

MARJORIE MAGNIFIQUE
1234 Main Street, Los Angeles, CA 90010
Ph: (213) 555-1212 / Email: immigration4u@yahoo.com

August 15, 2018

Via U.S. Priority Mail

USCIS
ATTN: Form N-600
PO Box 20100
Phoenix, AZ 85036

RE: Form N-600, Application for Certificate of Citizenship (Acquired Citizenship)
Applicant: Maricella Antonia Martinez
Alien No: NONE

Dear or Sir or Madam,

The above captioned Applicant, Maricella Martinez, has acquired U.S. Citizenship ("USC") through her United States Citizen Mother, who is a U.S. Citizen by birth in the U.S. Ms. Martinez was born in Guadalajara, Mexico on 10/15/2005, and she has obtained a Consular Report of Birth Abroad. Ms. Martinez now seeks to obtain a Certificate of Citizenship. At her request, I have assisted her in completing organizing the following forms and documents submitted in support of her Form N-600 Application:

Filing Fees

- A. Cashier's Check in the amount of \$1,170 payable to the U.S. Department of Homeland Security

Photographs

- B. Two Passport Style Photographs of Applicant

Forms

- C. N-600, Application for Certificate of Citizenship

Identity and Proof of Citizenship/Nationality Documents

- D. Copy of Applicant's Mexican Birth Certificate with ENGLISH TRANSLATION
- E. Copy of Applicant's Consular Report of Birth Abroad
- F. Copy of Birth Certificate of Annabel Montgomery (Martinez), Applicant's USC Mother
- G. Copy of Marriage Certificate with ENGLISH TRANSLATION of Annabel Montgomery and Miguel Martinez, Applicant's USC parents



Please be advised that this is a sample packet is not intended to be, nor should it be construed as, legal advice.

Evidence of USC Mother's Physical Presence for 5 Years Prior to Applicant's Birth and 2 Years after the Age of 14 Years old

- H. Copy of High School Transcripts (1998 – 2002)
- I. Copy of Social Security Earnings Report (2001 – 2003)

Thank you in advance for your assistance and prompt attention to this matter. Do not hesitate to contact the Applicant with any questions or concerns.

Sincerely,

Marjorie Magnifique
Marjorie Magnifique



EXHIBIT - A

Filing Fees

Remember to:

1. Cashier's Check, Money Order or Personal Check
2. Payable to: US Department of Homeland Security
3. Name and A# in Memo Line

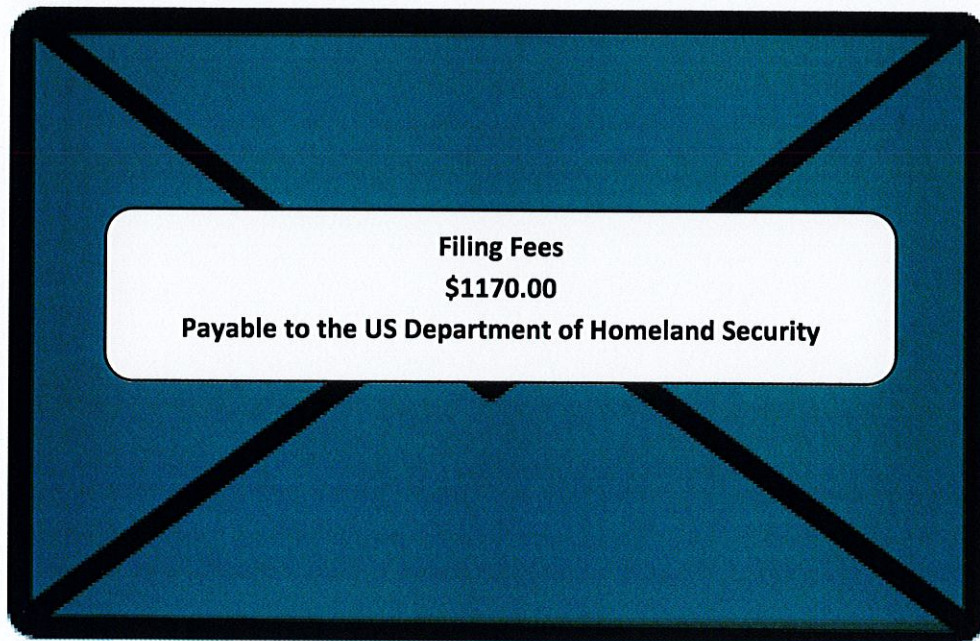


EXHIBIT - B

PASSPORT STYLE PHOTO GRAPHS

Remember to:

