OMB No. 1115-0203

## Application for Transmission of Citizenship Through a Grandparent

## Part A. INSTRUCTIONS

This is a supplement for Forms N-600 and N-643. Attach the completed supplement (*Printed or typed in black or blue ink*) to your Form N-600 or Form 643 and take or mail the application to the appropriate INS office in the United States. (*See reverse for more instructions*)

Part B. INFORMATION ABOUT	T CHILD <i>(PRIN</i>	T OR TYPE)				
Last Name First Nar		ne	Middle Name	Date of Birth (Month/Day/Y	/ear)	
As a United States citizen parent, I am apply Grandfather	ring for a certificate Grandm		nild through his or her (ch	neck appropriate box)		
Part C. INFORMATION ABOUT	Γ GRANDFATH	IER <i>(PRINT OR T</i>	YPE)			
Grandfather's Last Name	ndfather's Last Name First Name		Middle Name	Date of Birth (Month/Day/Y	Date of Birth (Month/Day/Year)	
Place of Birth (City/State/Country)	l	He currently resides	at (Street Address/City/S	State/Country) (If Deceased, So Sta	ate)	
He became a citizen of the United States by: Birth		Naturalization Derivation On (Month/Day/Year):				
In the (Name of Court, City, State)		, Certificate of Naturalization Number:				
Or through his parent(s), and	was	was not issued	d a Certificate of Citizens	hip. If issued provide Number A or	· AA	
. His for	mer Alien Registrat	tion Number was		He has	has not	
ost United States citizenship. (If citizenship	lost, attach full expla	anation) He resided in	n the United States from	(Year)	<del>_</del>	
to (Year); from (Year)		_to (Year)	; from (Year)	to (Year)		
Part D. INFORMATION ABO	UT GRANDMO	THER (PRINT OF	R TYPE)	_		
Grandmother's Last Name	First Name		Middle Name	Date of Birth(Month/Day/Yea	ar)	
Place of Birth (City/State/Country)		She currently reside	s at (Street Address/City	//State/Country) (If Deceased, So S	itate)	
She became a citizen of the United States by	r: Birth	Naturalization	Derivation	On (Month/Day/Year):		
In the (Name of Court, City, State)			, Certificate of Natura	lization Number:		
Or through her parent(s), and	was	was not issue	d a Certificate of Citizens	ship. If issued provide Number A	or AA	
	rmer Alien Registra				has not	
lost United States citizenship. (If citizenship					nao not	
to (Year); from (Year)	•				_	
My child's grandparents were married to each	ch other on	(Month/Day/Year)	at	(City/State/County/Country)		
I certify, under penalty of perjury under the correct. I authorize the release of any info benefit I am seeking.			• •			