

N-400 Form and Barcode Requirements

| | Form Field Name | Data Length (Max) | Field Type | Barcode Mapping Form Rev 09/13/13 | | Comment |
|---|--|-------------------|-----------------------------|-----------------------------------|----------|--|
| | | | | Page | Position | |
| Page 1 | | | | | | |
| Part 1. Information About your Eligibility | | | | | | |
| | Form Type | 5 | Alphanumeric | 1 | 1 | Format: N-400 |
| | Form Revision | 8 | Date | 1 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| | Page Number | 2 | Numeric | 1 | 3 | Format: 1 |
| | USCIS "A"-Number | 9 | Numeric | 1 | 4 | Format: 999999999. The leading 'A' is omitted from the barcode value |
| 1. 2. 3. 4. 5. | Eligibility | 1 | Alpha | 1 | 5 | Barcode Output: A, if 1. is selected B, if 2. is selected E, if 3. is selected C, if 4. is selected D, if 5. is selected |
| | Other Eligibility Explanation | 67 | Text Box/Dropdown | 1 | 6 | Barcode Output: SECTION 317, INA, if RELIGIOUS DUTIES is selected SECTION 319(C), INA, if EMPLOYMENT ABROAD - MEDIA ORGANIZATION is selected SECTION 319(D), INA, if SURVIVING SPOUSE OF MILITARY US CITIZEN is selected SECTION 325, INA, if NON US CITIZEN NATIONALS RESIDING IN OUTLYING POSSESSIONS is selected SECTION 330, INA, if SERVICE ON US VESSEL is selected Otherwise, Blank |
| Part 2. Information About You | | | | | | |
| 1. | Current Legal Name | | | | | |
| | Family Name (Last Name) | 30 | Alpha,Hyphen,Space | 1 | 7 | |
| | Given Name (First Name) | 18 | Alpha,Hyphen,Space | 1 | 8 | |
| | Full Middle Name (if applicable) | 18 | Alpha, Space, Forward Slash | 1 | 9 | If "N/A" is entered, the barcode value should be blank. |
| 2. | Name as it appears on Permanent Resident Card | | | | | |
| | Family Name (Last Name) | 30 | Alpha,Hyphen,Space | 1 | 10 | |
| | Given Name (First Name) | 18 | Alpha,Hyphen,Space | 1 | 11 | |
| | Full Middle Name (if applicable) | 18 | Alpha, Space, Forward Slash | 1 | 12 | If "N/A" is entered, the barcode value should be blank. |
| 3. | Other Names | | | | | |
| | Family Name (Last Name) | 30 | Alpha,Hyphen,Space | 1 | 13 | |
| | Given Name (First Name) | 18 | Alpha,Hyphen,Space | 1 | 14 | |

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| | | | | | | |
|---|---|----|-----------------------------|---|----|--|
| | Middle Name | 18 | Alpha, Space, Forward Slash | 1 | 15 | If "N/A" is entered, the barcode value should be blank. |
| | Family Name (Last Name) | 30 | Alpha,Hyphen,Space | 1 | 16 | |
| | Given Name (First Name) | 18 | Alpha,Hyphen,Space | 1 | 17 | |
| | Middle Name | 18 | Alpha, Space, Forward Slash | 1 | 18 | If "N/A" is entered, the barcode value should be blank. |
| Page 2 | | | | | | |
| | Form Type | 5 | Alphanumeric | 2 | 1 | Format: N-400 |
| | Form Revision | 8 | Date | 2 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| | Page Number | 2 | Numeric | 2 | 3 | Format: 2 |
| 4. | Name Change | | | | | |
| | Would you like to legally change your name? | 1 | Y/N | 2 | 4 | |
| | Family Name (Last Name) | 30 | Alpha,Hyphen,Space | 2 | 5 | |
| | Given Name (First Name) | 18 | Alpha,Hyphen,Space | 2 | 6 | |
| | Middle Name | 18 | Alpha, Space, Forward Slash | 2 | 7 | If "N/A" is entered, the barcode value should be blank. |
| 5. | U.S. Social Security Number | 9 | Numeric | 2 | 8 | |
| 6. | Date of Birth | 10 | Date | 2 | 9 | Format: mm/dd/yyyy |
| 7. | Date you became a Permanent Resident | 10 | Date | 2 | 10 | Format: mm/dd/yyyy |
| 8. | Country of Birth | 42 | Alpha, Space | 2 | 11 | |
| 9. | Country of Citizenship or Nationality | 42 | Alpha, Space | 2 | 12 | |
| 10. | Disability accommodation? | 1 | Y/N | 2 | 13 | |
| | Hearing Impaired | 1 | Y/Blank | 2 | 14 | The barcode value is 'Y' if the checkbox is marked. If the checkbox is not marked, the barcode value is blank. |
| | Sign language interpreter language | 82 | Alpha | 2 | 15 | |
| | Wheelchair | 1 | Y/Blank | 2 | 16 | The barcode value is 'Y' if the checkbox is marked. If the checkbox is not marked, the barcode value is blank. |
| | I am blind or sight impaired | 1 | Y/Blank | 2 | 17 | The barcode value is 'Y' if the checkbox is marked. If the checkbox is not marked, the barcode value is blank. |
| | Other type of accommodation | 1 | Y/Blank | 2 | 18 | The barcode value is 'Y' if the checkbox is marked. If the checkbox is not marked, the barcode value is blank. |
| | Other type of accommodation (explain) | 82 | Alpha | 2 | 19 | |
| 11. | Do you claim to have a physical or developmental disability or mental impairment that prevents you from demonstrating your knowledge and understanding of the English Language and/or civics requirements for naturalization? | 1 | Y/N | 2 | 20 | |
| 12.a. | Are you over 50 yrs of age and lived in US at least 20 years | 1 | Y/N | 2 | 21 | |
| 12.b. | Are you over 55 yrs of age and lived in US at least 15 years | 1 | Y/N | 2 | 22 | |
| 12.c. | Are you over 65 yrs of age and lived in US at least 20 years | 1 | Y/N | 2 | 23 | |
| Page 3 | | | | | | |
| Part 3. Information to Contact You | | | | | | |
| | Form Type | 5 | Alphanumeric | 3 | 1 | Format: N-400 |
| | Form Revision | 8 | Date | 3 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| | Page Number | 2 | Numeric | 3 | 3 | Format: 3 |
| 1. | Day Time Phone Number | 10 | Numeric | 3 | 4 | Format: 9999999999 |
| 2. | Work Phone Number | 10 | Numeric | 3 | 5 | Format: 9999999999 |

