

## Request for Certification of Military or Naval Service

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS
Form N-426
OMB No. 1615-0053
Expires 07/31/2019

USCIS requests certification of the service member's military service. Persons who are serving or have served under specified conditions in the U.S. Armed Forces are granted certain exemptions from the general requirements for naturalization. To establish eligibility, the law requires the executive department under which such person served to certify whether the service member served honorably, and whether the service member's separation from the service was under honorable conditions pursuant to Department of Defense (DoD) policy and guidelines. Recruiters are **not** authorized to certify this request.

**NOTE:** Requestors must complete **Parts 1. - 4**. Certifying officials must complete **Parts 5. - 8**. All applicants must submit a completed Form N-426; however, only applicants currently serving are required to obtain certification of Form N-426. Submit this request with Form N-400, Application for Naturalization. USCIS may reject your application if this request is not completely and properly filled out.

**NOTE: ONLY** military personnel (serving in pay grade O-6 or above) and equivalent civilian personnel (GS-15 or above) with proper authorization may certify this request.

| Pa  | art 1. Information About You   |                                     |  |
|-----|--|-------------------------------------|--|
| 1.  | Alien Registration Number (A-Number) (if an ► A-   | y) 2. Military Service Number       |  |
| 3.  | Full Legal Name  |                                     |  |
|     | Family Name (Last Name)  | Given Name (First Name)             | Middle Name                                  |
| 4.  | Other Names Used   |                                     |  |
|     | List all other names you have used, including space provided in <b>Part 9. Additional Inform</b> |                                     | xtra space to complete this section, use the |
|     | Family Name (Last Name)  | Given Name (First Name)             | Middle Name                                  |
|     |  | $\mathbf{AO}/\mathbf{AA}$           |  |
|     |  |                                     |  |
| 5.  | U.S. Social Security Number (if any) 6. US   | SCIS Online Account Number (if any) | 7. Date of Birth (mm/dd/yyyy)                |
| 8.  | Place of Birth   |                                     |  |
|     | City   | Country                             |  |
|     |  |                                     |  |
| 9.  | Country of Citizenship   | 10. Country of Nationa              | ality  |
|     |  |                                     |  |
| 11. | Physical Address   |                                     | (USPS ZIP Code Lookup)                       |
|     | Street Number and Name   |                                     | Apt. Ste. Flr. Number                        |
|     | City or Town   | County                              | State ZIP Code + 4                           |
|     |  |                                     | <b>□</b> □ - □                               |
|     | Province or Region (foreign address only)  | Country (foreign address only)      | Postal Code (foreign address only)           |
|     |  |                                     |  |

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| Pa | art 2. Enlistment Information                   |        |       |          |
|----|---|--------|-------|----------|
| 1. | Where did you enlist?                           |        |       |          |
|    | Country   | City   | State |          |
|    |   |        |       | <b>T</b> |
|    | Province (if applicable)                        |        |       |          |
| 2. | Where did you reside when you enlisted? Country | City   | State |          |
|    | Country   | City   |       | ▼        |
|    | Province (if applicable)                        |        |       | _        |
| 3. | Have you reenlisted? Yes No                     | for    |       |          |
| 4. | Where did you reenlist?                         |        |       |          |
|    | Country   | City   | State | <b>-</b> |
|    | Province (if applicable)                        |        |       | _        |
|    | Dwodt   | rotion |       |          |
| 5. | Where did you reside when you reenlisted?       | ICIION |       |          |
|    | Country   | City   | State | <b>•</b> |
|    |   |        |       |          |
|    | Province (if applicable)                        | 1/2018 |       |          |
| D. | 4.2 D. '. L. CM''' C                            | 11 ( ) |       |          |

## **Part 3. Periods of Military Service** (To be completed by requestor)

Provide all periods of service. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

**NOTE:** If you have multiple periods of military service and are separated from service, you must provide your most current DD Form 214 or NGB Form 22.

| Military Service      | Branch of Service | Service Start Date<br>(mm/dd/yyyy) | Service End Date<br>(mm/dd/yyyy) | Type of Service (include all active, reserve, and National Guard Service) |  |  |
|-----------------------|-------------------|------------------------------------|----------------------------------|---|--|--|
| Military Service 1    |                   |                                    |                                  | Active Duty   |  |  |
| Ivaliantly Soz vice i |                   |                                    |                                  | Selected Reserve of the Ready Reserve                                     |  |  |
| Military Service 2    |                   |                                    |                                  | Active Duty   |  |  |
| Willitary Service 2   |                   |                                    |                                  | Selected Reserve of the Ready Reserve                                     |  |  |
| Military Service 3    |                   |                                    |                                  | Active Duty   |  |  |
| Williary Service 5    |                   |                                    |                                  | Selected Reserve of the Ready Reserve                                     |  |  |

