## **Department of Homeland Security**U.S. Citizenship and Immigration Service

5. Date of Death (mm/dd/yyyy)

**6.** Place of Death (City/State/Country)

U.S. Citizenship and Immigration Services	Postnumous Citizensnip
For US	CIS Only
Fee Stamp	
Part I. Information About the Applicant and Deco	edent (To be completed by the applicant only)
A. Information About the Applicant	
1. Name (Last/First/Middle)	8. Your Relationship to Decedent at Time of His/Her Death (Check one)
2. Address (Street Name and Number)	Next-of-Kin  A.   Spouse  B.   Parent
(Town/City, State/Country, Zip/Postal Code)	<ul><li>C.  Son/Daughter</li><li>D.  Brother/Sister</li></ul>
3. If Abroad, City/Country of Nearest U.S. Embassy or Consulate	Representative  E.   Executor or Administrator of Decedent's Estate
4. Date of Birth 5. A-Number, if applicable	<ul> <li>Guardian, Conservator, or Committee of Decedent's Next-of-Kin</li> <li>VA Recognized Service Organization (Name below)</li> </ul>
6. Total Number of Authorization Affidavits Attached (See instructions)	(Name of Service Organization)
7. Telephone Number (Include Area/Country Code)	9. E-mail Address
B. Information About the Decedent	
1. Name Used During Active Service (Last/First/Middle)	7. Immigration Status at Time of Death (Permanent Resident, Student Visitor, etc.)
2. Other Names Used	
3. Date of Birth (mm/dd/yyyy) 4. Place of Birth (City/State/Country)	8. A-Number or Other USCIS File Number

