# COMPLETE EACH SECTION WITH AS MUCH INFORMATION AS POSSIBLE!

# **Freedom of Information/Privacy Act Request**

**Department of Homeland Security** 

U.S. Citizenship and Immigration Services

USCIS Form G-639 OMB No. 1615-0102 Expires 04/30/2020

**NOTE:** Use of this form is optional. USCIS accepts any written request, regardless of format, provided that the request complies with the applicable requirements under the FOIA and the Privacy Act.

No

# ► START HERE - Type or print in black ink.

Part 1. Type of Request

#### Select only one box.

**NOTE:** If you are filing this request on behalf of another individual, respond as it would apply to that individual.

**1.a.** Freedom of Information Act (FOIA)/Privacy Act (PA)

1.b. Amendment of Record (PA only)

#### Part 2. Requestor Information

1. Are you the Subject of Record for this request? Requestor will always be PC employee Yes

If you answered "No" to **Item Number 1.**, provide the information requested in **Part 2.** If you answered "Yes" t

information requested in **Part 2.** If you answered "Yes" to **Item Number 1.**, skip to **Part 3.** 

# Requestor's Full Name 2.a. Family Name (Last Name) PC Employee Name 2.b. Given Name (First Name) PC Employee Name

2.c. Middle Name PC Employee Name

# **Requestor's Mailing Address**

**3.a.** In Care Of Name (if any) **Project Citizenship** Street Number **3.b.** 4 Faneuil South Market Building and Name 3.c. Apt. Ste. Flr. 3rd 3.d. City or Town **Boston** 3.f. ZIP Code 3.e. State MA 02109 Province 3.g. 3.h. Postal Code 3.i. Country USA This should be their current legal name

# **Requestor's Contact Information**

- 4. Requestor's Daytime Telephone Number (617) 694 5949
- 5. Requestor's Mobile Telephone Number (if any) (617) 694 5949
- 6. Requestor's Email Address (if any)

# **Requestor's Certification**

By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to **\$25**. (See Form G-639 Instructions for more information.)

7.a. Requestor's Signature

| <b>\</b> |
|----------|
|          |
| _        |

- PC Employee Signature
- 7.b. Date of Signature (mm/dd/yyyy)

# Part 3. Description of Records Requested

**NOTE:** While you are not required to respond to every item in **Part 3.**, failure to provide complete and specific information may delay processing of your request or create an inability for U.S. Citizenship and Immigration Services (USCIS) to locate the records or information requested.

1. **Purpose (Optional:** You are not required to state the purpose of your request. However, providing this information may assist USCIS in locating the records needed to respond to your request.)

"All Immigration Records"

# Full Name of the Subject of Record

 

 2.a.
 Family Name (Last Name)
 Applicant's Current Name

 2.b.
 Given Name (First Name)
 Applicant's Current Name

 2.c.
 Middle Name
 Applicant's Current Name

| Par          | rt 3. Descrip              | tion of Records Requested   |    |
|--------------|----------------------------|---|----|
| (co1         | ntinued)                   |   |    |
| Oth          | er Names Us                | ed by the Subject of Record (if an  | y) |
| maid<br>comp | en name, and ni            | nes you have ever used, including aliase<br>icknames. If you need extra space to<br>n, use the space provided in <b>Part 5.</b><br>ition. | s, |
| 3.a.         | Family Name<br>(Last Name) |   |    |
| 3.b.         | Given Name<br>(First Name) |   |    |
| 3.c.         | Middle Name                |   |    |
|              |                            |   |    |

# Full Name of the Subject of Record at Time of Entry into the United States

| Doesn't <b>4.</b> a matter if | <ul> <li>Family Name<br/>(Last Name)</li> </ul> |  |
|-------------------------------|---|--|
| not real 4.b<br>(legal)       | Given Name (First Name)                         |  |
| name<br>4.c                   | . Middle Name                                   |  |

