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		Date		Date	_	
CLERK,			I	File No.	-	
			1	Name of Applicant	-	
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Name of Subject	Approximate Da Naturalization	te of	Native of			
as completely as your records pe was filed, please fill in the lower		found, write "No Record available, please make	d" above your signatur one tracing on thin pap	ralized, please fill in the blocks e. However, if a Declaration of Intention per and return it with this report. The	1	
Name of Naturalized Person as Shown in Court Records			Date of Naturaliza	Date of Naturalization		
Application Number	Certificate Number	Court (Title ar	nd Location)		-	
Date and Place of Birth (or Age))		Former Allegianc	e	_	
Place of Residence		Occupation		_		
Date, Place, and Manner of Arri	val in the United States				-	
Marital Status	f Spouse			_		
Names of Children, Dates and P	laces of Birth				_	
Other Information Appearing in	Record				_	
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Declaration of Intention Filed						
(Date)	S	Signature and Title of Person Verifying Report				
Age or Date of Birth		~		J U 1		
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Reporting Burden.

A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. This collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Products Division, 111 Massachusetts Avenue, N.W., 3rd floor, Suite 3008, Washington, D.C. 20529-2210; OMB No. 1615-0049. **Do not mail your completed application to this address.**