1. Label Each Photo with full name and A#
2. Photos should be 2 x 2
3. Photos **MUST** have white background
4. Label the Envelope

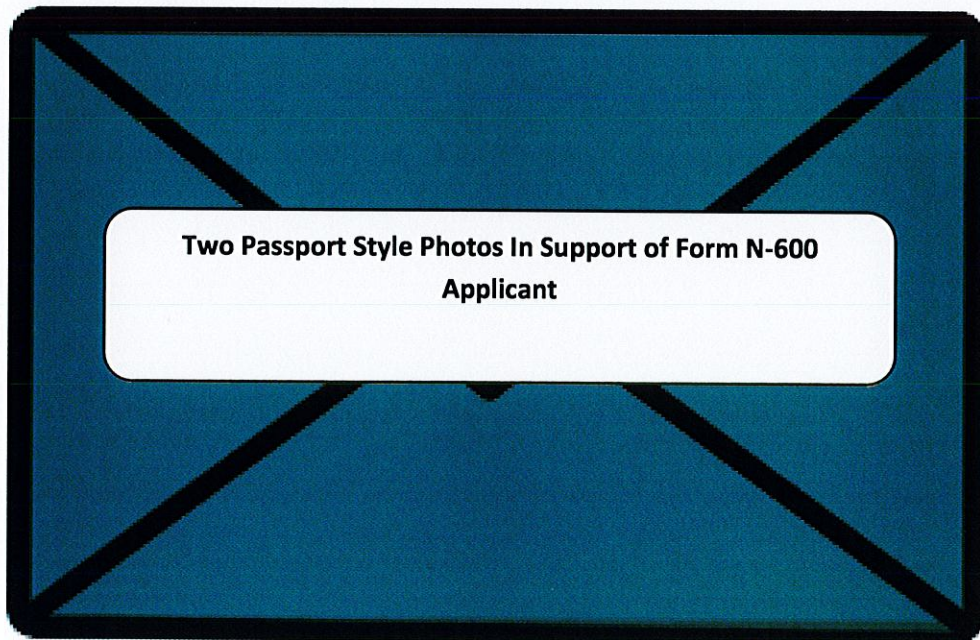


EXHIBIT - C



Application for Certificate of Citizenship

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form N-600
OMB No. 1615-0057
Expires 12/31/2018

For USCIS Use Only	Date Stamp	Receipt	Action Block
	Remarks		

To be completed by an Attorney or Accredited Representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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▶ **START HERE** - Type or print in black ink.

Part 1. Information About Your Eligibility

Enter Your 9 Digit A-Number:
▶ A-

1. This application is being filed based on the fact that: (Select **only one** box)

I am a BIOLOGICAL child of a U.S. citizen parent. I am an ADOPTED child of a U.S. citizen parent.

Other (Explain fully):

NOTE: If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

Part 2. Information About You

NOTE: Provide information about yourself if you are a person applying for the Certificate of Citizenship. Provide information about your child if you are a U.S. citizen parent applying for a Certificate of Citizenship for your minor child.

1. Current Legal Name (do not provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name
MARTINEZ	MARICELLA	ANTONIA

2. Your Name Exactly As It Appears on Your Permanent Resident Card (if different from above)

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Other Names You Have Used Since Birth

Provide all other names you have ever used, include nicknames, maiden name, and aliases.

Family Name (Last Name)	Given Name (First Name)	Middle Name
NONE	NONE	NONE
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. U.S. Social Security Number (if any)

▶

5. USCIS Online Account Number (if any)

▶

6. Date of Birth (mm/dd/yyyy)

10/15/2005

7. Country of Birth

MEXICO

8. Country of Prior Citizenship or Nationality

MEXICO

9. Gender

Male Female

Part 2. Information About You (continued)

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10. Mailing Address

In Care Of Name (if any)

Street Number and Name

6099 WEST 190TH STREET

Apt. Ste. Flr. Number

16

City or Town

TORRANCE

State

CA

ZIP Code + 4

90280 - 1234

Province (foreign address only)

Postal Code (foreign address only)

Country (foreign address only)

USA

11. Physical Address

Street Number and Name (Do not provide a PO Box in this space unless it is your ONLY address.) Apt. Ste. Flr. Number

6099 WEST 190TH STREET

16

City or Town

TORRANCE

State

CA

ZIP Code + 4

90280 - 1234

Province (foreign address only)

Postal Code (foreign address only)

Country (foreign address only)

USA

12. Current Marital Status

Single, Never Married Married Divorced Widowed Separated Marriage Annulled

Other (Explain):

13. U.S. Armed Forces

Are you a member or veteran of any branch of the U.S. Armed Forces?

