



*Embassy of the United States of America
Dublin, Ireland*

REQUEST FOR RENUNCIATION APPOINTMENT

Full Name: _____

Date of birth: _____

Acknowledgement

I acknowledge I have read through the following information provided to me.

- ✓ Renunciation of U.S. nationality
- ✓ Advice about possible loss of U.S. nationality and dual nationality
- ✓ Renunciation of U.S. nationality by persons claiming a right of residence in the United States

I understand that I cannot renounce U.S. citizenship to avoid paying U.S. federal income taxes. I understand the consequences of renouncing U.S. citizenship, including the possibility that a loss of U.S. citizenship may limit my ability to travel to the United States in the future.

I understand the final approval of my request will be determined by the Department of State after the submission of my formal application. After reading through this information and understanding the consequences, I would like to request an interview to submit my formal application.

In preparation for my interview, I am submitting the following requested information. I understand that if I do not provide the requested information, there may be a delay in the processing of my application and I may be required make more than one personal appearance at the U.S. Embassy to complete my application.

- ✓ A completed and signed **Request for Renunciation Appointment**
- ✓ A completed **Potential Renunciant Questionnaire**
- ✓ Completed **Form DS-4080**
- ✓ Completed **Form DS-4081**
- ✓ Completed **Form DS-4083**
- ✓ Photocopies of requested **citizenship documents**

Signature: _____

Print Name: _____

Return completed packet to:

U.S. Embassy Dublin, American Citizen Services, 42 Elgin Road, Ballsbridge, Dublin 4
or by email to ACSDublin@state.gov



*Embassy of the United States of America
Dublin, Ireland*

POTENTIAL RENUNCIANT QUESTIONNAIRE

Full Name: _____

Date of birth: _____

Phone Number: _____

E-mail Address: _____

Current address in Ireland: _____

Last address in the United States: _____

Exact dates of residence in the United States:

From: _____ To: _____
From: _____ To: _____
From: _____ To: _____
From: _____ To: _____
From: _____ To: _____

How did you acquire U.S. citizenship?
(birth, naturalization, etc.) _____

Are you a citizen of any other country? _____

If yes, how did you acquire citizenship? _____

What date did you become a citizen of a foreign state? _____



BUREAU OF CONSULAR AFFAIRS

OATH/AFFIRMATION OF RENUNCIATION OF NATIONALITY OF UNITED STATES

I, _____ at _____ (Embassy/Consulate) _____ (Country) SS: _____ Name (Print Full Name) a national of the United States, solemnly swear/affirm that I was born at _____ (City or Town) _____ (Province or County) _____ (State or Country) , on _____ Date (mm-dd-yyyy)

That I formerly resided in the United States at:

_____ (Street Address) _____ (City, State and ZIP Code)

That I am a national of the United States by virtue of:

- [] Birth in United States or Abroad to U.S. Parent(s)
[] Naturalization Date of Naturalization _____ Date (mm-dd-yyyy)

(If naturalized, give the name and place of the court in the United States before which naturalization was granted.)

_____ (Name of Court)
_____ (Street Address)
_____ (City, State and ZIP Code)

I desire and hereby make a formal renunciation of my U.S. nationality, as provided by section 349(a)(5) of the Immigration and Nationality Act of 1952, as amended, and pursuant thereto, I hereby absolutely and entirely renounce my United States nationality together with all rights and privileges and all duties and allegiance and fidelity thereunto pertaining. I make this renunciation intentionally, voluntarily, and of my own free will, free of any duress or undue influence.

_____ (Signature)

Subscribed and sworn/affirmed to before me this _____ day of _____ , _____

at the _____ (Embassy/Consulate) _____ (Place)

_____ (Signature of Officer)

_____ (Typed Name of Officer)

_____ (Title of Officer)

SEAL

Note: A renunciation of United States nationality/citizenship is effective only upon approval by the U.S. Department of State but, when approved, the loss of nationality/citizenship occurs as of the date the above Oath/Affirmation was taken.



