Loss of Nationality Questionnaire

Please fill out this questionnaire and submit by email with your appointment request. When you are ready for your appointment, please email CanadaCLNAppointments@state.gov.

Full Name: _____
(LAST) (FIRST) (MIDDLE)

All Former Names: _____

_____

U.S. Social Security Number: _____

Current Address: _____

_____

Telephone: _____ E-Mail: _____

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? YES or NO

When you sign the forms, will you ____ swear or ____ affirm before the consular officer?

Please provide your top 2 choices for where in Canada you wish to attend your Loss of Nationality appointment. Place a "1" next to the location of your first choice, a "2" next to your second choice (only if you are willing to travel to that post), or, place a "1" only next to 'Next Available Appointment Anywhere In Canada.'

_____ Request For LON Appointment: OTTAWA

_____ Request For LON Appointment: TORONTO

_____ Request For LON Appointment: MONTREAL

_____ Request For LON Appointment: QUEBEC CITY

_____ Request For LON Appointment: HALIFAX

_____ Request For LON Appointment: CALGARY

_____ Request For LON Appointment: VANCOUVER

_____ Request For LON Appointment: Any Available Appointment in Canada