

Instructions

(Please discard this sheet before submitting request. Submit in triplicate, that is, all six pages of the form.)

NOTE: Please type or print in block letters with a ball-point pen, using black ink. Be sure this form and the complete return address are legible. Do not leave any questions unanswered. When appropriate insert "none," "not applicable" or "N/A."

What Is the Purpose of This Form?

The principal purpose of this form is to solicit information to secure a duly authenticated certification of honorable active duty service from the U.S. Government Executive Department, under which you served or are serving, to satisfy statutory requirements for naturalization as a U.S. citizen.

Submission of the information is voluntary. If your U.S. Social Security number requested on the form is not provided, no right, benefit or privilege will be denied for such failure. However, as military records are indexed by such numbers, verification of your military service may prove difficult.

If you are applying for naturalization under Sections 328 or 329 of the Immigration and Nationality Act, you should submit this form and Form G-325B, Biographic Information, with your Form N-400, Application for Naturalization, to U.S. Citizenship and Immigration Services (USCIS).

What Is Our Authority for Collecting This Information?

Our authority for collecting the information requested on this form is contained in Sections 328 and 329 of the Immigration and Nationality Act of 1952 (8 U.S.C. 1439 and 1440).

All or part of the information solicited may as a matter of routine use be disclosed to courts exercising naturalization jurisdiction and to other Federal, state, local and foreign law enforcement and regulatory agencies, the Department of Defense, including any component thereof, Selective Service System, Department of State, Department of the Treasury, Central Intelligence Agency, Interpol and individuals and organizations that process the application for naturalization, or during the courses of investigation, to elicit further information required by USCIS to carry out its functions.

Information solicited that indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, may be referred as a routine use to the appropriate agency, whether Federal, state, local or foreign, charged with the responsibility of investigating, enforcing or prosecuting such violations.

Failure to provide any or all of the solicited information may delay the naturalization process or result in a failure to locate military records or prove qualifying military service.

Paperwork Reduction Act Notice.

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.

This collection of information is estimated to average 45 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 Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008 Washington, D.C. 20529. **Do not mail your completed application to this address.**

**N-426, Request for Certification
of Military or Naval Service**Department of Homeland Security
U.S. Citizenship and Immigration Services

Alien Registration Number	Date of Request
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NOTE TO CERTIFYING OFFICER: For use in connection with my application for naturalization, please complete the certification of military service on **Pages 2, 4, and 6** of this form and furnish it to the office of U.S. Citizenship and Immigration Services (USCIS) shown in the address block below. The information shown below is furnished to help locate and identify my military records. **(Submit in triplicate, that is, all six pages of this form.)**

NOTE TO APPLICANT: Furnish as much information as possible. If you were issued a Report of Separation, DD Form 214, attach a copy. Fill in the blanks only on Pages 1, 3 and 5 of this form. Please type or print clearly in black ink. All copies must be legible. Do not use pencil. **(Submit in triplicate, that is, all six pages of this form.)**

Name Used During Active Service <i>(Last, First, Middle)</i>	U.S. Social Security Number	Date of Birth	Place of Birth
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For an effective records search, it is important that ALL periods of service be shown below. (Use blank sheet(s) if more space is needed.)

Active Service:

Branch of Service <i>(Show also last organization, if known.)</i>	Date Entered on Active Duty	Date Released From Active Duty	Check Which	Service Number During This Period
			Officer Enlisted	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	

Reserve or National Guard Service: ☐ If none, check ☐ None

Branch of Service	Check Which	Date Membership Began	Date Membership Ended	Check Which	Service Number During This Period
	Reserve N. Guard			Officer Enlisted	
	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>	

Are you a Military Retiree or Fleet Reservist? ☐ No ☐ Yes

Signature <i>(Present Name)</i>	Present Address <i>(Number, Street, City, State and Zip Code)</i>
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Instructions to Certifying Officer.

Persons who are serving or have served honorably under specified conditions in the armed forces of the United States, inclusive of the reserve components of the armed forces of the United States, are granted certain exemptions from the general requirements for naturalization. The law requires such service to be established by a duly authenticated copy of the records of the executive department having custody of the record of service, showing whether the service man or woman served honorably in an active-duty status, reserve-duty status, or both, and whether each separation from the service was under honorable conditions. For that purpose, the certified statement on **Pages 2, 4 and 6** of this form, executed under the seal of your department, is required and should cover not only the period(s) of service shown above, but any other periods of service (active, reserve or both) rendered by the service man or woman.

Pages 2, 4 and 6 of this form should be completed, or the information called for furnished by separate letter, and the form and letter returned to the office of U. S. Citizenship and Immigration Services at the address in the block immediately below.

U.S. Citizenship and Immigration Services

**Return to:**

Please type
or print
complete
return
address.
Include zip
code.

Applicant: Do not fill out this page.

Certification of Military or Naval Service.

- ☐ Name correctly shown on front of form.
- ☐ Name as shown in records:

Active Service.

1. Entered Service at	2. On	3. Served to	4. Branch of Service	5. State whether serving honorably. If separated, state whether under honorable conditions. If other than honorable, give full details. Always complete item 11.

Reserve or National Guard Service.

6. Branch of Service	7. Check Which		8. Began	9. Ended	10. State whether serving honorably. <u>State if Selected Reserve of the Ready Reserve.</u> If separated, state whether under honorable conditions. If other than honorable, give full details. Always complete Item 11.
	Reserve	N. Guard			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

11. Statement Regarding Alienage. (Complete this item in ALL cases.)

- ☐ Record shows this person **was not** discharged on account of alienage.
- ☐ Record shows this person **was** discharged on account of alienage. Details: _____

12. Remarks. Use for continuation of any of the above items. You should also show in the space below any **derogatory information** in your records relating to the person's character, loyalty to the United States, disciplinary actions, convictions or other matters concerning his or her fitness for citizenship.

Lodge Act Enlistee.

Complete this block if subject is a "Lodge Act Enlistee"-64 Stat. 316 (Army). Subsequent to enlistment under the Lodge Act on _____ subject entered _____ at the port of _____
(the United States, American Samoa, Swains Island or the Panama Canal Zone)
pursuant to Military orders on _____ via _____

I CERTIFY that the information here given concerning the service of the person named on the face of this form is correct according to the records of the _____
(Name of department or organization)

[SEAL]

(Official Signature) _____

Date _____, _____ By _____

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

**N-426, Request for Certification
of Military or Naval Service**

Alien Registration Number	Date of Request
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			Officer	Enlisted	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Reserve or National Guard Service: **"** If none, check ☐ None

Branch of Service	Check Which		Date Membership Began	Date Membership Ended	Check Which		Service Number During This Period
	Reserve	N. Guard			Officer	Enlisted	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

Are you a Military Retiree or Fleet Reservist? ☐ No ☐ Yes

Signature <i>(Present Name)</i>	Present Address <i>(Number, Street, City, State and Zip Code)</i>
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Instructions to Certifying Officer.

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Active Service.

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(Name of department or organization)

[SEAL]

(Official Signature) _____

Date _____, _____ By _____

**N-426, Request for Certification
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U.S. Citizenship and Immigration Services

Alien Registration Number

Date of Request

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			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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Branch of Service	Check Which		Date Membership Began	Date Membership Ended	Check Which		Service Number During This Period
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	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

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[SEAL]

(Official Signature) _____

Date _____, _____ By _____