

## Instructions

**Complete only Part I of this application. Do not write in Parts II, III or IV.**

### General Information

Public Law 101-249, as amended, provides that an alien or non-citizen national of the United States who dies as a result of injury or disease incurred by active duty with the U.S. Armed Forces during specified periods of military hostilities may be granted United States citizenship. If the application is approved, a Certificate of Citizenship (N-645) will be issued in the name of the decedent (the deceased veteran). The certificate establishes that the decedent is considered a citizen of the United States as of the date of his or her death. Posthumous citizenship is an honorary status commemorating the bravery and sacrifices of the veteran; it conveys no benefit under the immigration and nationality laws to any relative of the decedent.

### Who Is Eligible for Posthumous Citizenship?

To qualify for Posthumous Citizenship, the decedent must have been an alien or non-citizen national of the United States who:

- (1) served honorably in an active-duty status in the military, air or naval forces of the United States during:
  - (a) 04/06/1917 - 11/11/1918 (World War I); or
  - (b) 09/01/1939 - 12/31/1946 (World War II); or
  - (c) 06/25/1950 - 07/01/1955 (Korean Hostilities); or
  - (d) 02/28/1961 - 10/15/1978 (Vietnam Hostilities); or
  - (e) 08/02/1990 - 04/11/1991 (Persian Gulf Conflict); or
  - (f) from 09/11/2001 until terminated by Executive Order of the President; or
  - (g) any other period of military hostilities designated by Executive Order of the President for the purpose of naturalization benefits; or
  - (h) a period of at least five years following enlistment or reenlistment in the U.S. Army under the Lodge Act of June 30, 1950; and who:
- (2) died because of injury or disease incurred in or aggravated by that service; and
- (3) met one of the following enlistment requirements:
  - (a) was enlisted, reenlisted, or inducted in the United States, Panama Canal Zone, American Samoa, or Swain's Island; or
  - (b) was admitted to the United States as a lawful permanent resident at any time; or
  - (c) if a person described in (1)(f) above, entered the United States, Panama Canal Zone, American Samoa, or Swain's Island pursuant to military orders at some time during such service.

### When Must the Application Be Filed?

The application must be filed no later than:

- (a) November 2, 2004; or
- (b) two years after the date of the decedent's death, whichever is later.

### Who Can File?

You may file this form only if your relationship to the decedent was:

- (a) Spouse; or
- (b) Father/Mother; or
- (c) Son/Daughter; or
- (d) Brother/Sister; or

You are the decedent's representative, defined as:

- (e) Executor or Administrator of decedent's estate; or
- (f) Guardian, Conservator, or Committee of decedent's next-of-kin; or
- (g) Service organization recognized by the Department of Veterans Affairs.

**NOTE:** Once a certificate of Posthumous Citizenship has been issued for a veteran, the Service will **not** approve any later application on his or her behalf, except in the case of an application to replace a certificate that was lost, mutilated, or destroyed.

### What Documents Need to Be Submitted?

#### Authorization documents:

- (a) Unless you are the spouse of the decedent or the executor or administrator of the decedent's estate, you must obtain authorization from all living next-of-kin above you in the order of succession. For example, if you are the decedent's brother, you would have to obtain authorization all living relatives in classes (a), (b) and (c) in the **Who Can File?** section above. The authorization must be in the form of an affidavit stating the affiant's name, address and relationship to the decedent and authorizing you to apply for posthumous U.S. citizenship on behalf of the decedent. If the affidavit is in a language other than English, it must be accompanied by a certified English translation.
- (b) If you are in category (e) or (f) of the section, **Who Can File?**, you must submit a certified copy of your letter of appointment as the executor or administrator of the decedent's estate, or as the guardian, conservator, or committee of the decedent's next-of-kin.

- (c) If you are in group (g) of the section, **Who Can File?**, you must submit evidence of recognition of your organization by the Department of Veterans Affairs.

#### **Documentation of the decedent's service and death:**

To facilitate certification of the decedent's military service and service-connected death by the executive departments, you should submit a legible copy of each of the following documents, if available:

- (d) Form DD 214, Certificate of Release or Discharge from Active Duty; or
- (e) Form DD 1300, Report of Casualty/Military Death Certificate; or
- (f) Any other military or state issued certificate of the decedent's death.