Yes No

14. Information About Your Admission into the United States and Current Immigration Status

A. I arrived in the following manner

Port-of-Entry

City or Town

SAN YSIDRO

State

CA

Date of Entry (mm/dd/yyyy)

01/15/2015

Exact Name Used at Time of Entry

Family Name (Last Name)

MARTINEZ

Given Name (First Name)

MARICELLA

Middle Name

ANTONIA

B. I used the following travel document to be admitted to the United States

Passport

Travel Document

Passport Number

A12345789

Travel Document Number

Country of Issuance for Passport or
Travel Document

MEXICO

Date Passport or Travel Document
Issued (mm/dd/yyyy)

09/01/2014

Part 2. Information About You (continued)

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22. Have you been absent from the United States since you first arrived? Yes No

Complete the following information **only if you are claiming U.S. citizenship at the time of birth if you were born before October 10, 1952**. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

A. Date You Left the United States (mm/dd/yyyy)

B. Date You Returned to the United States (mm/dd/yyyy)

C. Place of Entry Upon Return to the United States

City or Town

State

D. Date You Left the United States (mm/dd/yyyy)

E. Date You Returned to the United States (mm/dd/yyyy)

F. Place of Entry Upon Return to the United States

City or Town

State

Part 3. Biographic Information

1. Ethnicity (Select **only one** box)

Hispanic or Latino Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

3. Height Feet Inches 4. Weight Pounds

5. Eye color (Select **only one** box)

Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other

6. Hair color (Select **only one** box)

Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other

Part 4. Information About Your U.S. Citizen Biological Father (or Adoptive Father)

NOTE: Complete this section if you are claiming citizenship through a U.S. biological father (of adoptive father). **Provide information about yourself** if you are a U.S. citizen father applying for a Certificate of Citizenship on behalf of your minor biological or adopted child.

1. Current Legal Name of U.S. Citizen Father

Family Name (Last Name)

Given Name (First Name)

Middle Name

**Part 4. Information About Your U.S. Citizen Biological Father
(or Adoptive Father) (continued)**

A-

2. Date of Birth (mm/dd/yyyy) 3. Country of Birth 4. Country of Citizenship or Nationality

5. Physical Address
Street Number and Name (Type or print "Deceased" and the date of death if your father has passed away.) Apt. Ste. Flr. Number

City or Town State ZIP Code + 4
 -
Province (foreign address only) Postal Code (foreign address only) Country (foreign address only)

6. My father is a U.S. citizen by
 Birth in the United States Acquisition after birth through naturalization of alien parents
 Birth abroad to U.S. citizen parents
Certificate of Citizenship Number Alien Registration Number (A-Number) (if any)
▶ A-
 Naturalization
Place of Naturalization (Name of Court or USCIS Office Location)

City or Town State

Certificate of Naturalization Number A-Number (if any) Date of Naturalization (mm/dd/yyyy)
▶ A-

7. Has your father ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship? Yes No

If you answered "Yes" to Item Number 7., provide an explanation in Part 11. Additional Information.

8. Marital History
A. How many times has your U.S. citizen father been married (including annulled marriages and marriages to the same person)?
B. What is your U.S. citizen father's current marital status?
 Single, Never Married Married Divorced Widowed Separated Marriage Annulled
 Other (Explain):

If you selected "Other," provide an explanation. If you need extra space to complete this section, use the space provided in Part 11. Additional Information.