9. U.S. Social Security Number (If any)

Deceased   Date of Birth (mms/dd/yyyy)					
11. Mother's Maiden Name	10. Father's Full Name		_	B. Living Deceased	D ( CD: 4)
Deceased   Deceased   C.   Living   Deceased   Date of Birth   Date of Birth			_ Deceased	Name (Last/First/Middle)	
12. Marital Status at Time of Death	11. Mother's Maiden Name		Living		
a. Married   c. Widowed   d. Single     3. Military Service Serial Number (If different from Social Security Number)     4. Date Entered Active Duty Service (mm/dd/yyyy)     5. Place Entered Active Duty Service (City/State/Country)     6. Date Released From Active Duty Service (mm/dd/yyyy)     7. Branch of Service   18. Type of Discharge   25. Complete the Following for Each Brother and Sister     8. Living   Deceased     9. Military Rank at Time of   20. Retired From Military?   Date of Birth (mm/dd/yyyy)     9. Living   Deceased     19. Military Rank at Time of   20. Retired From Military?   Date of Birth (mm/dd/yyyy)     10. VA Claim Number (If any)   Date of Birth (mm/dd/yyyy)     11. VA Claim Number of Children (If none, write "None")     12. VA Claim Number of Children (If none, write "None")     13. Complete the Following for Each Child   Date of Birth (mm/dd/yyyy)     14. Date of Birth (mm/dd/yyyy)     15. Place Entered Active Duty Service (mm/dd/yyyy)     16. Date Released From Active Duty Service (mm/dd/yyyy)     17. Branch of Service   18. Type of Discharge   25. Complete the Following for Each Brother and Sister     18. Type of Discharge   Deceased   Name (Last/First/Middle)   Date of Birth (mm/dd/yyyy)     19. Military Rank at Time of   Date of Birth (mm/dd/yyyy)     19. Military Rank at Time of   Date of Birth (mm/dd/yyyy)     19. Living   Deceased   Date of Birth (mm/dd/yyyy)     19. Living   Deceased			Deceased	C. Living Deceased	
a. Married	12. Marital Status at Time of De	ath		Name (Last/First/Middle)	
13. Military Service Serial Number (If different from Social Security Number)   D.	a. Married	_			(**************************************
Name (Last/First/Middle)    Name (Last/First/Middle)   Date of Birth (mm/dd/yyyy)	☐ b. Divorced	d. Single			
14. Date Entered Active Duty Service (mm/dd/yyyy)  15. Place Entered Active Duty Service (City/State/Country)  16. Date Released From Active Duty Service (mm/dd/yyyy)  17. Branch of Service  18. Type of Discharge  29. Retired From Military?    Date of Birth (mm/dd/yyyy)  21. VA Claim Number (If any)  22. Total Number of Children (If none, write "None")  23. Complete the Following for Each Child  A.   Living   Deceased   Name (Last/First/Middle)   Date of Birth (mm/dd/yyyy)  24. Total Number of Brothers and Sisters (If none, write "None")  25. Complete the Following for Each Brother and Sister  A.   Living   Deceased   Name (Last/First/Middle)   Date of Birth (mm/dd/yyyy)  26.   Living   Deceased   Name (Last/First/Middle)   Date of Birth (mm/dd/yyyy)  27. Total Number of Children (If none, write "None")  28.   Living   Deceased   Name (Last/First/Middle)   Date of Birth (mm/dd/yyyy)  29. Total Number of Children (If none, write "None")  20. C   Living   Deceased   Name (Last/First/Middle)   Date of Birth (mm/dd/yyyy)  29. Date of Birth (mm/dd/yyyy)  20. C   Living   Deceased   Name (Last/First/Middle)   Date of Birth (mm/dd/yyyy)  20. C   Living   Deceased   Name (Last/First/Middle)   Date of Birth (mm/dd/yyyy)	13. Military Service Serial Numb	oer (If different from Social	Security Number)	<b>D.</b> Living Deceased	
E. Living Deceased Name (Last/First/Middle)  Date of Birth (mm/dd/yyyy)  24. Total Number of Brothers and Sisters (If none, write "None")  17. Branch of Service   18. Type of Discharge   25. Complete the Following for Each Brother and Sister  A. Living Deceased Name (Last/First/Middle)  Date of Birth (mm/dd/yyyy)  25. Complete the Following for Each Brother and Sister  A. Living Deceased Name (Last/First/Middle)  Date of Birth (mm/dd/yyyy)  Date of Birth (mm/dd/yyyy)  C. Living Deceased Name (Last/First/Middle)  Date of Birth (mm/dd/yyyy)				Name (Last/First/Middle)	
15. Place Entered Active Duty Service (City/State/Country)  16. Date Released From Active Duty Service (mm/dd/yyyy)  27. Total Number of Brothers and Sisters (If none, write "None")  28. Type of Discharge  29. Retired From Military?	<b>14.</b> Date Entered Active Duty Se	ervice (mm/dd/yyyy)			
15. Place Entered Active Duty Service (City/State/Country)  16. Date Released From Active Duty Service (mm/dd/yyyy)  27. Total Number of Brothers and Sisters (If none, write "None")  28. Type of Discharge  29. Retired From Military?	·			E.  Living  Deceased	
16. Date Released From Active Duty Service (mm/dd/yyyy)  24. Total Number of Brothers and Sisters (If none, write "None")  25. Complete the Following for Each Brother and Sister  A.				_	
17. Branch of Service  18. Type of Discharge  25. Complete the Following for Each Brother and Sister  A.	15. Place Entered Active Duty S	ervice (City/State/Count	ry)	Nume (Euser Institute)	(mm/dd/yyyy)
A. Living Deceased  Name (Last/First/Middle)  Date of Birth (mm/dd/yyyy)  Date of Birth (mm/dd/yyyy)  A. Living Deceased  Name (Last/First/Middle)  Date of Birth (mm/dd/yyyy)	<b>16.</b> Date Released From Active	Duty Service (mm/dd/yy	ryy)	<b>24.</b> Total Number of Brothers and Sisters (If	none, write "None")
19. Military Rank at Time of Discharge  20. Retired From Military?  Yes No  B. Living Deceased Name (Last/First/Middle)  C. Living Deceased Name (Last/First/Middle)  Date of Birth (mm/dd/yyyy)	17. Branch of Service	18. Type of Dischar	ge	25. Complete the Following for Each Brother	and Sister
19. Military Rank at Time of Discharge				A. Living Deceased	
Date of Birth (mm/dd/yyyy)  22. Total Number of Children (If none, write "None")  C.			-	Name (Last/First/Middle)	
Name (Last/First/Middle)  22. Total Number of Children (If none, write "None")  C.				B. Living Deceased	
C. Living Deceased  Name (Last/First/Middle)  Date of Birth  (mm/dd/yyyy)  Date of Birth	21. VA Claim Number (If any)			Name (Last/First/Middle)	
Pate of Birth  (mm/dd/yyyy)  A.	<b>22.</b> Total Number of Children (If	none, write "None")			
23. Complete the Following for Each Child  A.				C. Living Deceased	D ( CD) 4
Name (Last/First/Middle)  Date of Birth (mm/dd/yyyy)  D. Living Deceased  Name (Last/First/Middle)  Date of Birth	23. Complete the Following for I	Each Child		Name (Last/First/Middle)	
Name (Last/First/Middle) (mm/dd/yyyy) D. Living Deceased  Name (Last/First/Middle) Date of Birth	A. Living	Deceased			
Name (Lect/First/Middle) Date of Birth		F .	of Rirth	<b>5</b>	
	Name (Last/First/Middle)			<b>D.</b> Living Deceased	