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| | | | | | | |
|---|--|----|------------------------------------|---|----|---|
| 3. | Evening Phone Number | 10 | Numeric | 3 | 6 | Format: 9999999999 |
| 4. | Mobile Phone Number | 10 | Numeric | 3 | 7 | Format: 9999999999 |
| 5. | E-mail Address | 54 | Alphanumeric, @, -, Period, Hyphen | 3 | 8 | |
| Part 4. Information About Your Residence | | | | | | |
| 1. | Current Address -Dates From | 10 | Date | 3 | 9 | Format: mm/dd/yyyy |
| | Current Address -Dates To | 0 | Blank | 3 | 10 | Barcode output is always blank. |
| | Home Address - Street Number and Name (No P.O. Box) | 34 | Alphanumeric, Space, Forward Slash | 3 | 11 | |
| | Apt. # | 6 | Alphanumeric | 3 | 12 | Format: APT 123456 or STE 123456 or FLR 123456 |
| | City | 28 | Alpha | 3 | 13 | |
| | County | 25 | Alpha | 3 | 14 | |
| | State | 2 | Alpha | 3 | 15 | |
| | Zip Code | 5 | Numeric | 3 | 16 | |
| | Zip+4 | 4 | Numeric | 3 | 17 | |
| | Province | 20 | Alpha | 3 | 18 | |
| | Postal Code | 9 | Alphanumeric | 3 | 19 | |
| | Country | 29 | Alpha, Space | 3 | 20 | |
| A. | Care of | 34 | Alpha | 3 | 21 | |
| | Mailing Address - Street Name (If different from Home address) | 34 | Alphanumeric, Space, Forward Slash | 3 | 22 | |
| | Apt. # | 6 | Alphanumeric | 3 | 23 | Format: APT 123456 or STE 123456 or FLR 123456 |
| | City | 28 | Alpha | 3 | 24 | |
| | State | 2 | Alpha | 3 | 25 | |
| | Zip Code | 5 | Numeric | 3 | 26 | |
| | Zip+4 | 4 | Numeric | 3 | 27 | |
| | Province | 20 | Alpha | 3 | 28 | |
| | Country | 29 | Alpha, Space | 3 | 29 | |
| | Postal Code | 9 | Alphanumeric | 3 | 30 | |
| Page 4 | | | | | | |
| | Form Type | 5 | Alphanumeric | 4 | 1 | Format: N-400 |
| | Form Revision | 8 | Date | 4 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| | Page Number | 2 | Numeric | 4 | 3 | Format: 4 |
| Previous Addresses | | | | | | |
| 2. | Dates From (mm/dd/yyyy) | 10 | Date | 4 | 4 | Format: mm/dd/yyyy |
| | Dates To (mm/dd/yyyy) | 10 | Date | 4 | 5 | Format: mm/dd/yyyy |
| | Home Address - Street Name (No P O Box) | 34 | Alphanumeric, Space, Forward Slash | 4 | 6 | |
| | Apt. # | 6 | Alphanumeric | 4 | 7 | Format: APT 123456 or STE 123456 or FLR 123456 |
| | City | 28 | Alpha | 4 | 8 | |
| | County | 25 | Alpha | 4 | 9 | |
| | State | 2 | Alpha | 4 | 10 | |
| | Zip Code | 5 | Numeric | 4 | 11 | |
| | Zip+4 | 4 | Numeric | 4 | 12 | |
| | Province | 20 | Alpha | 4 | 13 | |
| | Country | 29 | Alpha, Space | 4 | 14 | |
| | Postal Code | 9 | Alphanumeric | 4 | 15 | |

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| | | | | | | |
|---|---|----|------------------------------------|---|----|---|
| 3. | Dates From | 10 | Date | 4 | 16 | Format: mm/dd/yyyy |
| | Dates To | 10 | Date | 4 | 17 | Format: mm/dd/yyyy |
| | Home Address - Street Name (No P O Box) | 34 | Alphanumeric, Space, Forward Slash | 4 | 18 | |
| | Apt. # | 6 | Alphanumeric | 4 | 19 | Format: APT 123456 or STE 123456 or FLR 123456 |
| | City | 28 | Alpha | 4 | 20 | |
| | County | 25 | Alpha | 4 | 21 | |
| | State | 2 | Alpha | 4 | 22 | |
| | Zip Code | 5 | Numeric | 4 | 23 | |
| | Zip+4 | 4 | Numeric | 4 | 24 | |
| | Province | 20 | Alpha | 4 | 25 | |
| | Country | 29 | Alpha, Space | 4 | 26 | |
| | Postal Code | 9 | Alphanumeric | 4 | 27 | |
| 4. | Dates From | 10 | Date | 4 | 28 | Format: mm/dd/yyyy |
| | Dates To | 10 | Date | 4 | 29 | Format: mm/dd/yyyy |
| | Home Address - Street Number (No P O Box) and Street Name | 34 | Alphanumeric, Space, Forward Slash | 4 | 30 | |
| | Apt. # | 6 | Alphanumeric | 4 | 31 | Format: APT 123456 or STE 123456 or FLR 123456 |
| | City | 28 | Alpha | 4 | 32 | |
| | County | 25 | Alpha | 4 | 33 | |
| | State | 2 | Alpha | 4 | 34 | |
| | Zip Code | 5 | Numeric | 4 | 35 | |
| | Zip+4 | 4 | Numeric | 4 | 36 | |
| | Province | 20 | Alpha | 4 | 37 | |
| | Country | 28 | Alpha, Space | 4 | 38 | |
| | Postal Code | 9 | Alphanumeric | 4 | 39 | |
| Page 5 | | | | | | |
| | Form Type | 5 | Alphanumeric | 5 | 1 | Format: N-400 |
| | Form Revision | 8 | Date | 5 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| | Page Number | 2 | Numeric | 5 | 3 | Format: 5 |
| Part 5. Information About Your Parents | | | | | | |
| 1. | Were your parents married at the time of your birth or prior to your eighteenth birthday? | 1 | Y/N | 5 | 4 | |
| 2. | Is your mother a US citizen? | 1 | Y/N | 5 | 5 | |
| A. | USC Mother's family name | 30 | Alpha,Hyphen,Space | 5 | 6 | |
| | USC Mother's given name | 18 | Alpha,Hyphen,Space | 5 | 7 | |
| | USC Mother's middle name | 18 | Alpha, Space, Forward Slash | 5 | 8 | If "N/A" is entered, the barcode value should be blank. |
| B. | USC Mother's Country of Birth | 28 | Alpha | 5 | 9 | |
| C. | USC Mother's Date of Birth | 10 | Date | 5 | 10 | Format: mm/dd/yyyy |
| 3. | Is your father a US citizen? | 1 | Y/N | 5 | 11 | |
| A. | USC father's family name | 30 | Alpha,Hyphen,Space | 5 | 12 | |
| | USC father's given name | 18 | Alpha,Hyphen,Space | 5 | 13 | |
| | USC father's middle name | 18 | Alpha, Space, Forward Slash | 5 | 14 | If "N/A" is entered, the barcode value should be blank. |
| B. | USC father's Country of Birth | 28 | Alpha | 5 | 15 | |
| C. | USC father's Date of Birth | 10 | Date | 5 | 16 | Format: mm/dd/yyyy |

