

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.)**

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 American Embassy or Consulate

\_\_\_\_\_

4. Telephone Number (Include Area/Country Code)

( )

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

\_\_\_\_\_

\_\_\_\_\_

6. 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)

**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. Alien Registration Number or Other USCIS File Number

\_\_\_\_\_

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

\_\_\_\_\_

10. Father's Full Name

- a.  Living
- b.  Deceased

11. Mother's Maiden Name

- a.  Living
- b.  Deceased

12. Marital Status at Time of Death

- a.  Married
- b.  Widowed
- c.  Divorced
- d.  Single

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

14. Date of 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)

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

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

25. Complete the following for each Brother and Sister.

Name (Last/First/Middle)	Date of Birth (mm/dd/yyyy)	
		a. <input type="checkbox"/> Living
		b. <input type="checkbox"/> Deceased
		a. <input type="checkbox"/> Living
		b. <input type="checkbox"/> Deceased
		a. <input type="checkbox"/> Living
		b. <input type="checkbox"/> Deceased

21. VA Claim Number (If any.)

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

23. Complete the following for each Child.

Name (Last/First/Middle)	Date of Birth (mm/dd/yyyy)	
		a. <input type="checkbox"/> Living
		b. <input type="checkbox"/> Deceased
		a. <input type="checkbox"/> Living
		b. <input type="checkbox"/> Deceased
		a. <input type="checkbox"/> Living
		b. <input type="checkbox"/> Deceased

### 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) \_\_\_\_\_

## Part II. To be completed by the applicable Executive Department.

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  
by  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.**

Signature

Date

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)

\_\_\_\_\_  
Title

**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