

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

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

For USCIS Only

Fee Stamp

Part I. Information About the Applicant and Decedent (To be completed by the applicant only)

A. Information About the Applicant

1. Name (Last/First/Middle)

2. Address (Street Name and Number)

(Town/City, State/Country, Zip/Postal Code)

3. If Abroad, City/Country of Nearest U.S. Embassy or Consulate

4. Date of Birth	5. A-Number, if applicable
_____	_____

6. Total Number of Authorization Affidavits Attached (See instructions)

7. Telephone Number (Include Area/Country Code)
() _____

8. Your Relationship to Decedent at Time of His/Her Death (Check one)

Next-of-Kin

A. Spouse

B. Parent

C. Son/Daughter

D. Brother/Sister

Representative

E. Executor or Administrator of Decedent's Estate

F. Guardian, Conservator, or Committee of Decedent's Next-of-Kin

G. VA Recognized Service Organization (Name below)
(Name of Service Organization)

9. E-mail Address

B. Information About the Decedent

1. Name Used During Active Service (Last/First/Middle)

2. Other Names Used

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)
_____	_____

7. Immigration Status at Time of Death (Permanent Resident, Student, Visitor, etc.)

8. A-Number or Other USCIS File Number

9. U.S. Social Security Number (If any)

B. Information About the Decedent (Continued)

10. Father's Full Name Living Deceased

11. Mother's Maiden Name Living Deceased

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

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

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

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

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

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
_____	_____

21. VA Claim Number (If any)

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

23. Complete the Following for Each Child

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

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)

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

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

25. Complete the Following for Each Brother and Sister

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

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)

B. Information About the Decedent (Continued)

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 (mm/dd/yyyy)

Name (Print or Type)

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

Part II. To Be Completed by the Department of Defense Official for Appropriate Branch of Military Service

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 (mm/dd/yyyy)

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).

(Department of Defense Military Branch)

Signature

Date (mm/dd/yyyy)

Title

Phone Number

E-mail Address

Part III. To Be Completed by the Department of Defense Official for Appropriate Branch of Military Service

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 (mm/dd/yyyy) _____

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 (mm/dd/yyyy) _____

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

A #	Reg. Mail #	Initial Receipt	Resubmitted	Relocated		Completed		
				Rec'd	Sent	App'd	Denied	Ret'd