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| Part 6. Information for Criminal Records Check | | | | | | |
|---|--|----|---|---|----|---|
| 1. | Gender | 1 | M/F | 5 | 17 | |
| 2. | Height in Feet | 2 | Numeric | 5 | 18 | |
| | Height in Inches | 2 | Numeric | 5 | 19 | |
| 3. | Ethnicity | 1 | Y/N | 5 | 20 | |
| 4. | Race | 1 | W A B I U | 5 | 21 | W, if White is selected A, if Asian or Native Hawaiian is selected B, if African American is selected I, if American Indian is selected U, if multiple check boxes or no check boxes are selected |
| 5. | Hair Color | 3 | BLK BRO BLN GRY WHI RED SDY BAL | 5 | 22 | BLK, if Black is selected BRO, if Brown is selected BLN, if Blonde is selected GRY, if Gray is selected WHI, if White is selected RED, if Red is selected SDY, if Sandy is selected BAL, if Bald (No Hair) is selected |
| Page 6 | | | | | | |
| | Form Type | 5 | Alphanumeric | 6 | 1 | Format: N-400 |
| | Form Revision | 8 | Date | 6 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| | Page Number | 2 | Numeric | 6 | 3 | Format: 6 |
| 6. | Eye Color | 3 | BLK BRO GRY BLU GRN HAZ MAR PNK XXX | 6 | 4 | BLK, if Black is selected BRO, if Brown is selected GRY, if Gray is selected BLU, if Blue is selected GRN, if Green is selected HAZ, if Hazel is selected MAR, if Maroon is selected PNK, if Pink is selected XXX, if Other is selected |
| Part 7. Information About Your Employment and Schools You Attended | | | | | | |
| 1. | Employer/School | | | | | |
| | Employer or School Name | 50 | Alphanumeric, Space | 6 | 5 | |
| | Employer or School Address Street Number and Street Name | 34 | Alphanumeric, Space, Forward Slash | 6 | 6 | |
| | Apt # | 6 | Alphanumeric | 6 | 7 | Format: APT 123456 or STE 123456 or FLR 123456 |
| | Employer or School Address City | 28 | Alpha | 6 | 8 | |
| | Employer or School Address State | 2 | Alpha | 6 | 9 | |
| | Zip Code | 5 | Numeric | 6 | 10 | |
| | Zip+4 | 4 | Numeric | 6 | 11 | |
| | Province | 20 | Alpha | 6 | 12 | |
| | Country | 30 | Alpha, Space | 6 | 13 | |
| | Postal Code | 9 | Alphanumeric | 6 | 14 | |
| | Dates From | 10 | Date | 6 | 15 | Format: mm/dd/yyyy |

N-400 Form and Barcode Requirements

| | | | | | | |
|---|--|----|------------------------------------|---|----|---|
| | Dates To | 10 | Date | 6 | 16 | Format: mm/dd/yyyy |
| | Your Occupation | 61 | Alphanumeric | 6 | 17 | This field has a drop down and also allows free text entry. For free text entry, the barcode will read Blank, otherwise it will read the codes for the drop down options. For Occupation Codes, see page 21 of this document. |
| 2. | Employer or School Name | 50 | Alphanumeric, Space | 6 | 18 | |
| | Employer or School Address Street Number and Street Name | 34 | Alphanumeric, Space, Forward Slash | 6 | 19 | |
| | Apt # | 6 | Alphanumeric | 6 | 20 | Format: APT 123456 or STE 123456 or FLR 123456 |
| | Employer or School Address City | 28 | Alpha | 6 | 21 | |
| | Employer or School Address State | 2 | Alpha | 6 | 22 | |
| | Zip Code | 5 | Numeric | 6 | 23 | |
| | Zip+4 | 4 | Numeric | 6 | 24 | |
| | Province | 20 | Alpha | 6 | 25 | |
| | Country | 30 | Alpha, Space | 6 | 26 | |
| | Postal Code | 9 | Alphanumeric | 6 | 27 | |
| | Dates From | 10 | Date | 6 | 28 | Format: mm/dd/yyyy |
| | Dates To | 10 | Date | 6 | 29 | Format: mm/dd/yyyy |
| | Your Occupation | 61 | Alphanumeric | 6 | 30 | This field has a drop down and also allows free text entry. For free text entry, the barcode will read Blank, otherwise it will read the codes for the drop down options. For Occupation Codes, see page 21 of this document. |
| Page 7 | | | | | | |
| | Form Type | 5 | Alphanumeric | 7 | 1 | Format: N-400 |
| | Form Revision | 8 | Date | 7 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| | Page Number | 2 | Numeric | 7 | 3 | Format: 7 |
| 3. | Employer or School Name | 50 | Alphanumeric, Space | 7 | 4 | |
| | Employer or School Address Street Number and Street Name | 34 | Alphanumeric, Space, Forward Slash | 7 | 5 | |
| | Apt # | 6 | Alphanumeric | 7 | 6 | Format: APT 123456 or STE 123456 or FLR 123456 |
| | Employer or School Address City | 28 | Alpha | 7 | 7 | |
| | Employer or School Address State | 2 | Alpha | 7 | 8 | |
| | Zip Code | 5 | Numeric | 7 | 9 | |
| | Zip+4 | 4 | Numeric | 7 | 10 | |
| | Province | 20 | Alpha | 7 | 11 | |
| | Country | 30 | Alpha, Space | 7 | 12 | |
| | Postal Code | 9 | Alphanumeric | 7 | 13 | |
| | Dates From | 10 | Date | 7 | 14 | Format: mm/dd/yyyy |
| | Dates To | 10 | Date | 7 | 15 | Format: mm/dd/yyyy |
| | Your Occupation | 61 | Alphanumeric | 7 | 16 | This field has a drop down and also allows free text entry. For free text entry, the barcode will read Blank, otherwise it will read the codes for the drop down options. For Occupation Codes, see page 21 of this document. |
| Part 8. Time Outside the United States | | | | | | |
| 1. | Total Days (24 hrs or Longer) spend outside US? | 5 | Numeric | 7 | 17 | |
| 2. | Number of Trips (24 hrs or longer) Outside US | 5 | Numeric | 7 | 18 | |

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| | | | | | | |
|---|--|----|----------------------------|---|----|---|
| 3. | Trips | | | | | |
| | Date you left the United States | 10 | Date | 7 | 19 | Format: mm/dd/yyyy |
| | Date you returned to the United States | 10 | Date | 7 | 20 | Format: mm/dd/yyyy |
| | Did trip last six months or more? | 1 | Y/N | 7 | 21 | |
| | Countries to Which You Traveled | 32 | Alpha,Hyphen, Space | 7 | 22 | |
| | Total days Out of the United States | 5 | Numeric | 7 | 23 | |
| | Date you left the United States | 10 | Date | 7 | 24 | Format: mm/dd/yyyy |
| | Date you returned to the United States | 10 | Date | 7 | 25 | Format: mm/dd/yyyy |
| | Did trip last six months or more? | 1 | Y/N | 7 | 26 | |
| | Countries to Which You Traveled | 32 | Alpha,Hyphen, Space | 7 | 27 | |
| | Total days Out of the United States | 5 | Numeric | 7 | 28 | |
| | Date you left the United States | 10 | Date | 7 | 29 | Format: mm/dd/yyyy |
| | Date you returned to the United States | 10 | Date | 7 | 30 | Format: mm/dd/yyyy |
| | Did trip last six months or more? | 1 | Y/N | 7 | 31 | |
| | Countries to Which You Traveled | 32 | Alpha,Hyphen, Space | 7 | 32 | |
| | Total days Out of the United States | 5 | Numeric | 7 | 33 | |
| | Date you left the United States | 10 | Date | 7 | 34 | Format: mm/dd/yyyy |
| | Date you returned to the United States | 10 | Date | 7 | 35 | Format: mm/dd/yyyy |
| | Did trip last six months or more? | 1 | Y/N | 7 | 36 | |
| | Countries to Which You Traveled | 32 | Alpha,Hyphen, Space | 7 | 37 | |
| | Total days Out of the United States | 5 | Numeric | 7 | 38 | |
| | Date you left the United States | 10 | Date | 7 | 39 | Format: mm/dd/yyyy |
| | Date you returned to the United States | 10 | Date | 7 | 40 | Format: mm/dd/yyyy |
| | Did trip last six months or more? | 1 | Y/N | 7 | 41 | |
| | Countries to Which You Traveled | 32 | Alpha,Hyphen, Space | 7 | 42 | |
| | Total days Out of the United States | 5 | Numeric | 7 | 43 | |
| | Date you left the United States | 10 | Date | 7 | 44 | Format: mm/dd/yyyy |
| | Date you returned to the United States | 10 | Date | 7 | 45 | Format: mm/dd/yyyy |
| | Did trip last six months or more? | 1 | Y/N | 7 | 46 | |
| | Countries to Which You Traveled | 32 | Alpha,Hyphen, Space | 7 | 47 | |
| | Total days Out of the United States | 5 | Numeric | 7 | 48 | |
| Page 8 | | | | | | |
| Part 9. Information About Your Marital History | | | | | | |
| | Form Type | 5 | Alphanumeric | 8 | 1 | Format: N-400 |
| | Form Revision | 8 | Date | 8 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| | Page Number | 2 | Numeric | 8 | 3 | Format: 8 |
| 1. | What is your current marital status? | 1 | 1 2 7 3 4 5 | 8 | 4 | 1, if Single, never Married is selected 2, if Married is selected 7, if Separated is selected 3, if Divorced is selected 4, if Widowed is selected 5, if Marriage annulled is selected |
| 2. | If you're married, is your spouse a current member of the US Armed forces? | 1 | Y/N | 8 | 5 | |
| 3. | How many times you have been married? | 5 | Numeric | 8 | 6 | |
| 4. | Current Spouse | | | | | |
| A. | Spouse's Family Name (Last Name) | 30 | Alpha,Hyphen,Space | 8 | 7 | |