Part 4. Information About Your U.S. Citizen Biological Father (or Adoptive Father) (continued)

A-

9. Information About U.S. Citizen Father's Current Spouse

A. Family Name (Last Name) Given Name (First Name) Middle Name

B. Date of Birth (mm/dd/yyyy) C. Country of Birth

D. Country of Citizenship or Nationality

E. Spouse's Physical Address

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code + 4 -

Province (foreign address only) Postal Code (foreign address only) Country (foreign address only)

F. Date of Marriage (mm/dd/yyyy)

G. Place of Marriage

City or Town State Country

H. Spouse's Immigration Status

U.S. Citizen Lawful Permanent Resident

Other (Explain):

If you selected "Other," provide an explanation. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

I. Is your U.S. citizen father's current spouse also your biological (or adopted) mother? Yes No

Part 5. Information About Your U.S. Citizen Biological Mother (or Adoptive Mother)

NOTE: Complete this section if you are claiming citizenship through a U.S. citizen biological mother (or adoptive mother). **Provide information about yourself** if you are a U.S. citizen mother applying for a Certificate of Citizenship on behalf of your minor biological or adopted child.

1. Current Legal Name of U.S. Citizen Mother

Family Name (Last Name) Given Name (First Name) Middle Name

2. Date of Birth (mm/dd/yyyy) 3. Country of Birth 4. Country of Citizenship or Nationality

**Part 5. Information About Your U.S. Citizen Biological Mother
(or Adoptive Mother) (continued)**

A-

5. Physical Address

Street Number and Name (Type or print "Deceased" and the date of death if your mother has passed away.) Apt. Ste. Flr. Number

6099 WEST 190TH STREET 16

City or Town State ZIP Code + 4
TORRANCE CA 90280 - 1234

Province (foreign address only) Postal Code (foreign address only) Country (foreign address only)
 USA

6. My mother is a U.S. citizen by

Birth in the United States Acquisition after birth through naturalization of alien parents

Birth abroad to U.S. citizen parents

Certificate of Citizenship Number A-Number (if any)
 ▶ A-

Naturalization

Place of Naturalization (Name of Court or USCIS Office Location)

City or Town State

Certificate of Naturalization Number A-Number (if any) Date of Naturalization (mm/dd/yyyy)
 ▶ A-

7. Has your mother ever lost U.S. citizenship or taken any action that would cause loss of U.S. citizenship? Yes No

If you answered "Yes" to **Item Number 7.**, provide an explanation in **Part 11. Additional Information.**

8. Marital History

A. How many times has your U.S. citizen mother been married (including annulled marriages and marriages to the same person)?

B. What is your U.S. citizen mother's current marital status?

Single, Never Married Married Divorced Widowed Separated Marriage Annulled

Other (Explain):

If you selected "Other," provide an explanation. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

9. Information About U.S. Citizen Mother's Current Spouse

A. Family Name (Last Name) **Given Name (First Name)** **Middle Name**

B. Date of Birth (mm/dd/yyyy)

C. Country of Birth

Part 5. Information About Your U.S. Citizen Biological Mother (or Adoptive Mother) (continued)

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D. Country of Citizenship or Nationality

UNITED STATES

E. Spouse's Physical Address

Street Number and Name

6099 WEST 190TH STREET

Apt. Ste. Flr. Number

16

City or Town

State

ZIP Code + 4

-

Province

(foreign address only)

Postal Code

(foreign address only)

Country

(foreign address only)

F. Date of Marriage (mm/dd/yyyy)

02/14/2005

G. Place of Marriage

City or Town

GUADALAJARA

State

Country

MEXICO

H. Spouse's Immigration Status

U.S. Citizen Lawful Permanent Resident

Other

If you selected "Other," provide an explanation. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

I. Is your U.S. citizen mother's current spouse also your biological (or adopted) father?

Yes No

Part 6. Physical Presence in the United States From Birth Until Filing of Form N-600

NOTE: Only applicants born outside the United States claiming to have been born U.S. citizens are required to provide all the dates when your U.S. citizen biological father or U.S. citizen biological mother resided in the United States. **Include all dates from your birth until the date you file your Form N-600.**

1. Indicate whether this information relates to your U.S. citizen father or mother

U.S. Citizen Father U.S. Citizen Mother

2. Physical Presence in the United States

A. From (mm/dd/yyyy)

10/13/1994

To (mm/dd/yyyy)

03/01/2003

B. From (mm/dd/yyyy)

01/15/2015

To (mm/dd/yyyy)

PRESENT

C. From (mm/dd/yyyy)

To (mm/dd/yyyy)

D. From (mm/dd/yyyy)

To (mm/dd/yyyy)

E. From (mm/dd/yyyy)

To (mm/dd/yyyy)

F. From (mm/dd/yyyy)

To (mm/dd/yyyy)

G. From (mm/dd/yyyy)

To (mm/dd/yyyy)

H. From (mm/dd/yyyy)

To (mm/dd/yyyy)

Part 7. Information About Military Service of U. S. Citizen ParentsA-

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NOTE: Complete this only if you are an applicant claiming U.S. citizenship at time of birth abroad.

