

Loss of Nationality Questionnaire

Instructions: Please complete this form to provide information needed for your renunciation appointment and accompanying required documents. This is a fillable form.

Full name:

(LAST) (FIRST) (MIDDLE)

All Former Names:

U.S. Social Security
Number:

Date & Place
of Birth:

Date/Place of U.S. Naturalization (if applicable):

List other nationalities, how acquired (birth or naturalization), and the date of acquisition.

Current Address:

Phone:

Email:

Dates Resided in the United States:

Last Address in the United States:

Are you providing a separate written statement regarding your loss of U.S. nationality to accompany the Statement of Understanding (DS-4081)?

YES NO

If you take the oath of renunciation, will you swear or affirm the renunciation?

Swear Affirm

Are you requesting an appointment to renounce U.S. citizenship?

YES (include scans or photocopies of required documents) NO

Please select where you wish to attend your appointment: AIT Taipei AIT Kaohsiung