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| | | | | | | |
|--------------------------------------|---|----|------------------------------------|---|----|---|
| | Given Name (First Name) | 18 | Alpha,Hyphen,Space | 8 | 8 | |
| | Full Middle Name | 18 | Alpha, Space, Forward Slash | 8 | 9 | If "N/A" is entered, the barcode value should be blank. |
| B. | Previous Legal Name of Current Spouse | | | | | |
| | Spouse's Family Name (Last Name) | 30 | Alpha,Hyphen,Space | 8 | 10 | |
| | Given Name (First Name) | 18 | Alpha,Hyphen,Space | 8 | 11 | |
| | Full Middle Name | 18 | Alpha, Space, Forward Slash | 8 | 12 | If "N/A" is entered, the barcode value should be blank. |
| C. | Other names used | | | | | |
| | Spouse's Family Name (Last Name) | 30 | Alpha,Hyphen,Space | 8 | 13 | |
| | Given Name (First Name) | 18 | Alpha,Hyphen,Space | 8 | 14 | |
| | Full Middle Name | 18 | Alpha, Space, Forward Slash | 8 | 15 | If "N/A" is entered, the barcode value should be blank. |
| D. | Date of Birth | 10 | Date | 8 | 16 | Format: mm/dd/yyyy |
| E. | Date of Marriage | 10 | Date | 8 | 17 | Format: mm/dd/yyyy |
| F. | Home Address - Street Number and Street Name | 34 | Alphanumeric, Space, Forward Slash | 8 | 18 | |
| | Apartment Number | 6 | Alphanumeric | 8 | 19 | Format: APT 123456 or STE 123456 or FLR 123456 |
| | City | 28 | Alpha | 8 | 20 | |
| | County | 25 | Alpha | 8 | 21 | |
| | State | 2 | Alpha | 8 | 22 | |
| | Zip Code | 5 | Numeric | 8 | 23 | |
| | Zip+4 | 4 | Numeric | 8 | 24 | |
| | Province | 20 | Alpha | 8 | 25 | |
| | Country | 28 | Alpha, Space | 8 | 26 | |
| | Postal Code | 9 | Alphanumeric | 8 | 27 | |
| G. | Current Spouse's Present Employer | 50 | Alphanumeric, Space | 8 | 28 | |
| 5. | Is your spouse a U. S. citizen? | 1 | Y/N | 8 | 29 | |
| Page 9 | | | | | | |
| | Form Type | 5 | Alphanumeric | 9 | 1 | Format: N-400 |
| | Form Revision | 8 | Date | 9 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| | Page Number | 2 | Numeric | 9 | 3 | Format: 9 |
| 6.A. | When did your spouse become a U.S. citizen? | 1 | B O | 9 | 4 | B, if At Birth is selected O, if Other is selected |
| B. | Date your spouse became a U.S. Citizen | 10 | Date | 9 | 5 | Format: mm/dd/yyyy |
| 7.A. | Spouse Country of Citizenship or Nationality | 28 | Alpha, Space | 9 | 6 | |
| B. | Spouse's USCIS A Number | 9 | Numeric | 9 | 7 | Format: 999999999. The leading 'A' is omitted from the barcode value |
| C. | Spouse Immigration Status | 3 | Alphanumeric | 9 | 8 | W36, if Permanent Resident is selected OTH, if Other is selected |
| | Spouse Immigration Status if Other, Explain | 50 | Alphanumeric, Space | 9 | 9 | |
| Current Spouse's Prior Spouse | | | | | | |
| 8. | How many times your current spouse been married (including annulled marriages) | 5 | Numeric | 9 | 10 | |
| A. | Family Name (Last Name) | 30 | Alpha,Hyphen,Space | 9 | 11 | |
| | Given Name (First Name) | 18 | Alpha,Hyphen,Space | 9 | 12 | |

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| | | | | | | |
|---|---|----|-----------------------------|----|----|--|
| | Full Middle Name | 18 | Alpha, Space, Forward Slash | 9 | 13 | If "N/A" is entered, the barcode value should be blank. |
| B. | Prior Spouse Immigration Status | 3 | Alphanumeric | 9 | 14 | USC, if U.S. Citizen is selected W36, if Permanent Resident is selected OTH, if Other is selected |
| | Prior Spouse Immigration Status if Other, Explain | 50 | Alphanumeric, Space | 9 | 15 | |
| C. | Prior Spouse's Date of Birth | 10 | Date | 9 | 16 | Format: mm/dd/yyyy |
| D. | Prior Spouse's Country of Birth | 41 | Alpha, Space | 9 | 17 | |
| E. | Prior Spouse's Country of Citizenship / Nationality | 41 | Alpha, Space | 9 | 18 | |
| F. | Date of Marriage | 10 | Date | 9 | 19 | Format: mm/dd/yyyy |
| G. | Date Marriage Ended | 10 | Date | 9 | 20 | Format: mm/dd/yyyy |
| H. | How Marriage Ended | 1 | A D S O | 9 | 21 | A, if Annulled is selected D, if Divorced is selected S, if Spouse Deceased is selected O, if Other is selected |
| | How Marriage Ended If Other, Explain | 29 | Alphanumeric, Space | 9 | 22 | |
| Page 10 | | | | | | |
| | Form Type | 5 | Alphanumeric | 10 | 1 | Format: N-400 |
| | Form Revision | 8 | Date | 10 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| | Page Number | 2 | Numeric | 10 | 3 | Format: 10 |
| Applicant's Marital History | | | | | | |
| 9.A. | Family Name (Last Name) | 30 | Alpha,Hyphen,Space | 10 | 4 | |
| | Given Name (First Name) | 18 | Alpha,Hyphen,Space | 10 | 5 | |
| | Full Middle Name | 18 | Alpha, Space, Forward Slash | 10 | 6 | If "N/A" is entered, the barcode value should be blank. |
| B. | Prior Spouse Immigration Status | 3 | Alphanumeric | 10 | 7 | USC, if U.S. Citizen is selected W36, if Permanent Resident is selected OTH, if Other is selected |
| | Prior Spouse Immigration Status if Other, Explain | 50 | Alphanumeric, Space | 10 | 8 | |
| C. | Prior Spouse's Date of Birth | 10 | Date | 10 | 9 | Format: mm/dd/yyyy |
| D. | Prior Spouse's Country of Birth | 41 | Alpha, Space | 10 | 10 | |
| E. | Prior Spouse's Country of Citizenship / Nationality | 41 | Alpha, Space | 10 | 11 | |
| F. | Date of Marriage | 10 | Date | 10 | 12 | Format: mm/dd/yyyy |
| G. | Date Marriage Ended | 10 | Date | 10 | 13 | Format: mm/dd/yyyy |
| H. | How Marriage Ended | 1 | A D S O | 10 | 14 | A, if Annulled is selected D, if Divorced is selected S, if Spouse Deceased is selected O, if Other is selected |
| | How Marriage Ended If Other, Explain | 29 | Alphanumeric, Space | 10 | 15 | |
| Part 10. Information About Your Children | | | | | | |
| 1. | How many sons and daughters have you had? | 5 | Numeric | 10 | 16 | |
| 2. | Children | | | | | |
| A.1. | Last Name of Son or Daughter | 30 | Alpha,Hyphen,Space | 10 | 17 | |
| | First Name of Son or Daughter | 18 | Alpha,Hyphen,Space | 10 | 18 | |

