

U.S. Citizen Application Form

PERSONAL INFORMATION

- Full Name: _____
- Date of Birth: _____
- Country of Birth: _____
- Current Nationality: _____

CONTACT INFORMATION

- Home Address: _____
- Phone Number: _____
- Email: _____

CITIZENSHIP DETAILS

Question	Yes	No
Have you been a legal U.S. resident for at least 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Are you applying through marriage?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
Have you served in the U.S. military?	<input type="checkbox"/>	<input type="checkbox"/>

I confirm that the information provided is true and correct.

SIGNATURE

Applicant Signature: _____ Date: _____