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.

► **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?

☐ Yes ☐ No

If you answered "No" to **Item Number 1.**, provide the 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)

2.b. Given Name (First Name)

2.c. Middle Name

Requestor's Mailing Address

3.a. In Care Of Name (if any)

3.b. Street Number and Name

3.c. ☐ Apt. ☐ Ste. ☐ Flr.

3.d. City or Town

3.e. State **3.f.** ZIP Code

3.g. Province

3.h. Postal Code

3.i. Country

Requestor's Contact Information

4. Requestor's Daytime Telephone Number

5. Requestor's Mobile Telephone Number (if any)

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

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.)

Full Name of the Subject of Record

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Part 3. Description of Records Requested (continued)

Other Names Used by the Subject of Record (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 5. Additional Information**.

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

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

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

Other Information About the Subject of Record

5. Form I-94 Number Arrival-Departure Record

►

6. Alien Registration Number (A-Number) (if any)

► **A-**

7. USCIS Online Account Number (if any)

►

8. Application, Petition, or Request Receipt Number

►

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 (Last Name)

9.b. Given Name (First Name)

9.c. Middle Name

10. Relationship

Family Member 2

11.a. Family Name (Last Name)

11.b. Given Name (First Name)

11.c. Middle Name

12. Relationship

Parents' Names for the Subject of Record

Father

13.a. Family Name (Last Name)

13.b. Given Name (First Name)

13.c. Middle Name

Mother

14.a. Family Name (Last Name)

14.b. Given Name (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**.

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)

1.b. Given Name (First Name)

1.c. Middle Name

Part 4. Verification of Identity and Subject of Record Consent (continued)

Mailing Address for the Subject of Record

2.a. In Care Of Name (if any)

2.b. Street Number and Name

2.c. ☐ Apt. ☐ Ste. ☐ Flr.

2.d. City or Town

2.e. State **2.f.** ZIP Code

2.g. Province

2.h. Postal Code

2.i. Country

Other Information for the Subject of Record

3. Date of Birth (mm/dd/yyyy)

4. Country of Birth

Contact Information for the Subject of Record

Providing this information is **optional**.

5. Daytime Telephone Number

6. Mobile Telephone Number (if any)

7. Email Address (if any)

Signature and Notarized Affidavit or Declaration of the Subject of Record

Select **only one** box.

NOTE: The Subject of Record **MUST** provide a signature in **Item Number 8.a. Notarized Affidavit of Identity OR Item Number 8.b. Declaration Under Penalty of Perjury**. If the Subject of Record is deceased, read **Item Number 8.c. Deceased Subject of Record** and attach proof of death.

8.a. ☐ **Notarized Affidavit of Identity**

(Do **NOT** sign and date below until the notary public provides instructions to you.)

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2.** I also consent to pay all costs incurred for search, duplication, and review of documents up to **$25** (if filing this request for myself).

Signature of Subject of Record

Date of Signature (mm/dd/yyyy)

Subscribed and sworn to before me on this _____

day of _____ in the year _____.

Daytime Telephone Number _____

Signature of Notary

My Commission Expires on (mm/dd/yyyy)

8.b. ☐ **Declaration Under Penalty of Perjury**

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in **Part 2.** I also consent to pay all costs incurred for search, duplication, and review of documents up to **$25** (if filing this request for myself).

I certify, swear, or affirm, under penalty of perjury 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

(**NOTE:** You **MUST** attach an obituary, death certificate, or other proof of death.)

Part 5. Additional Information

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with your request or attach a separate sheet of paper. Type or print the name of the Subject of Record and his or her A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which the information refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Alien Registration Number (A-Number) (if any)

► **A-**

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d.

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d.

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d.

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d.