



# Request for Verification of Naturalization

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

USCIS  
Form N-25  
OMB No. 1615-0049  
Expires 12/31/2016

Date	
Applicant's Name	
Approximate Date of Naturalization	Native Country

The person named above may have been naturalized in your court. If your records show that this person was naturalized, please fill in the blocks as completely as your records permit. If no naturalization record is found, select the box for "No Record Found" above your signature. If the subject's signature is available, please make a copy and return it with this request to U.S. Citizenship and Immigration Services (USCIS) located at:

The information is requested for the official use by USCIS.

Sincerely,

Printed Name of USCIS Employee Executing This Request

Title of USCIS Employee Executing This Request

Name of Naturalized Person as Shown in Court Records		Date of Naturalization										
Alien Registration Number (A-Number) ▶ A- <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Certificate Number	Country of Former Nationality
Court (Title and Location)												
Other Information Appearing in Record (for example, previous name, name change, date of birth) _____ _____ _____												
<input type="checkbox"/> No Record Found	Signature of Person Verifying This Request	Date of Signature (mm/dd/yyyy)										
Printed Name of Person Verifying This Request		Title of Person Verifying This Request										

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## USCIS Privacy Act Statement

**AUTHORITIES:** The information requested on this request, and the associated evidence, is collected under the Immigration and Nationality Act, section 101.

**PURPOSE:** The primary purpose for providing the requested information on this request is to determine if the applicant has established eligibility for the immigration benefit for which he or she is filing. DHS will use the information you provide to grant or deny the immigration benefit the applicant seeks.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision in the applicant's case or result in denial of the applicant's request.

**ROUTINE USES:** DHS may share the information you provide on this request with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System and DHS-USCIS-001 - Alien File, Index, and National File Tracking System of Records ] which you can find at [www.dhs.gov/privacy](http://www.dhs.gov/privacy). DHS may also share the information, as appropriate, for law enforcement purposes or in the interest of national security.

## Paperwork Reduction Act

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 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 Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140. OMB No. 1615-0049. **Do not mail your completed Form N-25 to this address.**