

Free Citizenship Application Help Event.

Thursday October 25 2PM-7:30 PM

Borough Park Library

1265 43rd St. Brooklyn, NY 11219



To register call 718-437-4085 or apply in person at branch.

Last session at 7 PM.

Services available in English, Bengali, Chinese and Hindi

Assistance with fee waiver/reduced fee (if applicable) also provided

Participants will need to schedule pick up of completed application
after the October 25 event.

Program will be conducted by ONA Opportunity Center at COPO the Council of People's
Organization. 718-434-3266 <https://copo.org/>



Chinese Progressive Association



LIST OF DOCUMENTS TO BRING TO FILL OUT N400 CITIZENSHIP APPLICATION

- Your alien registration card**
- Your social security card**
- Your height and weight**
- Your residences for last 5 years-** addresses and dates resided at each address
- Your employment/school information for last 5 years** (for each school/employer)
 - employer/school name
 - address and dates worked or attended school
 - occupation
- Passport with travel information for last 5 years**
- Your marital history**
 - Your current marriage
 - spouse's name, date and place of birth, country of birth, country of citizenship, alien registration number (if applicable)
 - If your spouse is a US citizen: how became a citizen, date became a citizen
 - Name of your spouse's employer
 - If your spouse was married before: his/her former spouse's name, marriage date, birthdate, country of birth, how marriage ended, date marriage ended, immigration status
 - Your previous marriage(s)
 - previous spouse's name, birthdate, country of birth, immigration status
 - how marriage ended, date marriage ended
- Your children's information:**
 - Name, date and place of birth
 - present address
 - alien registration number (if applicable)
- Certificate of disposition/disposition letter for every arrest and charge**
- if requesting fee waiver or reduced fee** - income documentation
- If requesting exception from taking English & civics test due to physical or developmental disability or mental impairment** -- 648 form

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