E. Living Deceased		Certificate of Applicant				
Name (Last/First/Middle)	Date of Birth (mm/dd/yyyy)	I certify, under penalty of perjury under the laws of the United States of America, that the information in <b>Part I</b> is true and correct.				
		Signature Date (mm/dd/yyy				
F. Living Deceased  Name (Last/First/Middle)	Date of Birth (mm/dd/yyyy)	Name (Print or Type)				
G. Living Deceased  Name (Last/First/Middle)	Date of Birth (mm/dd/yyyy)	Address (Street Number and Name, City/Town, State/Province, Country, Zip-Postal Code				
Part II. To Be Completed by Service	the Department of D	efense Official for Appropriate Branch of Military				
	This Indicates	6. Individual Entered Service Under the Lodge Act?				
<ol> <li>No Active Duty Records Found for</li> <li>No Casualty Records Found for Thi</li> </ol>		☐ Yes ☐ No ☐ Unable to Determine				
B. Name of Decedent Correctly Shown		_				
Name of Decedent Different in Reco		<ul><li>7.  Record of Death Found (Complete a and b)</li><li>a. Date of Death (mm/dd/yyyy)</li></ul>				
.   Active Duty Service Records Found	l (Complete <b>A</b> through <b>F</b> )	b. Death resulted from injury or disease incurred in or aggravated by active duty service during a period of military hostilities specified by law?				
<b>A.</b> Branch of Service		Yes No Unable to Determine				
<ul><li><b>A.</b> Branch of Service</li><li><b>B.</b> Date Entered Active Duty (mm/dd/y)</li></ul>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8. Certification  I certify the information given here concerning the (Check one or				
		8. Certification  I certify the information given here concerning the (Check one or				
B. Date Entered Active Duty (mm/dd/y		8. Certification  I certify the information given here concerning the (Check one or both, as appropriate)   Service   Death  of the individual named on this form is correct according to the				
B. Date Entered Active Duty (mm/dd/y  C. Place Entered Active Duty Service (	(City/State/Country)	8. Certification  I certify the information given here concerning the (Check one or both, as appropriate) Service Death  of the individual named on this form is correct according to the records of the (name below).  (Department of Defense Military Branch)				
B. Date Entered Active Duty (mm/dd/y  C. Place Entered Active Duty Service (  D. Service Number	(City/State/Country)  d/yyyy)  of Hostilities (If no is	8. Certification  I certify the information given here concerning the (Check one or both, as appropriate)   Service   Death  of the individual named on this form is correct according to the records of the (name below).  (Department of Defense Military Branch)				

## Part III. To Be Completed by the Department of Defense Official for Appropriate Branch of Military Service

A. Certification	В. И	nable to Ce	rtify						
Based on the information received from the Department of Veterans Affairs concerning the death of the individual named on this form, I certify that the individual died on (Date (mm/dd/yyyy)) as a result of injury or disease incurred in or aggravated by service during a period of hostilities specified by law.			Based on the information received from the Department of Veterans Affairs concerning the death of the individual named on this form, I am unable to certify that the individu died as a result of injury or disease incurred in or aggravate by service during a period of hostilities specified by law.						idual individua aggravated
Signature		Date (mm/dd/yyyy	y) Sign	ature				Date	(mm/dd/yyyy
Title			Title						
NOTE: Spart IV. To be Co	ace below (Part l	•				gration	Servic	es Only	
	d Next-of-Kin or Repre			ration Ser		ion Block			
Positive Certification	-								
Positive Certification	n Service Connected De	eath							
☐ Place of Enlistment	Qualifies Under INA S	ection 329 (a)(1)							
Decedent Admitted	for Lawful Permanent l	Residence							
Cert. #	Date Mailed								
A #	Reg. Mail #		Initial Receipt	Resubmitted	Relo	cated		Completed	
					Rec'd	Sent	App'd	Denied	Ret'd