- Has your U.S. citizen parent served in the U.S. Armed Forces? Yes No
- If you answered "Yes" to **Item Number 1.**, which parent served in the U.S. Armed Forces?
 U.S. Citizen Father U.S. Citizen Mother
- Dates of Service (mm/dd/yyyy) (If time of service fulfills any of the required physical presence, submit evidence of the service.)
A. From (mm/dd/yyyy) To (mm/dd/yyyy) B. From (mm/dd/yyyy) To (mm/dd/yyyy)
- Type of Discharge
 Honorable Other than Honorable Dishonorable

Part 8. Applicant's Statement, Contact Information, Certification, and SignatureNOTE: Read the **Penalties** section of the Form N-600 Instructions before completing this part.***Applicant's Statement***NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

- Applicant's Statement Regarding the Interpreter
 - I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
 - The interpreter named in **Part 9.** read to me every question and instruction on this application and my answer to every question, in , a language in which I am fluent and I understood everything.
- Applicant's Statement Regarding the Preparer
 At my request, the preparer named in **Part 10.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- Applicant's Daytime Telephone Number
- Applicant's Mobile Telephone Number (if any)
- Applicant's Email Address (if any)

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

Part 9. Interpreter's Contact Information, Certification, and Signature
(continued)

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Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 8., Item B. in Item Number 1.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature (sign in ink) Date of Signature (mm/dd/yyyy)

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code + 4 -
Province Postal Code Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)

NOTE: Do not complete Parts 12. and 13. unless the USCIS officer instructs you to do so at the interview.

Part 12. Affidavit (do NOT complete this part unless instructed to do so AT THE INTERVIEW)

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I, the (applicant, parent, or legal guardian) _____ do swear or affirm, under penalty of perjury under the laws of the United States, that I know and understand the contents of this application signed by me, and the attached supplementary pages number _____ to _____ inclusive, that the same are true and correct to the best of my knowledge, and that corrections number _____ to _____ were made by me or at my request.

Applicant's, Parent's, or Legal Guardian's Signature (Sign in ink) _____ Date of Signature (mm/dd/yyyy) _____

Subscribed and sworn or affirmed before me upon examination of the applicant (parent, legal, guardian) on _____ at _____ Date (mm/dd/yyyy) _____
(Location)

USCIS Officer's Printed Name _____ USCIS Officer's Title _____

USCIS Officer's Signature (Sign in ink) _____ Date of Signature (mm/dd/yyyy) _____

Part 13. Officer Report and Recommendation on Application for Certificate of Citizenship (for USCIS use ONLY)

On the basis of the documents, records, the testimony of persons examined, and the identification upon personal appearance of the underage beneficiary, I find that all the facts and conclusions set forth under oath in this application are:

- 1. True and correct
- 2. The applicant derived or acquired U.S. citizenship on _____ Date (mm/dd/yyyy)
- 3. The applicant derived or acquired U.S. citizenship through (Select the box next to the appropriate section of law, or if the section of law is not reflected, type or print the applicable section of law in the space next to "Other.")
 - A. INA Section 301
 - B. INA Section 309
 - C. INA Section 320
 - D. INA Section 321
 - E. Other _____
- 4. The applicant has not been expatriated since that time