N-400 Form and Barcode Requirements

| | | | | | | |
|----------------|---|----|------------------------------------|----|----|---|
| | Middle Name of Son or Daughter | 18 | Alpha, Space, Forward Slash | 10 | 19 | If "N/A" is entered, the barcode value should be blank. |
| A.2. | USCIS A Number (if child has) | 9 | Numeric | 10 | 20 | Format: 999999999. The leading 'A' is omitted from the barcode value |
| A.3. | Date of Birth | 10 | Date | 10 | 21 | Format: mm/dd/yyyy |
| A.4. | Country of Birth | 54 | Alpha, Space | 10 | 22 | |
| Page 11 | | | | | | |
| | Form Type | 5 | Alphanumeric | 11 | 1 | Format: N-400 |
| | Form Revision | 8 | Date | 11 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| | Page Number | 2 | Numeric | 11 | 3 | Format: 11 |
| A.5. | Street Number and Street Name | 34 | Alphanumeric, Space, Forward Slash | 11 | 4 | |
| | Apt. # | 6 | Alphanumeric | 11 | 5 | |
| | City | 28 | Alpha | 11 | 6 | |
| | County | 25 | Alpha | 11 | 7 | |
| | State | 2 | Alpha | 11 | 8 | |
| | Zip Code | 5 | Numeric | 11 | 9 | |
| | Zip+4 | 4 | Numeric | 11 | 10 | |
| | Province | 20 | Alpha | 11 | 11 | |
| | Country | 29 | Alpha, Space | 11 | 12 | |
| | Postal Code | 9 | Alphanumeric | 11 | 13 | |
| A.6. | What is your child's relationship to you? : | 29 | Alphanumeric, Space | 11 | 14 | |
| B.1. | Last Name of Son or Daughter | 30 | Alpha,Hyphen,Space | 11 | 15 | |
| | First Name of Son or Daughter | 18 | Alpha,Hyphen,Space | 11 | 16 | |
| | Middle Name of Son or Daughter | 18 | Alpha, Space, Forward Slash | 11 | 17 | If "N/A" is entered, the barcode value should be blank. |
| B.2. | USCIS A Number (if child has) | 10 | Numeric | 11 | 18 | Format: 999999999. The leading 'A' is omitted from the barcode value |
| B.3. | Date of Birth | 10 | Date | 11 | 19 | Format: mm/dd/yyyy |
| B.4. | Country of Birth | 54 | Alpha, Space | 11 | 20 | |
| B.5. | Street Number and Street Name | 34 | Alphanumeric, Space, Forward Slash | 11 | 21 | |
| | Apt. # | 6 | Alphanumeric | 11 | 22 | |
| | City | 28 | Alpha | 11 | 23 | |
| | County | 25 | Alpha | 11 | 24 | |
| | State | 2 | Alpha | 11 | 25 | |
| | Zip Code | 5 | Numeric | 11 | 26 | |
| | Zip+4 | 4 | Numeric | 11 | 27 | |
| | Province | 20 | Alpha | 11 | 28 | |
| | Country | 29 | Alpha, Space | 11 | 29 | |
| | Postal Code | 9 | Alphanumeric | 11 | 30 | |
| B.6. | What is your child's relationship to you? : | 29 | Alphanumeric, Space | 11 | 31 | |
| Page 12 | | | | | | |
| | Form Type | 5 | Alphanumeric | 12 | 1 | Format: N-400 |
| | Form Revision | 8 | Date | 12 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| | Page Number | 2 | Numeric | 12 | 3 | Format: 12 |

N-400 Form and Barcode Requirements

| | | | | | | |
|---|---|----|------------------------------------|----|----|---|
| C.1. | Last Name of Son or Daughter | 30 | Alpha,Hyphen,Space | 12 | 4 | |
| | First Name of Son or Daughter | 18 | Alpha,Hyphen,Space | 12 | 5 | |
| | Middle Name of Son or Daughter | 18 | Alpha, Space, Forward Slash | 12 | 6 | If "N/A" is entered, the barcode value should be blank. |
| C.2. | USCIS A Number (if child has) | 10 | Numeric | 12 | 7 | Format: 999999999. The leading 'A' is omitted from the barcode value |
| C.3. | Date of Birth | 10 | Date | 12 | 8 | Format: mm/dd/yyyy |
| C.4. | Country of Birth | 54 | Alpha, Space | 12 | 9 | |
| C.5. | Street Number and Street Name | 34 | Alphanumeric, Space, Forward Slash | 12 | 10 | |
| | Apt. # | 6 | Alphanumeric | 12 | 11 | |
| | City | 28 | Alpha | 12 | 12 | |
| | County | 25 | Alpha | 12 | 13 | |
| | State | 2 | Alpha | 12 | 14 | |
| | Zip Code | 5 | Numeric | 12 | 15 | |
| | Zip+4 | 4 | Numeric | 12 | 16 | |
| | Province | 20 | Alpha | 12 | 17 | |
| | Country | 29 | Alpha, Space | 12 | 18 | |
| | Postal Code | 9 | Alphanumeric | 12 | 19 | |
| C.6. | What is your child's relationship to you? | 29 | Alphanumeric, Space | 12 | 20 | |
| D.1. | Last Name of Son or Daughter | 30 | Alpha,Hyphen,Space | 12 | 21 | |
| | First Name of Son or Daughter | 18 | Alpha,Hyphen,Space | 12 | 22 | |
| | Middle Name of Son or Daughter | 18 | Alpha, Space, Forward Slash | 12 | 23 | If "N/A" is entered, the barcode value should be blank. |
| D.2. | USCIS A Number (if child has) | 10 | Numeric | 12 | 24 | Format: 999999999. The leading 'A' is omitted from the barcode value |
| D.3. | Date of Birth | 10 | Date | 12 | 25 | Format: mm/dd/yyyy |
| D.4. | Country of Birth | 54 | Alpha, Space | 12 | 26 | |
| D.5. | Street Number and Street Name | 34 | Alphanumeric, Space, Forward Slash | 12 | 27 | |
| | Apt. # | 6 | Alphanumeric | 12 | 28 | |
| | City | 28 | Alpha | 12 | 29 | |
| | County | 25 | Alpha | 12 | 30 | |
| | State | 2 | Alpha | 12 | 31 | |
| | Zip Code | 5 | Numeric | 12 | 32 | |
| | Zip+4 | 4 | Numeric | 12 | 33 | |
| | Province | 20 | Alpha | 12 | 34 | |
| | Country | 29 | Alpha, Space | 12 | 35 | |
| | Postal Code | 9 | Alphanumeric | 12 | 36 | |
| D.6. | What is your child's relationship to you? : | 29 | Alphanumeric, Space | 12 | 37 | |
| Page 13 | | | | | | |
| Part 11. Additional Information | | | | | | |
| | Form Type | 5 | Alphanumeric | 13 | 1 | Format: N-400 |
| | Form Revision | 8 | Date | 13 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| | Page Number | 2 | Numeric | 13 | 3 | Format: 13 |
| Additional Questions / General Questions | | | | | | |