STATEMENT OF UNDERSTANDING CONCERNING THE CONSEQUENCES AND RAMIFICATIONS OF RENUNCIATION OR RELINQUISHMENT OF U.S. NATIONALITY

I, _____, understand that:

1. I have the right to renounce/relinquish my United States nationality.
2. I have the intention of relinquishing my United States nationality.
3. I am exercising my right of renunciation/relinquishment freely and voluntarily without force, compulsion or undue influence placed upon me by any person.
4. Upon renouncing/relinquishing my U.S. nationality, I will become an alien with respect to the United States, subject to all laws and procedures of the United States regarding entry and control of aliens.
5. If I do not possess the nationality/citizenship of any country other than the United States, upon my renunciation/relinquishment I will become a stateless person and may face extreme difficulties traveling internationally and entering most countries and maintaining a place to reside.
6. If I am found to be deportable by a foreign country, my renunciation/relinquishment may not prevent my involuntary return to the United States.
7. My renunciation/relinquishment may not affect my military or selective service status, if any. I understand that any problems in this area must be resolved with the appropriate agencies.
8. My renunciation/relinquishment may not affect my liability, if any, to prosecution for any crimes which I may have committed or may commit in the future which violate United States law.
9. My renunciation/relinquishment may not affect my liability for extradition to the United States.
10. My renunciation/relinquishment may not exempt me from United States income taxation. With regard to United States taxation consequences, I understand that I must contact the United States Internal Revenue Service. Further, I understand that if my renunciation of United States nationality is determined by the United States Attorney General to be motivated by tax avoidance purposes, I will be found excludable from the United States under Immigration and Nationality Act, as amended.
11. Upon renouncing/relinquishing my U.S. nationality, I will no longer be able to transmit U.S. nationality to my children born subsequent to this act.
12. The extremely serious and irrevocable nature of the act of renunciation/relinquishment has been explained to me by the *(Vice)* consul _____ at the American Embassy/Consulate General at _____. I fully understand its consequences.

I: do do not choose to make a separate written explanation of my reasons for renouncing/relinquishing my United States nationality. I: swear affirm that I have: read had read to me this statement in the _____ language and fully understand its contents.

Name *(Typed)* _____

Signature _____

CONSULAR OFFICER'S ATTESTATION

_____ appeared personally and: read had read to him/her
this statement after my explanation of its meaning and the consequences of renunciation/relinquishment of United States
nationality and signed this statement: under oath by affirmation before me this _____ day of
_____ (Day)

_____ , _____
(Month) (Year)

SEAL

Consul of the United States of America



U.S. Department of State
BUREAU OF CONSULAR AFFAIRS

CERTIFICATE OF LOSS OF NATIONALITY OF THE UNITED STATES

This form is prescribed by the Secretary of State pursuant to Section 501 of the Act of October 14, 1940 (54 Stat. 1171) and Section 358 of the Act of June 27, 1952 (66 Stat. 272).

DEPARTMENT USE ONLY

Embassy/Consulate _____ of the United States of America

at _____ ss:

I, _____
Name

hereby certify that, to the best of my knowledge and belief,

Name

was born at _____,
Town or City Province or County

_____, on _____
State or Country Date (mm-dd-yyyy)

That: he/she never resided in the United States (Dates*) _____;

That: he/she resides at _____;

That: he/she acquired the nationality of the United States by virtue of _____;

That: he/she acquired the nationality of _____ by virtue of _____

That: he/she (The action causing expatriation should be set forth succinctly.) _____

That: said expatriating act was performed voluntarily with the intent to relinquish United States citizenship;

That: he/she thereby expatriated _____ self on (Date) _____
(mm-dd-yyyy) under the provisions of
Section _____ of (The Nationality Act of 1940)* (The Immigration and Nationality Act
of 1952 as amended)

That the evidence of such action consists of the following:

That attached to and made a part of this certificate are the following documents or copies thereof:

In testimony whereof, I have hereunto subscribed by name and affixed my office seal this _____ day of

_____, _____
(Month) (Year)

[SEAL]

Signature

Title

*Strikeout inapplicable item.

ADMINISTRATIVE REVIEW OF A FINDING OF LOSS OF NATIONALITY

The premise established by the administrative standard of evidence is applicable to cases adjudicated previously. Persons who previously lost U.S. citizenship may wish to have their cases reconsidered in light of this policy.

A person may initiate such a reconsideration by submitting a request to the nearest U.S. consular office or by writing directly to:

Director
Office of Legal Affairs
Overseas Citizens Services
(CA/OCS/L)

U.S. Department of State
CA/OCS/L
SA-17, 10th Floor
Washington, DC 20522-1707

or via express mail/courier service to

U.S. Department of State
CA/OCS/L
600 19th Street, NW
10th Floor
Washington, DC 20431

Each case will be reviewed on its own merits taking into consideration, for example, statements made by the person at the time of the potentially expatriating act.

For Additional Information See
http://www.travel.state.gov/law/citizenship/citizenship_778.html