EXHIBIT - D

FOREIGN BIRTH CERTIFICATE – SAMPLE ONLY



ESTADOS UNIDOS MEXICANOS
REGISTRO CIVIL
ACTA DE NACIMIENTO



EN NOMBRE DEL ESTADO LIBRE Y SOBERANO DE QUERÉTARO Y COMO OFICIAL DEL REGISTRO CIVIL EN EL ESTADO CERTIFICO EN LO CONOCIMIENTO QUE EN EL LIBRO No. _____ TOMO _____ DEL ARCHIVO GENERAL DEL REGISTRO CIVIL EN LA CIUDAD DE _____ SE ENCUENTRA ASIGNADA EL ACTA No. _____ DE FECHA _____ DE _____ DE _____ LEVANTADA POR EL C. OFICIAL DEL REGISTRO CIVIL Y SOCIAL _____ RESIDENTE EN _____ PUNTO LEON, ESTADO LIBRE Y SOBERANO DE QUERÉTARO EN LA CUAL SE CONTIENEN LOS SIGUIENTES DATOS:

DATOS DEL REGISTRADO

NOMBRE _____	SEXO _____	EDAD _____
FECHA DE NACIMIENTO _____	PRESENCIA _____	COMPROBADO _____
PRESENCIA _____	SEAL (FOLIO) _____	No. DE CERTIFICADO _____
LUGAR DE NACIMIENTO: HALAZTLAN, SOLUCUM DEL NOROCCIDENTE DEL ESTADO DE QUERÉTARO	C. B. U. P. _____	

DATOS DE LOS PADRES

NOMBRE _____	SEXO _____	EDAD _____
NACIONALIDAD: GUATEMALA		
NOMBRE _____	SEXO _____	EDAD _____
NACIONALIDAD: GUATEMALA		

DATOS DE LOS ABUELOS

NOMBRE _____	NACIONALIDAD _____	EDAD _____
NOMBRE _____	NACIONALIDAD _____	EDAD _____
NOMBRE _____	NACIONALIDAD _____	EDAD _____
NOMBRE _____	NACIONALIDAD _____	EDAD _____

DATOS DE LOS TERTIARIOS

NOMBRE _____	NACIONALIDAD _____	EDAD _____
NACIONALIDAD _____		
NOMBRE _____	NACIONALIDAD _____	EDAD _____
NACIONALIDAD _____		

PERSONA ASISTENTE A LOS PADRES QUE PRESENTA AL REGISTRO

NOMBRE _____	SEXO _____	EDAD _____
PARENTESCO _____		

EX FON DEL PROCO. ALIENADO, S. L. A. 245
RECORRIDO: BUENAS VISTAS, LEON

ACTA DE NACIMIENTO _____

SOCIAL: _____




LIC. EVA PATRICIA SALAZAR MARRASQUIN
 OFICIAL DEL REGISTRO CIVIL DE QUERÉTARO, S. L.

SECRETARÍA DE LA DEFENSA
 OFICINA DE LA DEFENSA
 BUENAS VISTAS, LEON

EXHIBIT - E

CONSULAR REPORT OF BIRTH ABROAD – SAMPLE ONLY

159- [REDACTED]

UNITED STATES OF AMERICA
DEPARTMENT OF STATE

Consular Report of Birth Abroad
of a Citizen of the United States of America

This is to certify that [REDACTED] sex MALE
born at READING, ENGLAND (City) UNITED KINGDOM (Country)
on [REDACTED] (Date) acquired United States citizenship at birth as established by documentary evidence presented
to the Consular Service of the United States at LONDON, ENGLAND (City/Country)
on JANUARY 6, 2005 (Date)

Father PARENTS Mother

[REDACTED] [REDACTED]

Date of Birth [REDACTED] Date of Birth [REDACTED]

[Signature]
VICE CONSUL (Title)
LONDON, UNITED KINGDOM (City/Country)
JANUARY 6, 2005 (Date)

(SEAL)
EMBASSY OF THE UNITED STATES

FORM 15-240 (11/01) A Consular Report of Birth is proof of United States citizenship by law: 22 USC 2705

EXHIBIT - F

US BIRTH CERTIFICATE – SAMPLE ONLY

2268263

STATE OF LOUISIANA CERTIFICATION OF VITAL RECORD

IMPORTANT:
Black Ink or Typewriter
Ribbon Mandatory By
State Law.