# **Other Information About the Subject of Record**

| <del>5.</del> | Form I-94 Number Arrival-Departure Record        |   |
|---------------|--|---|
|               |  |   |
| 6.            | Alien Registration Number (A-Number) (if any)    |   |
| Add 0 in      | front if not 9 digits ► A-                       |   |
| 7.            | USCIS Online Account Number (if any)             |   |
|               |  |   |
| 8.            | Application, Petition, or Request Receipt Number | - |
| found on pri- |  |   |

# Information About Family Members that May Appear on Requested Records

For example, provide the requested information about a spouse or children. If you need extra space to complete this section, use the space provided in **Part 5. Additional Information.** 

# Family Member 1

| 9.a. | Family Name<br>(Last Name)                         |  |  |
|------|--|--|--|
| 9.b. | Given Name<br>(First Name)                         |  |  |
| 9.c. | Middle Name  |  |  |
| 10.  | Relationship                                       |  |  |
|      | spouse, parent, child, sister/brother, fiance, etc |  |  |

#### Family Member 2

|       | Family Name<br>(Last Name)                         |  |  |  |
|-------|--|--|--|--|
| 11.b. | Given Name<br>(First Name)                         |  |  |  |
| 11.c. | Middle Name  |  |  |  |
| 12.   | Relationship                                       |  |  |  |
|       | spouse, parent, child, sister/brother, fiance, etc |  |  |  |

# Parents' Names for the Subject of Record

#### Father

| 13.a. | Family Name<br>(Last Name) |  |
|-------|----------------------------|--|
| 13.b. | Given Name<br>(First Name) |  |
| 13.c. | Middle Name                |  |

#### Mother

| 14.a. | Family Name<br>(Last Name) |  |
|-------|----------------------------|--|
| 14.b. | Given Name<br>(First Name) |  |
| 14.c. | Middle Name                |  |

14.d. Maiden Name (if applicable)

#### 15. Description of Records Sought.

Provide a description of the records you are seeking. If you need additional space, use the space provided in **Part 5. Additional Information**.

"All immigration records"

# Part 4. Verification of Identity and Subject of Record Consent

**NOTE:** Complete all applicable **Item Numbers**. In addition, the Subject of Record **MUST** sign **Part 4**. of this request.

# Full Name of the Subject of Record

**1.a.** Family Name (Last Name)

me) Applicant's Current Name

- **1.b.** Given Name (First Name)
  - Applicant's Current Name
- 1.c.Middle NameApplicant's Current Name