Failure to submit any of these documents may not automatically result in the denial of your application, but will delay the certification process.

#### **How Should You Prepare This Form?**

- (a) **Complete only Part I** of this application. **Do not write in Parts II, III, or IV**, which are reserved for the use of the executive departments.
- (b) Type or print legibly in ink.
- (c) Please read and follow all instructions carefully, so that it will not be necessary to return your application.
- (d) Answer all questions fully and accurately. If any item does not apply to the decedent, write "N/A" (meaning "Not Applicable") or "None," as the case requires.

#### **What Is the Fee?**

You must pay \$80.00 to file this form. *The fee will not be refunded, whether the application is approved or not.* All checks or money orders, whether U.S. or foreign, must be payable in U.S. currency at a financial institution in the United States. *Do not mail cash.* When a check is drawn on the account of a person other than yourself, write your name on the face of the check. For any check you submit that is not honored there is an additional charge of \$30.00. Pay by check or money order in the exact amount. Make the check or money order payable to "Bureau of Citizenship and Immigration Services."

#### **What Are the Penalties for Submitting False Information?**

Title 18, United States Code, Section 1001, states whoever willfully and knowingly falsifies a material fact, makes a false statement, or makes use of a false document will be fined up to \$10,000 or imprisoned up to five (5) years or both.

#### **What Is the Authority for Collecting This Information?**

We request information on this form to carry out the immigration laws contained in Title 8, United States Code 1225. We need this information to determine your eligibility to file this application, and the decedent's eligibility for Posthumous citizenship. The information you provide may also be disclosed to other federal agencies as part of the adjudication of this application. You do not have to give this information; however, if you refuse, your application may be denied.

#### **What Is the Reporting Burden?**

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 one hour and fifty 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, Bureau of Citizenship and Immigration Services, HQRS, 425 I Street, N.W., Room 4034, Washington, DC 20536; OMB No. 1115-0173. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**

#### **Will You Have to Appear For an Interview?**

No. However, if the application is approved, and you reside outside the United States, you will be required to appear at the nearest American Embassy or Consulate to sign for the Certificate of Citizenship (N-645).

#### **Where Should You File the Application?**

Mail this form with supporting documents, if required, to the Bureau of Citizenship and Immigration Services (BCIS) Service Center having jurisdiction over your place of residence. The address and the respective areas of jurisdiction to the appropriate center are as follows:

- If you currently live in Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Jersey, New Hampshire, New York, Pennsylvania, Puerto Rico, Rhode Island, Vermont, Virginia, West Virginia or the U.S. Virgin Islands, mail the petition to:

**Vermont Service Center**  
**75 Lower Welden Street**  
**St. Albans, VT 05479-0001**

- If you currently live in Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee or Texas, mail the petition to:

**Texas Service Center**  
**P.O. Box 852135**  
**Irving, TX 75185-2135**

- If you currently live in Arizona, California, Guam, Hawaii or Nevada, mail the petition to:

**California Service Center**  
**P.O. Box 10360**  
**Laguna Niguel, CA 92607-1036**

- If you currently live anywhere else in the United States, mail the application to:

**Nebraska Service Center**  
**P.O. Box 87360**  
**Lincoln, NE 68501-7360**

- If you currently live outside the United States, mail your application to any one of above listed Service Centers.

# N-644, Application for Posthumous Citizenship

Space to the right for the use of the  
Bureau of Citizenship and Immigration Services  
ONLY

Fee Stamp

## PART I - To Be Completed by the Applicant

### A. Information about you, the Applicant

1. Name (Last/First/Middle) \_\_\_\_\_
2. Address (Street Name and Number) \_\_\_\_\_  
(Town/City, State/Country, ZIP/Postal Code) \_\_\_\_\_
3. If abroad, city/country of nearest American Embassy or Consulate \_\_\_\_\_
4. Telephone number (include Area Code) \_\_\_\_\_
5. Total Number of Authorization Affidavits Attached (see instructions) \_\_\_\_\_
6. Your Relationship to Decedent at time of his/her death (check one)  
**Next-of-Kin**
  - a.  Spouse
  - b.  Parent
  - c.  Son/Daughter
  - d.  Brother/Sister**Representative**
  - e.  Executor or Administrator of Decedent's Estate
  - f.  Guardian, Conservator, or Committee of Decedent's Next-of-Kin
  - g.  VA Recognized Service Organization (Name below) \_\_\_\_\_  
(Name of Service Organization)