STATE OF LOUISIANA CERTIFICATE OF LIVE BIRTH

Birth No. 117 71 30 331

THIS CHILD <small>(Type or print names. Do not use numerals for month or birth. Please indicate month.)</small>	1A. CHILD'S LAST NAME Jindal	1B. FIRST NAME Piyush	1C. SECOND NAME	2A. DATE OF BIRTH MONTH DAY YEAR June 10, 1971
	3. SEX—SINGLE OR BOY? Boy	4. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>	2B. HOUR OF BIRTH 12:27 PM
PLACE OF BIRTH <i>74</i> <i>171</i>	6A. PLACE OF BIRTH (CITY, TOWN, OR LOCATION) Baton Rouge		6B. PARISH OF BIRTH East Baton Rouge	
	6C. NAME OF HOSPITAL OR INSTITUTION—IF NOT IN HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION Woman's Hospital		6D. IS PLACE OF BIRTH INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
USUAL RESIDENCE OF MOTHER <i>71</i> <small>(Where does mother live?)</small>	7A. USUAL RESIDENCE OF MOTHER (CITY, TOWN, OR LOCATION) Baton Rouge		7B. PARISH East Baton Rouge	
	7C. STATE Louisiana		7E. IS RESIDENCE INSIDE CITY LIMITS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	7D. STREET ADDRESS—IF RURAL INDICATE LOCATION Physics Department LSU			
FATHER OF CHILD	8A. FULL NAME OF FATHER Amar Jindal	8B. CITY AND STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) India	8C. AGE AT TIME OF BIRTH 28	8D. COLOR OR RACE OF FATHER Indian
MOTHER OF CHILD	9A. FULL MAIDEN NAME OF MOTHER Raj Gupta	9B. CITY AND STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) India	9C. AGE AT TIME OF BIRTH 27	9D. COLOR OR RACE OF MOTHER Indian
INFORMANT'S CERTIFICATION	10. SIGNATURE OF PARENT OR OTHER INFORMANT <i>Amar Jindal</i>		11. DATE OF SIGNATURE 6-10-71	
	12. MOTHER'S MAILING ADDRESS Physics Department LSU, Baton Rouge, La. 70803			
ATTENDANT'S CERTIFICATION	13. SIGNATURE OF ATTENDANT <i>Raj Gupta</i>		14. DATE OF SIGNATURE 6-13-71	
REGISTRAR'S CERTIFICATION	15. DATE REGISTERED BY LOCAL REGISTRAR JUN 11 1971		16. SIGNATURE OF REGISTRAR <i>R. S. Dennis, M.D.</i>	
			17. DATE FILED BY STATE REGISTRAR AUG 13 1971	

MAY 06 2011



002268263

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

Harlene W. Smith
STATE REGISTRAR




WARNING: It is illegal to alter or counterfeit this copy.


EXHIBIT - G

ENGLISH TRANSLATION

FOREIGN MARRIAGE CERTIFICATE - SAMPLE ONLY



ESTADOS UNIDOS MEXICANOS REGISTRO CIVIL



EN NOMBRE DEL ESTADO LIBRE Y SOBERANO DE SINALOA Y COMO DIRECTOR DEL REGISTRO CIVIL DEL ESTADO DE SINALOA, CERTIFICO Y HAGO CONSTAR QUE EN LOS ARCHIVOS QUE CUBREN EN ESTA DIRECCION DEL REGISTRO CIVIL, SE ENCUENTRA ASENTADA UN ACTA DE NACIMIENTO EN LA CUAL SE CONSTATAN ENTRE OTROS LOS SIGUIENTES DATOS:

ACTA DE NACIMIENTO

OPORTUNIDAD	LIBRO	ACTA	LOCALIDAD	FECHA DE REGISTRO
			CULIACAN	21 / JUNIO / 1988
MUNICIPIO			ENTIDAD	
CULIACAN			SINALOA	

DATOS DEL REGISTRADO

CRIF: _____ CURP: _____

NOMBRE: _____

FECHA DE NACIMIENTO: _____ SEXO: MASCULINO

LUGAR DE NACIMIENTO: _____
 CULIACAN SINALOA MEXICO

REGISTRADO: VIVO COMPARECIO: AMBOS

DATOS DE LOS PADRES

PADRE: _____

NACIONALIDAD: MEXICANA EDAD: 24 AÑOS

MADRE: _____

NACIONALIDAD: MEXICANA EDAD: 18 AÑOS

PERSONA DISTINTA DE LOS PADRES QUE PRESENTA AL REGISTRADO


NOMBRE: _____ PARENTESCO: _____

NACIONALIDAD: _____ EDAD: _____ AÑOS

SE EXPIDE LA PRESENTE CERTIFICACION, EN ESTRICTO CUMPLIMIENTO AL ARTICULO 47 Y 48 DEL CODIGO CIVIL VIGENTE EN EL ESTADO, EN CULIACAN, SINALOA A LOS 21 DIAS DEL MES DE JUNIO DE 1988. OUYFE

