

UNITED STATES OF AMERICA REPUBLIC NATIONAL HEADQUARTERS 6722 S Hermitage Ave PROVINCE OF ILLINOIS [60636] PHONE: 773-359-3192

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"To Uplift Fallen Humanity"



APPLICATION FOR REPATRIATION AND CITIZENSHIP

- * ATTENTION*
- 1. NATIONALIZATION PROCESSING FEE (Nationality is Free)
- 2. MUST TAKE BOTH, Nationalism and citizenship Course (donation requested)

(required to be completed within three (3) months and prior to participation in any Nationalization Ceremony)

Please include Certified Birth Certificate, color copy (front & back) Social Security Card, Driver's License.

Two Passport Photos, and a copy of any existing name change (court order or county recorder filing)

All names used are to be printed as "AKA" on your In-Take Form "PLEASE PRINT"

Appellation/Name:	FIRST NAME	MIDDLE NAME	LAST NAME.	TITLE
NAME AT DELIVERY:				
	FIRST NAME	MIDDLE NAME	LAST NAME	
CURRENT NAME USED:	(Donowyouls to subst	antista shanga MUST b	e included) i.e. Court Order,	oto
MAIDEN NAME: (if any)				
DOMICILE:				
			CITY / STATE / ZIP	
MAILING LOCATION:	:			
			CITY / STATE / ZIP	
ΓELEPHONE:				
	Home	Business	Mobile	
APPLICANT'S AUTOGRAF	PH/SIGNATURE		DATE	
Email:				
(**Please use black sha	ırpie when completin	g Autograph, Signa	ture & Right Thumbprin	nt **) Right Thumbprint
		VITAL DATA		
1. Race:	Nation	ality:		
2. Social Security No.: Fro	ont:	Back:		
		State:	Exp. Date:	
3. Driver's License No.:_				
			Born Country:	
4. Born Date:	Born Time:		Born Country:	



APPLICATION FOR CITIZENSHIP



1. High School:		Start Date:	End Date:			
Graduation Date:		GED Date:				
Type Diploma/Degree:						
Name of High School:		Address:	City/State/Zip			
2. College/University:		Start Date:	End Date:			
Graduation Date:		GED Date:	<u> </u>			
Type Diploma/Degree:						
Name of College/University:		Address:	City/State/Zip			
3. Trade School:		Start Date:	End Date:			
Graduation Date:		GED Date:	<u></u>			
Certification/Degree:			<u></u>			
Name of Trade School:		Address:	City/State/Zip			
Additional Info:						
	EN	MPLOYMENT / VITEA				
Employment						
Address:						
City/State/Zip:						
Phone:		Supervisor's Name:				
Start Date:	End Date:	Length Employe	ed (Yrs/Mons)			
Salary:	Position I	Description:				
	EMERGEN	CY CONTACT INFORMAT	TION			
Name:						
Location:		City/State:				
Relationship:		Phone Number:				



APPLICATION FOR CITIZENSHIP



ACHIEVEMENTS, AWARDS, CERTIFICATIONS, FELLOWSHIPS, HONORS, LICENSES, AND RECOGNITIONS 1. Date: 2. Date: 3. Date: 4. Date: 5. Date: 6. Date: 7. Date: 8. Date: 9. Date: As a NATIONAL /Citizen OF THIS NATION, WHAT SKILLS DO YOU HAVE THAT YOU FEEL WILL BE HELPFUL IN BUILDING OUR NATION AND NATIONAL GOVERNMENT: TRADE/BUSINESS Trade/Business Name: Address: City/State:_____ Product(s)/Service(s): *Use back of this page for any additional information:*

BACKGROUND LEGAL INFORMATION Do you have any outstanding legal issues? (Felonies/Misdemeanors or Warrants or Tax Issues): Please list any outstanding Traffic Citations or Outstanding Fines/Penalties: Do you have any current Court Action(s) pending? Do you have a current/valid Driver's License? If so, which State? If not, please explain _____ Have you been convicted of any crimes other than traffic violations? If so, please explain Are there any other legal issues that you care to discuss? Please be aware that the government cannot provide any legal advice for cases older than 30 days. Ready, Set, Go! Nation-Build!!! USRAP 041504, 29 August 2018 (AD) Supersedes all previous Form 001 page 4 of 4