



INTAKE FORM-CITIZENSHIP

A#
Residence Number

Last Name First Name

Address

City State Zip

Telephone Email

Please complete this form and bring to the fair with the required documents

Where have you lived during the last 5 years?
Start with present address)

Street number & name, apt number, city, state, zipcode, country	From (mm/dd/yyyy)	To (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Where have you worked or attended school during the last 5 years?

Start with present employer or school

Employer or school	Occupation	Address (Street, city and state)	From (mm/dd/yyyy)	To (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

All trips of 24 hours or more that you have taken outside the U.S. during the last 5 years.

Start with most recent

Date left U.S.	Return Date	Did the trip last 6 months or more?	Countries visited	Total days outside U.S.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>

*If you need more space use a blank sheet

Total trips? Total days outside?

How many times have you been married including annulled?

Information about current spouse

First name Middle Last name A#

Date of Birth Employer name of your spouse Marriage Date

If you have had ex-spouses complete the following

Ex-spouse's last name	First name	Middle name	Date of marriage	Date marriage ended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How marriage ended (divorce, spouse died)

If your spouse has ex-spouse(s)

Ex-spouse's last name	First name	Middle name	Date of marriage	Date marriage ended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

How marriage ended (divorce, spouse died)

Information about your children

Total number of children?

Last name	First name	Middle name	Date of birth	Country of birth	A#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Current Address

Relationship to child

Last name	First name	Middle name	Date of birth	Country of birth	A#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Current Address

Relationship to child

**If you need more space use a blank sheet*

Questions to Determine Fee Waiver Eligibility

Are you or a member of your household currently receiving a means-tested benefit? Yes No

What type of benefit?

Public Assistance, Food Stamps [SNAP or TANF], or Medicare [Medicaid or Medicare]

Average monthly income from household members \$

Yearly household income \$

What is the size of your household?