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| Pa  | art 4. Requestor's Contact Information, Certific   | ation    | , and Signa    | ature              |            |                   |         |        |         |
|-----|--|----------|----------------|--------------------|------------|-------------------|---------|--------|---------|
| R   | equestor's Contact Information   |          |                |                    |            |                   |         |        |         |
| 1.  | Requestor's Daytime Telephone Number   | 2.       | Requestor's    | Mobile Telephor    | ne Numbe   | er (if any)       |         |        |         |
|     |  |          |                |                    |            |                   |         |        |         |
| 3.  | Requestor's Email Address (if any)   | 7        |                |                    |            |                   |         |        |         |
|     |  |          |                |                    |            |                   |         |        |         |
| Re  | equestor's Certification   |          |                |                    |            |                   |         |        |         |
|     | uthorize release of information contained in this request, in sursons where necessary for the administration and enforcement   |          | _              | •                  | IS record  | s to other        | entitio | es an  | d       |
|     | ertify, under penalty of perjury, that all of the information in nel are complete, true, and correct.  | ny req   | uest and any o | document submit    | ted with i | t were pro        | vided   | l by 1 | ne      |
| Re  | equestor's Signature   |          |                |                    |            |                   |         |        |         |
| 4.  | Requestor's Signature  | <u></u>  | I              |                    | Date of    | Signature         | (mm/    | dd/y   | ууу)    |
|     | not submit all required documents listed in the Instructions.  art 5. Character of Service (To be completed by c   | ertify   | ving official  |                    | n          |                   |         |        |         |
| Ve  | OTE: For armed forces members currently serving, the certify terans who are no longer serving may leave Parts 5 8. blank t include the character of service upon separation from service | k, but l | MUST provid    | de copies of their |            |                   |         |        |         |
| hor | r this character of service section, the certifying official must incorably for each period of military service the requestor served ponses, provide details in <b>Part 7. Remarks</b> . |          |                |                    |            |                   |         |        | ving    |
| 1.  | Honorable Period of Military Service 1   |          |                |                    |            | Yes 🔲 1           | No      |        |         |
| 2.  | Honorable Period of Military Service 2   |          |                |                    |            | Yes 🔲 1           | No      |        | N/A     |
| 3.  | Honorable Period of Military Service 3   |          |                |                    |            | Yes 🗌 1           | No      |        | N/A     |
| Pa  | art 6. Separation Information  |          |                |                    |            |                   |         |        |         |
| 1.  | Is the requestor separated?  |          |                |                    |            |                   | Yes     |        | —<br>No |
| 2.  | If separated, select discharge type:   |          | Honorable      | Other (pro         | vide detai | ls in <b>Part</b> | 7. Re   | mar    | ks)     |
| 3.  | Was the requestor discharged on account of alienage?   |          |                |                    |            |                   | Yes     |        | No      |
|     | If you answer "Yes" provide details in Part 7 Remarks  |          |                |                    |            |                   |         | _      |         |

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| Part 7. Remarks   |
|---|
| Provide any <b>derogatory information</b> in your records relating to the service member's character, loyalty to the United States, disciplinary action, convictions, other than honorable discharges, or other matters concerning his or her fitness for citizenship. If you need extra space to complete this section, use the space provided in <b>Part 9. Additional Information</b> .  |
|   |
| Part 8. Certification (To be completed by certifying official)  |
| I, Full Name Rank Title certify that I am duly authorized under the laws, regulations and policies of the Department of Defense to certify the requestor's honorable service. I have personally reviewed the requestor's service record. The information provided herein is a reflection of my findings. I certify that the information given here concerning the service of the person named on this request is correct according to |
| the records of the  Branch of Service Component Rank  |
| Title Full Name   |
| Work Telephone Number  Military Email Address   |
| Official Signature (NOTE: An original ink signature or a copy of an original ink signature is acceptable. A digital signature is not acceptable.)   |

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## Part 9. Additional Information

If you need extra space to provide any additional information within this request, 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 request or attach a separate sheet of paper. Include 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 N | ame)      |             | Giv | ven Name (First Name) |    | Middle Name |  |
|----|----------|-------------------|-----------|-------------|-----|-----------------------|----|-------------|--|
|    |          |                   |           |             |     |                       |    |             |  |
| 2. | A-N      | Number (if any)   | • A-      |             |     |                       |    |             |  |
| 3. |          | Page Number       | В.        | Part Number | C.  | Item Number           | 1  |             |  |
|    | D.       |                   |           |             |     |                       |    |             |  |
|    |          |                   |           |             |     | 4 fo                  | 10 |             |  |
|    |          |                   |           |             |     |                       |    |             |  |
| 4. | A.       | Page Number       | В.        | Part Number | C.  | Item Number           |    |             |  |
|    | D.       |                   |           |             |     | 4                     |    |             |  |
|    |          |                   |           | ro          |     | uci                   |    |             |  |
|    |          |                   | _         |             |     |                       |    |             |  |
| 5. | A.<br>D. | Page Number       | <b>B.</b> | Part Number | C.  | Item Number           | 12 | 8           |  |
|    |          |                   |           |             |     |                       |    |             |  |
|    |          |                   |           |             |     |                       |    |             |  |
|    |          |                   |           |             |     |                       |    |             |  |
| 6. | Α.       | Page Number       | В.        | Part Number | C.  | Item Number           |    |             |  |
|    | D.       |                   |           |             |     |                       |    |             |  |
|    |          | ,                 |           |             |     |                       |    |             |  |
|    |          |                   |           |             |     |                       |    |             |  |
|    |          |                   |           |             |     |                       |    |             |  |
|    |          |                   |           |             |     |                       |    |             |  |

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