

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

**N-644, Application for  
Posthumous Citizenship**

**For USCIS Only**

**Fee Stamp**

**Part 1. Information About the Applicant** *(To be completed by the applicant only)*

<p>1. Name (Last/First/Middle)</p> <p>_____</p> <p>2. Address (Street Name and Number)</p> <p>_____</p> <p>(Town/City, State/Country, Zip/Postal Code)</p> <p>_____</p> <p>3. If Abroad, City/Country of Nearest U.S. Embassy or Consulate</p> <p>_____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">4. Date of Birth</td> <td>5. A-Number, if applicable</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table> <p>6. Total Number of Authorization Affidavits Attached (See instructions)</p> <p>_____</p> <p>7. Telephone Number (Include Area/Country Code)</p> <p>(      )</p>	4. Date of Birth	5. A-Number, if applicable	_____	_____	<p>8. Your Relationship to Decedent at Time of His/Her Death (Check one)</p> <p><b>Next-of-Kin</b></p> <p>a. <input type="checkbox"/> Spouse</p> <p>b. <input type="checkbox"/> Parent</p> <p>c. <input type="checkbox"/> Son/Daughter</p> <p>d. <input type="checkbox"/> Brother/Sister</p> <p><b>Representative</b></p> <p>e. <input type="checkbox"/> Executor or Administrator of Decedent's Estate</p> <p>f. <input type="checkbox"/> Guardian, Conservator, or Committee of Decedent's Next-of-Kin</p> <p>g. <input type="checkbox"/> VA Recognized Service Organization (Name below) (Name of Service Organization)</p> <p>_____</p> <p>9. E-mail Address</p> <p>_____</p>
4. Date of Birth	5. A-Number, if applicable				
_____	_____				

**B. Information About the Decedent**

<p>1. Name Used During Active Service (Last/First/Middle)</p> <p>_____</p> <p>2. Other Names Used</p> <p>_____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">3. Date of Birth (mm/dd/yyyy)</td> <td>4. Place of Birth (City/State/Country)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>5. Date of Death (mm/dd/yyyy)</td> <td>6. Place of Death (City/State/Country)</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	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)	_____	_____	<p>7. Immigration Status at Time of Death (Permanent Resident, Student, Visitor, etc.)</p> <p>_____</p> <p>8. A-Number or Other USCIS File Number</p> <p>_____</p> <p>9. U.S. Social Security Number (If any)</p> <p>_____</p>
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)								
_____	_____								

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**B. Information About the Decedent** *(Continued)*

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10. Father's Full Name  Living  
 Deceased

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11. Mother's Maiden Name  Living  
 Deceased

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12. Marital Status at Time of Death  
 a. Married  c. Widowed  
 b. Divorced  d. Single

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13. Military Service Serial Number (If different from Social Security #)

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14. Date Entered Active Duty Service (mm/dd/yyyy)

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15. Place Entered Active Duty Service (City/State/Country)

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16. Date Released From Active Duty Service (mm/dd/yyyy)

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17. Branch of Service	18. Type of Discharge
19. Military Rank at Time of Discharge	20. Retired From Military? <input type="checkbox"/> Yes <input type="checkbox"/> No

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21. VA Claim Number (If any)

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22. Total Number of Children (If none, write "None")

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23. Complete the Following for Each Child

A.  Living  Deceased  
Name (Last/First/Middle) Date of Birth (mm/dd/yyyy)

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B.  Living  Deceased  
Name (Last/First/Middle) Date of Birth (mm/dd/yyyy)

---

C.  Living  Deceased  
Name (Last/First/Middle) Date of Birth (mm/dd/yyyy)

---

D.  Living  Deceased  
Name (Last/First/Middle) Date of Birth (mm/dd/yyyy)

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E.  Living  Deceased  
Name (Last/First/Middle) Date of Birth (mm/dd/yyyy)

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24. Total Number of Brothers and Sisters (If none, write "None")

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25. Complete the Following for Each Brother and Sister

A.  Living  Deceased  
Name (Last/First/Middle) Date of Birth (mm/dd/yyyy)

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B.  Living  Deceased  
Name (Last/First/Middle) Date of Birth (mm/dd/yyyy)

---

C.  Living  Deceased  
Name (Last/First/Middle) Date of Birth (mm/dd/yyyy)

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D.  Living  Deceased  
Name (Last/First/Middle) Date of Birth (mm/dd/yyyy)

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**B. Information About the Decedent** *(Continued)*

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**E.**  Living  Deceased

Name (Last/First/Middle) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

**F.**  Living  Deceased

Name (Last/First/Middle) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

**G.**  Living  Deceased

Name (Last/First/Middle) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

**Certificate 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 \_\_\_\_\_

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Address (Street Number and Name, City/Town, State/Province, Country, Zip-Postal Code)

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**Part II. To Be Completed by the Applicable Executive Department**

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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  
(If no is checked, please provide an explanation)

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 (mm/dd/yyyy)

\_\_\_\_\_  
**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

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
E-mail address

**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

**NOTE: Space below (Part IV) for use by U.S. Citizenship and Immigration Services Only**

**Part IV. To be Completed by U.S. 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 Block**

Cert. #	Date Mailed
A #	Reg. Mail #

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