### B. Information about the Decedent

1. Name Used During Active Service (Last/First/Middle) \_\_\_\_\_
2. Other Names Used \_\_\_\_\_
3. Date of Birth (MM/DD/YYYY) \_\_\_\_\_ 4. Place of Birth (City/State/Country) \_\_\_\_\_
5. Date of Death (MM/DD/YYYY) \_\_\_\_\_ 6. Place of Death (City/State/Country) \_\_\_\_\_
7. Immigration Status at Time of Death (Permanent Resident, Student, Visitor, etc.) \_\_\_\_\_
8. Alien Registration Number or Other INS File Number \_\_\_\_\_
9. Social Security Number (if any) \_\_\_\_\_
10. Father's Full Name \_\_\_\_\_
  - a.  Living
  - b.  Deceased
11. Mother's Maiden Name \_\_\_\_\_
  - a.  Living
  - b.  Deceased
12. Marital Status at Time of death \_\_\_\_\_
  - a.  Married
  - b.  Widowed
  - c.  Divorced
  - d.  Single
13. Military Service Serial Number (If different from Social Security #) \_\_\_\_\_
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 \_\_\_\_\_
19. Military Rank at Time of Discharge \_\_\_\_\_ 20. Retired From military?  Yes  No
21. VA Claim Number (if any) \_\_\_\_\_
22. Total Number of Children (if none, write None) \_\_\_\_\_
23. Complete the Following for Each Child.

Name (Last/First/Middle)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
24. Total Number of Brothers and Sisters (if none, write None) \_\_\_\_\_
25. Complete the Following for Each Brother and Sister.

Name (Last/First/Middle)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

#### Certification of Applicant

I certify, under penalty of perjury under the laws of the United States of America, that the information in Part I is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Declaration of person preparing form, if other than above.

I declare that I prepared this document at the request of the person above and that it is based on all information of which I have any knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print or type) \_\_\_\_\_

Address \_\_\_\_\_

**PART II -**

**To Be Completed by the Applicable Executive Department**

- 1.  No Active Duty Records Found for This Individual
- 2.  No Casualty Records Found for This Individual
- 3.  Name of Decedent Correctly Shown
- 4.  Name of Decedent Different in Records  
 \_\_\_\_\_  
 (List name shown in records)
- 5.  Active Duty Service Records Found  
 (complete a through f)  
 a. Branch of Service  
 \_\_\_\_\_  
 b. Date Entered Active Duty  
 \_\_\_\_\_  
 c. Place Entered Active Duty Service (City/State/Country)  
 \_\_\_\_\_  
 d. Service Number  
 \_\_\_\_\_  
 e. Date Released From Service (MM/DD/YYYY)  
 \_\_\_\_\_  
 f. Honorable Service During a Period of Hostilities  
 by  Yes  No
- 6. Individual Entered Service Under the Lodge Act?  
 Yes  No  Unable to Determine

- 7.  Record of Death Found  
 (Complete a and b)  
 a. Date of Death  
 \_\_\_\_\_  
 b. Death resulted from injury or disease incurred in or  
 aggravated by active duty service during a period of  
 military hostilities specified by law?  
 Yes  No  Unable to Determine

**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)  
 \_\_\_\_\_  
 (Specify Executive Department)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 Title \_\_\_\_\_

**PART III - To Be Completed by the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports**

**A. Certification**

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Title

**B. Unable to Certify**

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 individual died as a result of injury or disease incurred in or aggravated by service during a period of hostilities specified by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Title

**Space below (Part IV) for use of the Bureau of Citizenship and Immigration Services ONLY**

**Part IV - To Be Completed by Bureau of Citizenship and Immigration Services**

- Applicant Authorized Next-of-Kin or Representative
- Positive Certification Military Service
- Positive Certification Service Connected Death
- Place of Enlistment Qualifies Under INA Section 329(a)(1)
- Decedent Admitted for Lawful Permanent Residence

Action Stamp

Cert. #	Date Mailed
A #	Reg. Mail #

Initial Receipt	Resubmitted	Relocated		Completed		
		Rec'd	Sent	App'd	Denied	Ret'd