

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

# Form N-470, Application to Preserve Residence for Naturalization Purposes

Print or type all your answers fully and accurately in black ink. Write "N/A" if an item is not applicable. Write "None" if the answer is none. Failure to answer all of the questions may delay your Form N-470.

## Part 1. Information About Your Eligibility (check only one)

My absence from the United States is on behalf of:

1.  The U.S. Government (*employed by, or are under contract with, the U.S. Government*).
2.  An American institution of research to perform scientific research.
3.  An American firm or corporation, or a subsidiary thereof, to engage in the development of foreign trade and commerce of the United States.
4.  An American firm or corporation to protect the property rights outside the United States of that American firm or corporation engaged in the development of foreign trade and commerce of the United States.
5.  A public international organization of which the United States is a member. (*Your employment must have started after your admission as a permanent resident*)
6.  A denomination or mission having a bona fide organization in the United States in which I perform ministerial or priestly functions or my sole capacity is of a clergyman or clergywoman, missionary, brother, nun or sister.

Your A-Number:  
A \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

For USCIS Use Only

Bar Code	Date Stamp
Remarks	
Action	

## Part 2. Information About You

1. **Current Legal Name** (*do not provide a nickname*)

Family Name (*last name*)  
  
 Given Name (*first name*)  
  
 Middle Name (*if applicable*)

2. **Your name exactly as it appears on your Permanent Resident Card**

Family Name (*last name*)  
  
 Given Name (*first name*)  
  
 Middle Name (*if applicable*)

3. <b>U.S. Social Security Number</b> ( <i>if any</i> ) <input style="width: 100%;" type="text"/>	4. <b>Date of Birth</b> ( <i>mm/dd/yyyy</i> ) <input style="width: 100%;" type="text"/>	5. <b>Country of Birth</b> <input style="width: 100%;" type="text"/>	6. <b>Country of Nationality</b> <input style="width: 100%;" type="text"/>
--	--	---	---

7. **Home Address**

Street Number and Name (*do not write a P.O. Box in this space unless it is your ONLY address.*) Apartment Number

City  County  State  ZIP Code

Province (*foreign address only*)  Country (*foreign address only*)  Postal Code (*foreign address only*)

**Part 2. Information About You (Continued)**

A \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**8. Mailing Address**

C/O (in care of name)

Street Number and Name

Apartment Number

City

State

ZIP Code

Province (foreign address only)

Country (foreign address only)

Postal Code (foreign address only)

**9. Daytime Phone Number**

**Work Phone Number (if any)**

**Evening Phone Number**

Mobile Phone Number (if any)

**10. E-Mail Address (if any)**

**11. Date you became a Permanent Resident (mm/dd/yyyy)**

**12. Have you resided in and been physically present in the United States for an uninterrupted period of at least 1 year since your admission as a permanent resident? (If you answer "No" you must provide an explanation on a separate sheet(s) of paper.)**

Yes  No

**13. Time Outside the United States (include trips to Canada, Mexico, and the Caribbean)**

List below all the trips of 24 hours or more that you have taken outside the United States since you became a permanent resident. Begin with your most recent trip. If you need more space, use an additional sheet(s) of paper.

Date You Left the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)	Did Trip Last 6 Months or More?	Countries You Traveled To	Total Days Outside the United States
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**14. Explain your employment position requiring your absence from the United States and the intended length of employment.**

  
  


**15. Have you ever filed an income tax return as a nonresident or otherwise claimed or received benefits as a nonresident alien under U.S. Federal, State or local income tax laws since you became a permanent resident?**

Yes  No

**Part 3. Information About Family Members Who Reside With You**

A \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. Do you have permanent resident family members who reside with you inside the United States?  Yes  No
2. Will those family members reside with you outside the United States?  Yes  No

If you answered "Yes," provide the information below for each permanent resident family member who will be residing with you outside the United States. **If you need more space, use an additional sheet(s) of paper.**

