



# Request for Certification of Military or Naval Service

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form N-426  
OMB No. 1615-0053  
Expires 09/30/2021

USCIS requests certification of the service member's military service. Persons who are serving or have served under specified conditions in the U.S. Armed Forces are granted certain exemptions from the general requirements for naturalization. To establish eligibility, the law requires the executive department under which such person served to certify whether the service member served honorably, and whether the service member's separation from the service was under honorable conditions pursuant to Department of Defense (DoD) policy and guidelines. Recruiters are **not** authorized to certify this request.

**NOTE:** Requestors must complete **Parts 1. - 4.** Certifying officials must complete **Parts 5. - 8.** All applicants must submit a completed Form N-426; however, only applicants currently serving are required to obtain certification of Form N-426. Submit this request with Form N-400, Application for Naturalization. USCIS may reject your application if this request is not completely and properly filled out.

**NOTE:** **ONLY** military personnel (serving in pay grade O-6 or above) and equivalent civilian personnel (GS-15 or above) with proper authorization may certify this request.

### Part 1. Information About You

<p>1. Alien Registration Number (A-Number) (if any)</p> <p>▶ A- <input type="text"/></p>	<p>2. Military Service Number</p> <p><input type="text"/></p>																															
<p>3. Full Legal Name</p> <table border="0"> <tr> <td style="width: 33%;">Family Name (Last Name)</td> <td style="width: 33%;">Given Name (First Name)</td> <td style="width: 34%;">Middle Name</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			Family Name (Last Name)	Given Name (First Name)	Middle Name	<input type="text"/>	<input type="text"/>	<input type="text"/>																								
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<p>4. Other Names Used</p> <p>List all other names you have used, including your maiden name (if any). If you need extra space to complete this section, use the space provided in <b>Part 9. Additional Information.</b></p> <table border="0"> <tr> <td style="width: 33%;">Family Name (Last Name)</td> <td style="width: 33%;">Given Name (First Name)</td> <td style="width: 34%;">Middle Name</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			Family Name (Last Name)	Given Name (First Name)	Middle Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																					
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<p>5. U.S. Social Security Number (if any)</p> <p>▶ <input type="text"/></p>	<p>6. USCIS Online Account Number (if any)</p> <p>▶ <input type="text"/></p>	<p>7. Date of Birth (mm/dd/yyyy)</p> <p><input type="text"/></p>																														
<p>8. Place of Birth</p> <table border="0"> <tr> <td style="width: 50%;">City</td> <td style="width: 50%;">Country</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			City	Country	<input type="text"/>	<input type="text"/>																										
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<p>9. Country of Citizenship</p> <p><input type="text"/></p>		<p>10. Country of Nationality</p> <p><input type="text"/></p>																														
<p>11. Physical Address <span style="float: right;"><a href="#"><i>(USPS ZIP Code Lookup)</i></a></span></p> <table border="0"> <tr> <td style="width: 70%;">Street Number and Name</td> <td style="width: 5%;">Apt.</td> <td style="width: 5%;">Ste.</td> <td style="width: 5%;">Flr.</td> <td style="width: 15%;">Number</td> </tr> <tr> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> </tr> <tr> <td>City or Town</td> <td colspan="2">County</td> <td>State</td> <td>ZIP Code + 4</td> </tr> <tr> <td><input type="text"/></td> <td colspan="2"><input type="text"/></td> <td><input style="border: 1px solid black; background-color: #f0f0f0; text-align: center; font-size: small;" type="text"/>▼</td> <td><input type="text"/> - <input type="text"/></td> </tr> <tr> <td>Province or Region (foreign address only)</td> <td colspan="2">Country (foreign address only)</td> <td colspan="2">Postal Code (foreign address only)</td> </tr> <tr> <td><input type="text"/></td> <td colspan="2"><input type="text"/></td> <td colspan="2"><input type="text"/></td> </tr> </table>			Street Number and Name	Apt.	Ste.	Flr.	Number	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	City or Town	County		State	ZIP Code + 4	<input type="text"/>	<input type="text"/>		<input style="border: 1px solid black; background-color: #f0f0f0; text-align: center; font-size: small;" type="text"/> ▼	<input type="text"/> - <input type="text"/>	Province or Region (foreign address only)	Country (foreign address only)		Postal Code (foreign address only)		<input type="text"/>	<input type="text"/>		<input type="text"/>	
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<input type="text"/>	<input type="text"/>		<input type="text"/>																													

## Part 2. Enlistment Information

1. Where did you enlist?

Country  City  State

Province (if applicable)

2. Where did you reside when you enlisted?

Country  City  State

Province (if applicable)

3. Have you reenlisted?  Yes  No

4. Where did you reenlist?

Country  City  State

Province (if applicable)

5. Where did you reside when you reenlisted?

Country  City  State

Province (if applicable)

## 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**.

**NOTE:** If you have multiple periods of military service and are separated from service, you must provide your most current DD Form 214 or NGB Form 22.

Military Service	Branch of Service	Service Start Date (mm/dd/yyyy)	Service End Date (mm/dd/yyyy)	Type of Service (include <b>all</b> 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

**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 all of the information in my request and any document submitted with it 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 reject or deny your Form N-400 if you do not complete this Form N-426, or if you do not submit all required documents listed in the Instructions.

**Part 5. Character of Service (To be completed by certifying official)**

**NOTE:** For armed forces members currently serving, the certifying official **MUST** complete **AND** certify Form N-426 in **Parts 5. - 8.** Veterans who are no longer serving may leave **Parts 5. - 8.** blank, but **MUST** provide copies of their DD Form 214 or NGB Form 22 that include the character of service upon separation from service for all periods of service.

For this character of service section, the certifying official must indicate 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**). For any "No" responses, provide details in **Part 7. Remarks**.

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

**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,   ,  
Full Name Rank Title

certify that I am duly authorized under the laws, regulations and policies of the Department of Defense to certify the requestor's honorable service. I have personally reviewed the requestor's service record. The information provided herein is a reflection of my findings. I certify that the information given here concerning the service of the person named on this request is correct according to the records of the .

Branch of Service  Component  Rank

Title  Full Name

Work Telephone Number  Military Email Address

Official Signature (**NOTE:** An original ink signature or a copy of an original ink signature is acceptable. A digital signature is **not** acceptable.)  Date (mm/dd/yyyy)

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**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

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