



LOSS OF CITIZENSHIP QUESTIONNAIRE

1) Name, Current Address, telephone number and email:

Last, First Middle:

Address:

Home Phone: _____

Mobile Phone: _____

Email: _____

_____ @ _____

2) Date and place of birth:

Date:

Place:

____ - ____ - ____
Month - Day - Year

(City/town, State and Country)

3) Country of Permanent Residence:

4) List all periods of residence in the United States (Months/Years)

____ / ____ to ____ / ____

____ / ____ to ____ / ____

____ / ____ to ____ / ____

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____ / ____ to ____ / ____

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____ / ____ to ____ / ____

____ / ____ to ____ / ____

____ / ____ to ____ / ____

5) Your last address in the United States:

6) List all previous names used since birth:

Last, First Middle: (If required please add an additional page)

7) Current U.S. passport number, where issued and date of issue;

Passport #

Date of Issue:

Place of Issue:

____ - ____ - ____
Month - Day - Year

8) How did you obtain your U.S. Citizenship?

9) How did you obtain your Foreign Citizenship?