A.	Family Name ( <i>last name</i> ) _____	Given Name ( <i>first name</i> ) _____	Middle Name ( <i>if applicable</i> ) _____
	Date of Birth ( <i>mm/dd/yyyy</i> ) _____	Relationship to You _____	A-Number _____
B.	Family Name ( <i>last name</i> ) _____	Given Name ( <i>first name</i> ) _____	Middle Name ( <i>if applicable</i> ) _____
	Date of Birth ( <i>mm/dd/yyyy</i> ) _____	Relationship to You _____	A-Number _____
C.	Family Name ( <i>last name</i> ) _____	Given Name ( <i>first name</i> ) _____	Middle Name ( <i>if applicable</i> ) _____
	Date of Birth ( <i>mm/dd/yyyy</i> ) _____	Relationship to You _____	A-Number _____

**Instructions if you are completing your Form N-470 electronically: To list additional family members, click the "Add Family Members" button and then click the "Go to Continuation Page" button.**

**Part 4. Your Signature** (*USCIS will reject your Form N-470 if it is not signed.*)

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.

**Your Signature** \_\_\_\_\_ **Date** (*mm/dd/yyyy*) \_\_\_\_\_

**Part 5. Signature of Person Who Prepared This Form N-470 for You** (*if applicable*)

I declare **under the penalty of perjury** that I prepared this application at the request of the above person.

**Preparer's Printed Name** \_\_\_\_\_ **Preparer's Signature** \_\_\_\_\_ **Date** (*mm/dd/yyyy*) \_\_\_\_\_

**Preparer's Firm or Organization Name** (*if applicable*) \_\_\_\_\_ **Preparer's Daytime Phone Number**  
( ) \_\_\_\_\_

**Preparer's Address**

**Street Number and Name**  
\_\_\_\_\_

**City** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP Code** \_\_\_\_\_

**Province** (*foreign address only*) \_\_\_\_\_ **Country** (*foreign address only*) \_\_\_\_\_ **Postal Code** (*foreign address only*) \_\_\_\_\_

**Preparer's E-Mail Address** (*if any*) \_\_\_\_\_ **Preparer's Fax Number**  
( ) \_\_\_\_\_

**Continuation Page**

If you answered "Yes," provide the information below for each permanent resident family member who will be residing with you outside the United States. **If you need more space, use an additional sheet(s) of paper.**

<b>D.</b> Family Name ( <i>last name</i> )	Given Name ( <i>first name</i> )	Middle Name ( <i>if applicable</i> )
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth ( <i>mm/dd/yyyy</i> )	Relationship to You	A-Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>E.</b> Family Name ( <i>last name</i> )	Given Name ( <i>first name</i> )	Middle Name ( <i>if applicable</i> )
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth ( <i>mm/dd/yyyy</i> )	Relationship to You	A-Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>F.</b> Family Name ( <i>last name</i> )	Given Name ( <i>first name</i> )	Middle Name ( <i>if applicable</i> )
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth ( <i>mm/dd/yyyy</i> )	Relationship to You	A-Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>G.</b> Family Name ( <i>last name</i> )	Given Name ( <i>first name</i> )	Middle Name ( <i>if applicable</i> )
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth ( <i>mm/dd/yyyy</i> )	Relationship to You	A-Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>H.</b> Family Name ( <i>last name</i> )	Given Name ( <i>first name</i> )	Middle Name ( <i>if applicable</i> )
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth ( <i>mm/dd/yyyy</i> )	Relationship to You	A-Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>I.</b> Family Name ( <i>last name</i> )	Given Name ( <i>first name</i> )	Middle Name ( <i>if applicable</i> )
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth ( <i>mm/dd/yyyy</i> )	Relationship to You	A-Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>J.</b> Family Name ( <i>last name</i> )	Given Name ( <i>first name</i> )	Middle Name ( <i>if applicable</i> )
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth ( <i>mm/dd/yyyy</i> )	Relationship to You	A-Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>K.</b> Family Name ( <i>last name</i> )	Given Name ( <i>first name</i> )	Middle Name ( <i>if applicable</i> )
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth ( <i>mm/dd/yyyy</i> )	Relationship to You	A-Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>L.</b> Family Name ( <i>last name</i> )	Given Name ( <i>first name</i> )	Middle Name ( <i>if applicable</i> )
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth ( <i>mm/dd/yyyy</i> )	Relationship to You	A-Number
<input type="text"/>	<input type="text"/>	<input type="text"/>