N-400 Form and Barcode Requirements

| | | | | | | |
|----------------|---|----|--------------|----|----|---|
| 1. | Have you ever been claimed to be a U.S. citizen (in writing or any other way) | 1 | Y/N | 13 | 4 | |
| 2. | Have you ever registered to vote in any Federal, state or local election in the United States? | 1 | Y/N | 13 | 5 | |
| 3. | Have you ever voted in any Federal, state or local election in the United States? | 1 | Y/N | 13 | 6 | |
| 4. | Do you now have, or did you ever have, a hereditary title or an order in any foreign country? | 1 | Y/N | 13 | 7 | |
| 5. | Have you ever been declared legally incompetent or been confined to a mental institution within the last five years? | 1 | Y/N | 13 | 8 | |
| 6. | Do you owe any federal, state or local taxes? | 1 | Y/N | 13 | 9 | |
| 7.A. | Have you ever failed to file a required Federal, state or local tax return, since you became a permanent resident? | 1 | Y/N | 13 | 10 | |
| B. | Have you ever failed to file a Federal, state or local tax return because you considered yourself to be a 'nonresident'? | 1 | Y/N | 13 | 11 | |
| 8. | Have you ever called yourself a 'nonresident' on a Federal, state or local tax return? | 1 | Y/N | 13 | 12 | |
| 9.A. | Have you ever been a member of or associated with any organization, association, fund foundation, party, club, society or similar group in the United States or in any other place? | 1 | Y/N | 13 | 13 | |
| B. | Additional Questions / Affiliations | | | | | |
| | Name of the Group | 50 | Alpha | 13 | 14 | |
| | Purpose of Group | 50 | Alpha | 13 | 15 | |
| | Dates of Membership From | 10 | Date | 13 | 16 | Format: mm/dd/yyyy |
| | Dates of Membership To | 10 | Date | 13 | 17 | Format: mm/dd/yyyy |
| | Name of the Group | 50 | Alpha | 13 | 18 | |
| | Purpose of Group | 50 | Alpha | 13 | 19 | |
| | Dates of Membership From | 10 | Date | 13 | 20 | Format: mm/dd/yyyy |
| | Dates of Membership To | 10 | Date | 13 | 21 | Format: mm/dd/yyyy |
| | Name of the Group | 50 | Alpha | 13 | 22 | |
| | Purpose of Group | 50 | Alpha | 13 | 23 | |
| | Dates of Membership From | 10 | Date | 13 | 24 | Format: mm/dd/yyyy |
| | Dates of Membership To | 10 | Date | 13 | 25 | Format: mm/dd/yyyy |
| | Name of the Group | 50 | Alpha | 13 | 26 | |
| | Purpose of Group | 50 | Alpha | 13 | 27 | |
| | Dates of Membership From | 10 | Date | 13 | 28 | Format: mm/dd/yyyy |
| | Dates of Membership To | 10 | Date | 13 | 29 | Format: mm/dd/yyyy |
| 10.A. | Have you ever been a member of or in any way associated (either directly or indirectly)- The Communist Party | 1 | Y/N | 13 | 30 | |
| B. | Have you ever been a member of or in any way associated (either directly or indirectly)- Any other Totalitarian Party? | 1 | Y/N | 13 | 31 | |
| C. | Have you ever been a member of or in any way associated (either directly or indirectly)- A Terrorist Party | 1 | Y/N | 13 | 32 | |
| Page 14 | | | | | | |
| | Form Type | 5 | Alphanumeric | 14 | 1 | Format: N-400 |
| | Form Revision | 8 | Date | 14 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| | Page Number | 2 | Numeric | 14 | 3 | Format: 14 |

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| | | | | | | |
|----------------|--|---|--------------|----|----|---|
| 11. | Have you ever advocated (either directly or indirectly) the overthrow of any government by force or violence? | 1 | Y/N | 14 | 4 | |
| 12. | Have you ever persecuted (either directly or indirectly) any person because of race, religion, national origin, membership in a particular social group, or political opinion? | 1 | Y/N | 14 | 5 | |
| 13.A. | Between March 23, 1933 and May 8, 1945, did you work for a associate in any way(either directly or indirectly) with - <i>Nazi Government of Germany</i> | 1 | Y/N | 14 | 6 | |
| B. | Between March 23, 1933 and May 8, 1945, did you work for a associate in any way(either directly or indirectly) with - <i>Any Govt. in any area with the help of Nazi</i> | 1 | Y/N | 14 | 7 | |
| C. | Between March 23, 1933 and May 8, 1945, did you work for a associate in any way(either directly or indirectly) with - <i>Any German, Nazi or S.S. military unit</i> | 1 | Y/N | 14 | 8 | |
| 14. | Involved in any way with any of the following: | | | | | |
| A. | genocide | 1 | Y/N | 14 | 9 | |
| B. | torture | 1 | Y/N | 14 | 10 | |
| C. | killing, or trying to kill, someone | 1 | Y/N | 14 | 11 | |
| D. | badly hurting, or trying to hurt, a person on purpose | 1 | Y/N | 14 | 12 | |
| E. | forcing, or trying to force, someone to have any kind of sexual relations | 1 | Y/N | 14 | 13 | |
| F. | not letting someone practice his or her religion | 1 | Y/N | 14 | 14 | |
| 15. | Were you ever: | | | | | |
| A. | military unit | 1 | Y/N | 14 | 15 | |
| B. | paramilitary unit | 1 | Y/N | 14 | 16 | |
| C. | police unit | 1 | Y/N | 14 | 17 | |
| D. | self-defense unit | 1 | Y/N | 14 | 18 | |
| E. | vigilante unit | 1 | Y/N | 14 | 19 | |
| F. | rebel group | 1 | Y/N | 14 | 20 | |
| G. | guerrilla group | 1 | Y/N | 14 | 21 | |
| H. | militia | 1 | Y/N | 14 | 22 | |
| I. | Insurgent organization | 1 | Y/N | 14 | 23 | |
| Page 15 | | | | | | |
| | Form Type | 5 | Alphanumeric | 15 | 1 | Format: N-400 |
| | Form Revision | 8 | Date | 15 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| | Page Number | 2 | Numeric | 15 | 3 | Format: 15 |
| 16. | A worker, volunteer, or soldier in any of the following: | | | | | |
| A. | prison | 1 | Y/N | 15 | 4 | |
| B. | prison camp | 1 | Y/N | 15 | 5 | |
| C. | detention facility | 1 | Y/N | 15 | 6 | |
| D. | labor camp | 1 | Y/N | 15 | 7 | |
| E. | any other place where people were forced to stay | 1 | Y/N | 15 | 8 | |
| 17. | Were you ever a part of any group, or helped any group, that used a weapon against another person? | 1 | Y/N | 15 | 9 | |
| A. | (i) if you checked "yes" when you were part of this group, or when you helped this group, did you ever use a weapon against another person. | 1 | Y/N | 15 | 10 | |