DIRECTOR DEL REGISTRO CIVIL DEL ESTADO DE SINALOA

PROFR. _____
 NOMBRE Y FIRMA



Folio Digital: _____

EXHIBIT - H

HIGH SCHOOL TRANSCRIPT

STUDENT INFORMATION	SCHOOL INFORMATION
FULL NAME: Jane Doe ADDRESS: 123 Diamond St. Orlando, FL 12345 PHONE NUMBER: 555-555-5555 DATE OF BIRTH: 01/01/2000 PARENT/GUARDIAN: John Doe	NAME: Homeschool ADDRESS: 123 Diamond St. Orlando, FL 12345 PHONE NUMBER: 555-555-5555 EMAIL ADDRESS: jane.doe@gmail.com

ACADEMIC RECORD

SCHOOL YEAR: 2009-2010	GRADE LEVEL: 9 th	SCHOOL YEAR: 2010-2011	GRADE LEVEL: 10 th
<i>Course Title</i>	<i>Credit Earned</i> <i>Final Grade</i>	<i>Course Title</i>	<i>Credit Earned</i> <i>Final Grade</i>
English 9	1.0 A	English 10	1.0 A
Algebra I	1.0 A	Algebra II	1.0 A
Biology w/lab	1.0 A	Chemistry w/lab	1.0 A
American History	1.0 A	World History	1.0 A
Drawing	1.0 A	Latin I	1.0 A
Martial Arts I	0.5 A	Martial Arts II	0.5 A
MS Office	0.5 A	Piano	0.5 A
Total Credits: 6 GPA: 4.0 Cumulative GPA: 4.0		Total Credits: 6 GPA: 4.0 Cumulative GPA: 4.0	
SCHOOL YEAR: 2011-2012	GRADE LEVEL: 11 th	SCHOOL YEAR: 2012 - 2013	GRADE LEVEL: 12 th
<i>Course Title</i>	<i>Credit Earned</i> <i>Final Grade</i>	<i>Course Title</i>	<i>Credit Earned</i> <i>Final Grade</i>
English 11	1.0 B	English 12	1.0 A
Algebra II	1.0 A	Calculus	1.0 A
Marine Biology w/lab	1.0 A	Physics w/lab	1.0 A
American Government	0.5 A	Photography	0.5 A
Economics	0.5 A	Yearbook	0.5 A
Latin II	1.0 A	Driver's Education	0.5 A
Web Design	1.0 A	Studio Art	1.0 A
Total Credits: 6 GPA: 4.0 Cumulative GPA: 4.0		Total Credits: 6 GPA: 4.0 Cumulative GPA: 4.0	

ACADEMIC SUMMARY	GRADING SCALE
Cumulative GPA: 4.00	90 – 100 = A
Credits Earned: 24	80 – 89 = B
Diploma Earned: yes	70 – 79 = C
Graduation Date: 6/8/2013	60 – 69 = D
	59 – below = F

I do hereby self-certify and affirm that this is the official transcript and record of Jane Does in the academic studies of 2009-2013.

Signature:

Title: Principal

Date:

EXHIBIT - I

SOCIAL SECURITY ADMINISTRATION EARNINGS RECORD -
SAMPLE

Your Earnings Record

Years You Worked	Your Taxed Social Security Earnings	Your Taxed Medicare Earnings
1973	218	218
1974	553	553
1975	1,032	1,032
1976	1,822	1,822
1977	2,561	2,561
1978	3,309	3,309
1979	4,326	4,326
1980	5,868	5,868
1981	7,634	7,634
1982	9,056	9,056
1983	10,416	10,416
1984	11,913	11,913
1985	13,247	13,247
1986	14,370	14,370
1987	15,953	15,953
1988	17,365	17,365
1989	18,617	18,617
1990	19,986	19,986
1991	21,213	21,213
1992	22,744	22,744
1993	23,315	23,315
1994	24,294	24,294
1995	25,597	25,597
1996	27,177	27,177
1997	29,061	29,061