type or print in black ink. | [No Change] |
| | Part 1. Information About You | |
| | Enter Your 9 Digit A-Number: | |
| | 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) List 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. | 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 | [No Change] |
| | 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) | |

| | 6. Date You Became a Lawful Permanent Resident (mm/dd/yyyy) 7. Country of Birth 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. | |
|---|--|---|
| | [Page 2] | [Page 2] |
| | 10. Mailing Address In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code | [No Change] |
| | 11. Physical Address 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 | 11. Physical Address (if different from the address above) [No Change] |
| Pages 2-3, | [Page 2] | [Page 2] |
| Part 2. Applicant's Statement, Contact Information, | Part 2. Applicant's Statement, Contact Information, Certification, and Signature | Part 2. Applicant's Statement, Contact Information, Declaration, Certification, and Signature |
| 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. | [No Change] |
| | 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 [Fillable Field], 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.**, [Fillable Field], 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)

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Applicant's 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 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.

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.

[Page 3]

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.

[Deleted]

| | 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. | 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 Signature6. Applicant's SignatureDate of Signature (mm/dd/yyyy) | [No Change] |
| | 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. | |
| Pages 3-4, | [Page 3] | [Page 3] |
| Part 3. Interpreter's Contact Information, Certification, and | Part 3. Interpreter's Contact Information, Certification, and Signature | [No Change] |
| 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) 2. Interpreter's Business or Organization Name (if any) | |
| | Interpreter's Mailing Address 3. Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country | |
| | [Page 4] | [Page 4] |
| | Interpreter's Contact Information 4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any) | [No Change] |
| | Interpreter's Certification | |
| | I certify, under penalty of perjury, that: | |
| | I am fluent in English and [Fillable Field], which is the same language provided in Part 2. , Item B. , in Item Number 1. ; and I have read to this applicant in the identified language every | I am fluent in English and [Fillable Field], which is the same language provided in Part 2. , Item B. , in Item Number 1. ; and I have read to this applicant in the identified language every |

| | question and instruction on this 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 Applicant's Certification , and has verified the accuracy of every answer. **Interpreter's Signature* 7. Interpreter's Signature* Date of Signature (mm/dd/yyyy) | question and instruction on this 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 Applicant's Declaration and Certification, and has verified the accuracy of every answer. [No Change] |
|---|--|---|
| Pages 4-5, | [Page 4] | [Page 4] |
| Part 4. Contact Information, Declaration, and Signature of the Person Who Prepared This | Part 4. Contact Information, Declaration, and Signature of the Person Who Prepared This Application, if Other Than the Applicant | Part 4. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant |
| Application, if Other | Provide the following information about the preparer. | [No Change] |
| Than the Applicant | Preparer'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) Preparer's Mailing Address 3. Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country | |
| | [Page 5] | [Page 5] |
| | Preparer's Contact Information 4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any) 6. Preparer's Email Address (if any) Preparer's Statement 7. A. 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. I am an attorney or accredited representative and my representation of the applicant in this | [No Change] |
| | case extends/does not extend beyond the preparation of this application. | NOTE: If you are an atternay or accordited |
| | NOTE: If you are an attorney or accredited | NOTE: If you are an attorney or accredited |

representative whose representation extends beyond preparation of this application, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature Date of Signature (mm/dd/yyyy)

representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this applicant provided to me or authorized me to obtain or use.

[No Change]

Page 6, Part 5. Additional Information

[Page 6]

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. Page Number
- **B.** Part Number
- C. Item Number
- **D.** [Fillable Field]
- **3. A.** Page Number
- **B.** Part Number
- C. Item Number
- **D.** [Fillable Field]
- **4. A.** Page Number
- **B.** Part Number
- C. Item Number

[Page 6]

[No Change]

2. A-Number (if any)

- **3. A.** Page Number
- **B.** Part Number
- C. Item Number
- **D.** [Fillable Field]
- **4. A.** Page Number
- **B.** Part Number
- C. Item Number
- **D.** [Fillable Field]
- **5. A.** Page Number
- **B.** Part Number
- C. Item Number

| | D. [Fillable Field] | D. [Fillable Field] |
|-------------------------------|--|----------------------------------|
| | 5. A. Page Number | 6. A. Page Number |
| | B. Part Number | B. Part Number |
| | C. Item Number | C. Item Number |
| | D. [Fillable Field] | D. [Fillable Field] |
| Pages 7-8, | [Page 7] | [Pages 7] |
| Part 6. Declaration of Intent | Part 6. Declaration of Intent | Part 6. Declaration of Intention |
| | 1. Your Current Legal Name (do not provide a nickname) | [No Change] |
| | Family Name (Last Name) | |
| | Given Name (First Name) | |
| | Middle Name | |
| | U.S. Social Security Number (if any) USCIS Online Account Number (if any) 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./ Flr. 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./Flr. 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) | |
| | [Page 8] | |
| | I am over 18 years of age, have been lawfully | |
| | admitted to the United States as a lawful | |
| | permanent resident, and am now residing in the United States based on such admission. | |
| | I hereby declare my intention in good faith to | |
| | become a citizen of the United States and I | |
| | certify that the photographs affixed to the | |
| | original and duplicate hereof are a likeness of | |

| me and were signed by me. | |
|---|--|
| I do swear (or affirm) that the statements I have made and the intentions I have expressed in this declaration of intention subscribed by me are true to the best of my knowledge and belief. | |
| Applicant's and USCIS Officer's Signature | |
| 15. Applicant's Signature (USCIS will reject your Form N-300 if it is not signed) | |
| Date of Signature (mm/dd/yyyy) | |
| 16. USCIS Officer's Signature Date of Signature (mm/dd/yyyy) | |
| Affix Photograph Here | |
| Not valid unless DHS Seal applied below. | |