N-400 Form and Barcode Requirements

| | | | | | | |
|--|---|----|--------------|----|----|---|
| B. | (ii) when you were part of this group, or when you helped this group, did you ever tell someone that you would use a weapon against them? | 1 | Y/N | 15 | 11 | |
| 18. | Did you ever sell or help another person sell or give weapons to any person? | 1 | Y/N | 15 | 12 | |
| A. | (i) did you know that this person was going to use the weapon against another person? | 1 | Y/N | 15 | 13 | |
| B. | (ii) did you know that this person was going to sell or give the weapons to someone who was going to use them against another person? | 1 | Y/N | 15 | 14 | |
| 19. | Did you ever receive any type of military, paramilitary, or weapons training | 1 | Y/N | 15 | 15 | |
| 20. | Did you ever recruit (ask), enlist (sign up), conscript (require), or use any person under the age of 15? | 1 | Y/N | 15 | 16 | |
| 21. | Did you ever use any person under the age of 15 to do anything that helped or supported people in combat? | 1 | Y/N | 15 | 17 | |
| Additional Questions / Good Moral Character | | | | | | |
| 22. | Have you ever committed a crime or offense for which you were not arrested? | 1 | Y/N | 15 | 18 | |
| 23. | Have you ever been arrested, cited or detained by any law enforcement officer for any reason? | 1 | Y/N | 15 | 19 | |
| 24. | Have you ever been charged with committing any crime or offense? | 1 | Y/N | 15 | 20 | |
| 25. | Have you ever been convicted of a crime or offense? | 1 | Y/N | 15 | 21 | |
| 26. | Have you ever been placed in an alternative sentencing or rehabilitative program? | 1 | Y/N | 15 | 22 | |
| Page 16 | | | | | | |
| | Form Type | 5 | Alphanumeric | 16 | 1 | Format: N-400 |
| | Form Revision | 8 | Date | 16 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| | Page Number | 2 | Numeric | 16 | 3 | Format: 16 |
| 27. A. | Have you ever received a suspended sentence, been placed on probation, or been paroled? | 1 | Y/N | 16 | 4 | |
| B. | If yes, have you completed the probation or parole? | 1 | Y/N | 16 | 5 | |
| 28.A | Have you ever been in jail or prison? | 1 | Y/N | 16 | 6 | |
| B. | If yes, how long were you in jail or prison? Years | 5 | Numeric | 16 | 7 | |
| | If yes, how long were you in jail or prison? Months | 5 | Numeric | 16 | 8 | |
| | If yes, how long were you in jail or prison? Days | 5 | Numeric | 16 | 9 | |
| 29. | Arrests | | | | | |
| | Why you were arrested, cited detained or charged? | 42 | Alpha | 16 | 10 | |
| | Date arrested, cited, detained or charged | 10 | Date | 16 | 11 | Format: mm/dd/yyyy |
| | Where you were arrested-City | 48 | Alpha | 16 | 12 | |
| | Outcome or disposition of the arrest | 46 | Alpha | 16 | 13 | |
| | Why you were arrested, cited detained or charged? | 42 | Alpha | 16 | 14 | |
| | Date arrested, cited, detained or charged | 10 | Date | 16 | 15 | Format: mm/dd/yyyy |
| | Where you were arrested-City | 48 | Alpha | 16 | 16 | |
| | Outcome or disposition of the arrest | 46 | Alpha | 16 | 17 | |
| | Why you were arrested, cited detained or charged? | 42 | Alpha | 16 | 18 | |

N-400 Form and Barcode Requirements

| | | | | | | |
|----------------|--|----|--------------|----|----|---|
| | Date arrested, cited, detained or charged | 10 | Date | 16 | 19 | Format: mm/dd/yyyy |
| | Where you were arrested-City | 48 | Alpha | 16 | 20 | |
| | Outcome or disposition of the arrest | 46 | Alpha | 16 | 21 | |
| | Why you were arrested, cited detained or charged? | 42 | Alpha | 16 | 22 | |
| | Date arrested, cited, detained or charged | 10 | Date | 16 | 23 | Format: mm/dd/yyyy |
| | Where you were arrested-City | 48 | Alpha | 16 | 24 | |
| | Outcome or disposition of the arrest | 46 | Alpha | 16 | 25 | |
| | Why you were arrested, cited detained or charged? | 42 | Alpha | 16 | 26 | |
| | Date arrested, cited, detained or charged | 10 | Date | 16 | 27 | Format: mm/dd/yyyy |
| | Where you were arrested-City | 48 | Alpha | 16 | 28 | |
| | Outcome or disposition of the arrest | 46 | Alpha | 16 | 29 | |
| 30.A. | Have You ever: Been a habitual drunkard? | 1 | Y/N | 16 | 30 | |
| B. | Have you ever: Been a prostitute, or procured anyone for prostitution? | 1 | Y/N | 16 | 31 | |
| C. | Have you ever: Sold or smuggled controlled substances, illegal drugs or narcotics? | 1 | Y/N | 16 | 32 | |
| D. | Have you ever: Been married to more than one person at the same time? | 1 | Y/N | 16 | 33 | |
| E. | Have you ever: married someone in order to obtain an immigrant benefit? | 1 | Y/N | 16 | 34 | |
| F. | Have you ever: Helped anyone enter or try to enter the Unites States illegally? | 1 | Y/N | 16 | 35 | |
| G. | Have you ever: Gambled illegally or received income from illegal gambling? | 1 | Y/N | 16 | 36 | |
| H. | Have you ever: Failed to support your dependents or to pay alimony? | 1 | Y/N | 16 | 37 | |
| I. | Made any misrepresentation to obtain any public benefit in the United States? | 1 | Y/N | 16 | 38 | |
| Page 17 | | | | | | |
| | Form Type | 5 | Alphanumeric | 17 | 1 | Format: N-400 |
| | Form Revision | 8 | Date | 17 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| | Page Number | 2 | Numeric | 17 | 3 | Format:17 |
| 31 | Have you ever given any U.S. Government official(s) any information or documentation that was false, fraudulent, or misleading? | 1 | Y/N | 17 | 4 | |
| 32 | Have you ever lied to any U.S. Government official to gain entry or admission into the United States or to gain immigration benefits while in the United States? | 1 | Y/N | 17 | 5 | |
| 33. | Have you ever been removed, excluded or deported from the United States? | 1 | Y/N | 17 | 6 | |
| 34. | Have you ever been ordered to be removed, excluded or deported from the United States? | 1 | Y/N | 17 | 7 | |
| 35. | Have you ever been placed in removal, exclusion or deportation? | 1 | Y/N | 17 | 8 | |
| 36. | Are removal, exclusion, rescission or deportation proceedings pending against you? | 1 | Y/N | 17 | 9 | |
| | Additional Questions / Military Service | | | | | |

