

Part 3. Periods of Military Service (To be completed by requestor)

Provide all periods of service. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

Military Service	Branch of Service	Date Service Began (mm/dd/yyyy)	Date Service Ended (mm/dd/yyyy)	Type of Service (include all active, reserve, and National Guard Service)
Military Service 1				<input type="checkbox"/> Active Duty <input type="checkbox"/> Selected Reserve of the Ready Reserve*
Military Service 2				<input type="checkbox"/> Active Duty <input type="checkbox"/> Selected Reserve of the Ready Reserve*
Military Service 3				<input type="checkbox"/> Active Duty <input type="checkbox"/> Selected Reserve of the Ready Reserve*

* Selected Reserve of the Ready Reserve Members: (1) participate in at least 48 scheduled drills or training periods during each year and serve on active duty for training at least 14 days a year or (2) participate in training at encampments, maneuvers, outdoor target practice, or other exercises at least 15 days each year. (10 U.S.C. 10143)

Part 4. Requestor's Contact Information, Certification, and Signature

Requestor's Contact Information

- 1. Requestor's Daytime Telephone Number
- 2. Requestor's Mobile Telephone Number (if any)
- 3. Requestor's Email Address (if any)

Requestor's Certification

I authorize release of information contained in this request, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that the information in my request and any document submitted with my request were provided by me and are complete, true, and correct.

Requestor's Signature

- 4. Requestor's Signature Date of Signature (mm/dd/yyyy)

NOTE TO ALL REQUESTORS: USCIS may deny your request if you do not completely fill out this request or fail to submit required documents listed in the instructions.

Part 5. Character of Service (To be completed by Certifying Official)

State whether the requestor served honorably or is currently serving honorably for each period of military service the requestor served (refer to **Part 3. Periods of Military Service**). If you answer "No," provide details in **Part 7. Remarks**.

- 1. Honorable Period of Military Service 1 Yes No
- 2. Honorable Period of Military Service 2 Yes No
- 3. Honorable Period of Military Service 3 Yes No

Part 6. Separation Information

- 1. Is the requestor separated? Yes No
- 2. If separated, select discharge type: Honorable Other (provide details in **Part 7. Remarks**)
- 3. Was the requestor discharged on account of alienage? Yes No
If you answer "Yes," provide details in **Part 7. Remarks**.

Part 7. Remarks

Provide any **derogatory information** in your records relating to the service member's character, loyalty to the United States, disciplinary action, convictions, other than honorable discharges, or other matters concerning his or her fitness for citizenship. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

Part 8. Certification (To be completed by Certifying Official)

I am authorized to certify that the information given here concerning the service of the person named on this request is correct according to the records of the

Name of Department

Official Signature

Name and Title

Daytime Telephone Number

Email Address (if any)

Date (mm/dd/yyyy)

Seal, if available (No state-issued notary public seals accepted.)

Part 9. Additional Information

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this request or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ▶ A-

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3. A. Page Number B. Part Number C. Item Number

D. _____

4. A. Page Number B. Part Number C. Item Number

D. _____

5. A. Page Number B. Part Number C. Item Number

D. _____

6. A. Page Number B. Part Number C. Item Number

D. _____

