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United States Citizenship Attestation Form

NDE 20-022 Revised 10-16

Printed Name of Applicant		Social Security Number*	
	the purpose of complying with the Nebr. st as follows:	Rev. Stat. 4-108 through 4-114, I	
	I am a qualified alien under the federal Immigration and Nationality Act, my immigration status, alien number and card expiration date are as follows:		
	and I am providing a legible copy of my Immigration Services documentation as	•	
	DECLARATION, AUTHORIZA	TION AND SIGNATURE	
	I hereby attest that my response and information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.		
	Dated this day of	, 20	
	Signature of Applicant		