## **Loss of Nationality Questionnaire**

Please fill out this questionnaire pertaining to information needed to complete a Certificate of Loss of Nationality and accompanying Department of State loss of nationality documents, and submit by email with your appointment request. When you are ready for your appointment, please email

CanadaCLNAppointments@state.gov.

Full name:	Click here to enter Last Name  (LAST)		Click here to enter First Name		Click here to enter Middle name	
			(FIRST)		(MIDDLE)	
All Former I	Names:	Click here to ente	r all Forme	er Names		
U.S. Social S	Security Number:	Click here to ente	r SSN	Date & Place of Birth:	Click here to ent	er DPOB
Date/Place	of U.S. N	aturalization (if app	olicable):	Click here to e	enter text	
Click here t	to enter o	es, how acquired (bother nationality other nationality other nationality	acquire acquire acquire	d by d by	nd the date of acc Date Date Date	quisition.
Current Add	dress:	Click here to enter	Current A	ddress		
Telephone:	Click l	nere to enter Teleph	none	Email:	Click here to e	nter Email
Dates Resided in the United States: Click here to enter Dates resided in the U.S.						
Last Address in the United States: Click here to enter Last address in the U.S.						
Statement of YES  When you s Swear	of Unders  No   sign the f  Aff  Juesting a	standing (DS-4081)  orms, will you swea  irm   an appointment to	? ar or affirn renounce	n before the co	nsular officer?	nality to accompany the g a previous relinquishment? ents)
<u>Click Here</u> to learn about the difference between relinquishment and renunciation.						
expatriating	act such	•	lization ce	ertificate, copy	of the foreign oat	nce of the potentially th of allegiance, or a letter or
-	-	op 2 choices for wh r Any Available Pos		-		ss of Nationality appointment.

**1st Choice:** Choose a location

**2nd Choice (**<u>optional</u>): Choose a location.