

**COMPLETE EACH SECTION  
WITH AS MUCH INFORMATION  
AS POSSIBLE!**

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

Every request must be accompanied by:  
-Full name  
-Current address  
-Date of birth  
-Place of birth  
-A-number

OMB No. 1615-0102; Expires 01/31/2015

**Form G-639, Freedom of Information/Privacy Act Request**

**NOTE:** Use of this form is optional. Any written format for a Freedom of Information or Privacy Act request is acceptable.

**START HERE - Type or print in black ink. Read instructions before completing this form.**

**1. Type of Request** (Check appropriate box. **NOTE:** If you are filing this request for records on behalf of another individual, please respond to Number 1 as it would apply to that individual.)

- Freedom of Information Act (FOIA): I am not a U.S. citizen/Lawful Permanent Resident and I am requesting my own records.
- Freedom of Information Act (FOIA): I am a U.S. citizen/Lawful Permanent Resident and I am requesting documents other than my own records.
- Privacy Act (PA): I am a U.S. citizen/Lawful Permanent Resident and I am requesting my own records.
- Amendment of Record (PA only): I am a U.S. citizen/Lawful Permanent Resident and I am requesting amendment of my own records.
- Other: \_\_\_\_\_

← Most clients will fall under this category.

**2. Description of Record(s) Requested:**

**NOTE:** While you are not required to respond to all items in Number 2, failure to provide complete and specific information as requested may result in a delay in processing or an inability to locate the record(s) or information requested.

- Complete Alien File (A-File) If you are not looking for a specific document, choose this option. However, it will take longer to process.
- Other (please specify): \_\_\_\_\_ If you are only looking for a specific piece of information, choose "Other" and describe the type of document, title, subject area, date, etc..

**Purpose:** (Optional: You are not required to state the purpose of your request. However, doing so may assist USCIS in locating the record(s) needed to respond to your request.) Although this is not required, it may be helpful to specify the goal of finding the document(s), e.g. "Applicant needs information on the N-400 Naturalization Application."

Family Name (Last Name)		Given Name (First Name)		Middle Name
Other Names Used (if any)				
Name at time of entry into the U.S.		I-94 Admission #		
Alien Registration Number (A#)	Petition or Claim Receipt #	Country of Birth	Date of Birth (mm/dd/yyyy)	

**Names of other family members that may appear on requested record(s) (i.e., spouse, daughter, son):**

<b>Family Member's Name:</b> Given Name (First Name)		Middle Name	Family Name (Last Name)	Relationship
<b>Father's Name:</b> Given Name (First Name)		Middle Name	Family Name (Last Name)	
<b>Mother's Name:</b> Given Name (First Name)		Middle Name	Family Name (Last Name, including Maiden Name)	
Country of Origin (Place of Departure)		Port of Entry Into the U.S.		Date of Entry (mm/dd/yyyy)
Manner of Entry (Air, Sea, Land)			Mode of Travel (Name of Carrier)	

Helpful to include, especially if the applicant traveled to the U.S. with another person, or if other people were listed on any petition related to the applicant.

If there is no death certificate or obituary available, you may also send a photograph of the headstone, a funeral memorial, or an excerpt from the Social Security Death Index as proof of death.

**3. Subject of Record Consent to Release Information** *Must be signed by the subject of record(s) requested.*

Choose one.

By my signature, I consent to allow USCIS to release to the requester named in Number 5 (Check applicable box):

All of my records       A portion of my records *(If a portion, specify below what part, i.e., copy of application.)*

Print Name of Subject of Record \_\_\_\_\_

Signature of Subject of Record \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

**Deceased Subject** - Proof of death must be attached *(Obituary, Death Certificate, or other proof of death required)* ←

**4. Verification of Identity** *(Required; Fill out all that apply.)* **MUST BE INCLUDED WITH EVERY REQUEST**

Name of Subject of Record <i>(First, Middle, Last)</i>		Daytime Telephone	E-mail Address
Address <i>(Street Number and Name)</i>		Apt. Number	
City	State	Zip Code	
Date of Birth <i>(mm/dd/yyyy)</i>	Place of Birth		

The Subject of Record must provide a signature under either a Notarized Affidavit of Identity or a Sworn Declaration Under Penalty of Perjury:

Notarized Affidavit of Identity  
Signature of Subject of Record \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Signature of Notary \_\_\_\_\_ My Commission Expires on \_\_\_\_\_

**Sworn Declaration Under Penalty of Perjury**   Choose either notarized affidavit OR sworn declaration.

**Executed outside the United States**

If executed outside the United States: "I declare (certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Signature of Subject of Record \_\_\_\_\_

**Executed in the United States**

If executed within the United States, its territories, possessions, or commonwealths: "I declare (certify, verify, or state) under penalty of perjury that the foregoing is true and correct."

Signature of Subject of Record \_\_\_\_\_

**5. Requester Information**

By my signature, I consent to pay all costs incurred for search, duplication and review of materials up to \$25 *(See instructions)*

Signature of Requester: \_\_\_\_\_

Name of Requester <i>(Fill out if different from the Subject of Record.)</i>		Daytime Telephone	E-mail Address
Address <i>(Street Number and Name)</i>		Apt. Number	
City	State	Zip Code	

The requester is the applicant, who is responsible for any costs incurred during the record search. To ensure delivery of the file, it may be helpful to use the organization's address rather than the applicant's address, with the applicant's consent.