#### DO NOT INCLUDE APPLICANT'S FULL ADDRESS IF WE BELIEVE THEY MAY HAVE ORDER OF REMOVAL

|      | rt 4. Verification of Identity and Subject of<br>cord Consent (continued) | 0                        | ature and Notarized Affidavit or Declaration<br>the Subject of Record  |
|------|---|--------------------------|--|
| Ma   | iling Address for the Subject of Record                                   | Select                   | only one box.  |
|      | In Care Of Nave (if any) Street Number and Name                           | Item I<br>Numb<br>Subjec | E: The Subject of Record MUST provide a signature in<br>Number 8.a. Notarized Affidavit of Identity OR Item<br>Der 8.b. Declaration Under Penalty of Perjury. If the<br>ct of Record is deceased, read Item Number 8.c.<br>used Subject of Record and attach proof of death.   |
| 2.c. | Apt. Ste. Flr.  | 8.a.                     | Notarized Affidavit of Identity  |
| 2.d. | City or Town  |                          | (Do <b>NOT</b> sign and date below until the notary public provides instructions to you.)  |
| 2.g. | State 2.f. ZIP Code   |                          | By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in <b>Part 2.</b> I also consent to pay all costs incurred for search, duplication, and review of documents up to <b>\$25</b> (if filing this request for myself):  |
|      | Postal Code   |                          | documents up to \$25 (if thing this request for myself).   |
| 2.i. | Country   |                          | Signature of Subject of Record   |
| Oth  | eer Information for the Subject of Record                                 |                          | Date of Signature (mm/dd/yyyy)   |
| 3.   | Date of Birth (mm/dd/yyyy)  |                          | Subscribed and sworn to before me on this  |
| 4.   | Country of Birth BOTH DOB/COUNTRY MUST BE INCLU                           | JDED                     | day of in the year   |
|      |   |                          | Daytime Telephone Number   |
| Cor  | ntact Information for the Subject of Record                               |                          |  |
| Prov | iding this information is <b>optional</b> .                               |                          | Signature of Notary  |
| 5.   | Daytime Telephone Number  |                          |  |
|      |   |                          | My Commission Expires on (mm/dd/yyyy)  |
| 6.   | Mobile Telephone Number (if any)  | 8.b.                     | <b>Declaration Under Penalty of Perjury</b>  |
| 7.   | Email Address (if any)  |                          | By my signature, I consent to USCIS releasing the<br>requested records to the requestor (if applicable)<br>named in <b>Part 2.</b> I also consent to pay all costs<br>incurred for search, duplication, and review of<br>documents up to <b>\$25</b> (if filing this request for myself).<br>I certify, swear, or affirm, under penalty of perjury<br>under the laws of the United States of America, that |
|      |   |                          | the information in this request is complete, true, and correct.           Signature of Subject of Record           Date of Signature (mm/dd/yyyy)  |
|      |   | 8.c.                     | Deceased Subject of Record   |
|      | No signature needed for deceased, just need proof o                       | of death                 | ( <b>NOTE:</b> You <b>MUST</b> attach an obituary, death certificate, or other proof of death )  |

Form G-639 04/17/17 N

or other proof of death.)

| Part 5. Additional Information  | 5.a. | Page Number | 5.b. | Part Number | 5.c. | Item Number |
|---|------|-------------|------|-------------|------|-------------|
| If you need extra space to provide any additional information<br>within this request, use the space below. If you need more<br>space than what is provided, you may make copies of this page<br>to complete and file with your request or attach a separate sheet<br>of paper. Type or print the name of the Subject of Record and<br>his or her A-Number (if any) at the top of each sheet; indicate<br>the <b>Page Number, Part Number</b> , and <b>Item Number</b> to which<br>the information refers; and sign and date each sheet. | 5.d. |             |      |             |      |             |
| 1.a. Family Name (Last Name)  |      |             |      |             |      |             |
| 1.b. Given Name<br>(First Name)   |      |             |      |             |      |             |
| 1.c. Middle Name  |      |             |      |             |      |             |
| <ul> <li>Alien Registration Number (A-Number) (if any)</li> <li>► A-</li> </ul>   |      |             |      |             |      |             |
| <b>3.a.</b> Page Number <b>3.b.</b> Part Number <b>3.c.</b> Item Number   |      |             |      |             |      |             |
| 3.d.  |      |             |      |             |      |             |
|   | 6.a. | Page Number | 6.b. | Part Number | 6.c. | Item Number |
|   |      |             |      |             |      |             |
|   | 6.d. |             |      |             |      |             |
|   |      |             |      |             |      |             |
|   |      |             |      |             |      |             |
|   |      |             |      |             |      |             |
|   |      |             |      |             |      |             |
|   |      |             |      |             |      |             |
| 4.a. Page Number 4.b. Part Number 4.c. Item Number  |      |             |      |             |      |             |
|   |      |             |      |             |      |             |
| 4.d.  |      |             |      |             |      |             |
|   |      |             |      |             |      |             |
|   |      |             |      |             |      |             |
|   |      |             |      |             |      |             |
|   |      |             |      |             |      |             |
|   |      |             |      |             |      |             |
|   |      |             |      |             |      |             |
|   |      |             |      |             |      |             |
|   |      |             |      |             |      |             |