N-400 Form and Barcode Requirements

| | | | | | | |
|--|--|----|--------------|----|----|---|
| 37. | Have you ever served in the U.S. Armed Forces? | 1 | Y/N | 17 | 10 | |
| 38. | Are you currently a member of the U.S. Armed Forces? | 1 | Y/N | 17 | 11 | |
| 39. | If you are currently a member of the U.S. Armed Forces, are you scheduled to deploy overseas, including on a vessel, within the next 3 months? | 1 | Y/N | 17 | 12 | |
| 40. | If you are currently a member of the U.S. Armed Forces, are you currently stationed overseas? | 1 | Y/N | 17 | 13 | |
| 41. | Have you ever been court-martialed, disciplined, or received other than an honorable discharge while in the US Armed Forces? | 1 | Y/N | 17 | 14 | |
| 42. | Have you ever been discharged from training or service in the US Armed forces because you were an alien? | 1 | Y/N | 17 | 15 | |
| 43. | Have you ever left the United States to avoid being drafted into the U.S. Armed Forces? | 1 | Y/N | 17 | 16 | |
| 44. | Have you ever applied for any kind of exemption from military service in the U.S. Armed Forces? | 1 | Y/N | 17 | 17 | |
| 45. | Have you ever deserted from the U.S. Armed Forces? | 1 | Y/N | 17 | 18 | |
| 46. Additional Questions / Selective Service Registration | | | | | | |
| A. | Are you a male who lived in the United States at any time between your 18th and 26th birthdays in any status except a Lawful nonimmigrant? | 1 | Y/N | 17 | 19 | |
| B. | If Registered- Date Registered | 10 | Date | 17 | 20 | Format: mm/dd/yyyy |
| | If Registered - Selective Service Number | 10 | Alphanumeric | 17 | 21 | |
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| | Form Type | 5 | Alphanumeric | 18 | 1 | Format: N-400 |
| | Form Revision | 8 | Date | 18 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| | Page Number | 2 | Numeric | 18 | 3 | Format: 18 |
| 47. | Do you support the Constitution and form of government of the United States | 1 | Y/N | 18 | 4 | |
| 48. | Do you understand the full oath of Allegiance to the United States? | 1 | Y/N | 18 | 5 | |
| 49. | Are you willing to take the full oath of Allegiance to the United States? | 1 | Y/N | 18 | 6 | |
| 50. | If the law requires it, are you willing to bear arms on behalf of the United States? | 1 | Y/N | 18 | 7 | |
| 51. | If the law requires it, are you willing to perform noncombatant services in the U.S. Armed Forces? | 1 | Y/N | 18 | 8 | |
| 52. | If the law requires it, are you willing to perform work of national importance under civilian direction? | 1 | Y/N | 18 | 9 | |
| 53. | At your naturalization ceremony, are you willing to give up any inherited title(s) or order(s) of nobility that you have in a foreign country? | 1 | Y/N | 18 | 10 | |
| Part 12. Your Signature | | | | | | |
| | Date | 10 | Date | 18 | 11 | Format: mm/dd/yyyy |
| Page 19 | | | | | | |
| Part 13. Signature and Contact Information of the Person Who Prepared This Form | | | | | | |

N-400 Form and Barcode Requirements

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|---|----|------------------------------------|----|----|---|
| Form Type | 5 | Alphanumeric | 19 | 1 | Format: N-400 |
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| Page Number | 2 | Numeric | 19 | 3 | Format: 19 |
| Preparer's Printed Name Family | 30 | Alpha,Hyphen,Space | 19 | 4 | |
| Preparer's Printed Name Given | 18 | Alpha,Hyphen,Space | 19 | 5 | |
| Preparer's Printed Name Middle | 18 | Alpha, Space, Forward Slash | 19 | 6 | If "N/A" is entered, the barcode value should be blank. |
| Date | 10 | Date | 19 | 7 | Format: mm/dd/yyyy |
| Preparer's Firm or Organization Name (if applicable) | 61 | Alpha,Hyphen,Space, Forward Slash | 19 | 8 | If "N/A" is entered, the barcode value should be blank. |
| Preparer's Daytime Phone Number | 10 | Numeric | 19 | 9 | Format: 9999999999 |
| Preparer's Address- Street Number and Name | 34 | Alphanumeric, Space, Forward Slash | 19 | 10 | |
| Preparer's Address- Apartment | 6 | Alphanumeric | 19 | 11 | APT 123456 or STE 123456 or FLR 123456 |
| Preparer's Address- City | 28 | Alpha | 19 | 12 | |
| Preparer's Address-County | 25 | Alpha | 19 | 13 | |
| Preparer's Address- State | 2 | Alpha | 19 | 14 | |
| Preparer's Address- Zip Code | 5 | Numeric | 19 | 15 | |
| Preparer's Address- Zip+4 | 4 | Numeric | 19 | 16 | |
| Preparer's Address- Province | 20 | Alpha | 19 | 17 | |
| Preparer's Address- Country | 30 | Alpha, Space | 19 | 18 | |
| Preparer's Address- Postal Code | 9 | Alphanumeric | 19 | 19 | |
| Preparer's Email Address | 62 | Alphanumeric, @, -, Period, Hyphen | 19 | 20 | |
| Preparer's Fax Number | 10 | Numeric | 19 | 21 | Format: 9999999999 |
| Part 14. Statement of Applicants Who Used an Interpreter | | | | | |
| Applicant Interpretation Statement Language | 49 | Alpha,Hyphen,Space | 19 | 22 | |
| Applicant Interpretation Statement Signature Date | 10 | Date | 19 | 23 | Format: mm/dd/yyyy |
| Page 20 | | | | | |
| Form Type | 5 | Alphanumeric | 20 | 1 | Format: N-400 |
| Form Revision | 8 | Date | 20 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| Page Number | 2 | Numeric | 20 | 3 | Format: 20 |
| Language Used | 49 | Alpha,Hyphen,Space | 20 | 4 | |
| Interpreter's Printed Name Last | 30 | Alpha,Hyphen,Space | 20 | 5 | |
| Interpreter's Printed Name First | 18 | Alpha,Hyphen,Space | 20 | 6 | |
| Interpreter's Printed Name Middle | 18 | Alpha, Space, Forward Slash | 20 | 7 | If "N/A" is entered, the barcode value should be blank. |
| Interpreter's Signature Date | 10 | Date | 20 | 8 | Format: mm/dd/yyyy |
| Interpreter's Telephone Number | 10 | Numeric | 20 | 9 | Format: 9999999999 |
| Page 21 | | | | | |
| Form Type | 5 | Alphanumeric | 21 | 1 | Format: N-400 |
| Form Revision | 8 | Date | 21 | 2 | Format: 09/13/13. Must be an exact match to the value printed on the Form N-400 footer. |
| Page Number | 2 | Numeric | 21 | 3 | Format: 21 |

N-400 Form and Barcode Requirements

| Occupation | Barcode Output |
|--|-----------------------|
| Drop-Down Values | |
| Architecture and Engineering | 049 |
| Arts, Design and Fashion | 130 |
| Audio/Video Technology | 047 |
| Building and Grounds Cleaning and Maintenance | 460 |
| Management and Administration | 010 |
| Computer, Mathematical and Information Technology | 050 |
| Construction and Extraction | 650 |
| Education, Training and Library | 097 |
| Entertainment and Sports | 140 |
| Farming, Fishing and Forestry | 560 |
| Business and Financial Operations | 014 |
| Food Preparation and Service | 430 |
| Government and Public Administration | 012 |
| Healthcare Practitioners | 101 |
| Healthcare Technicians and Support | 155 |
| Hospitality and Tourism | 480 |
| Human and Social Services | 075 |
| Law Enforcement, Public Safety and Security | 420 |
| Legal | 087 |
| Life, Physical and Social Science | 070 |
| Installation, Maintenance and Repair | 600 |
| Manufacturing and Production | 750 |
| Marketing, Sales, and Service | 200 |
| Media and Communication | 135 |
| Military | 990 |
| Office and & Administrative Support | 300 |
| Other | 999 |
| Personal Care and Service | 480 |
| Transportation, Material Moving, Distribution, and Logistics | 850 |