## Department of Homeland Security

U.S. Citizenship and Immigration Services

<b>NOTE:</b> Completion of this form is optional.	Any written format for a I	Freedom of In	formation or Privacy	Act request is acceptable.
START HERE - Type or print in black i				
1. Type of request (Check appropriate b	pox)			
<ul> <li>Freedom of Information Act (FOIA) (</li> <li>Privacy Act (PA) (<i>Number 6 must be</i></li> <li>Amendment (<i>PA only. Number 5 must</i>)</li> </ul>	completed in addition to al	l other applica		
2. Requester Information				
Name of Requester (Last, First and Middle	le Names):	Date (mm/d	d/yyyy): Day	time Telephone:
Address (Street Number and Name):			Ар	t. Number:
City:	State:	State:		Code:
By my signature, I consent to the followi Pay all costs incurred for search, duplication Signature of requester: Deceased Subject - Proof of death 3. Consent to Release Information (4)	on, and review of materia	tuary, Death	Certificate or other	proof of death required)
Print Name of Person Giving Consent:	0	ignature of Po	erson Giving Conser	nt (Original signature required):
<ul> <li>By my signature, I consent to the followin</li> <li>Allow the requester named in Number 2 ab</li> <li>(Consent is required for records of U. 3</li> <li>4. Information Needed to Search for</li> <li>Specific information, document(s), or red</li> </ul>	ove to review: All o S. citizens (USC) and law r Record(s)	f my records, c <i>yful permaner</i>	below what p	ny records ( <i>If a portion, specify</i> <i>art, i.e., copy of application.</i> ) <i>d location of information</i> ):
<b>Purpose:</b> ( <i>Optional:</i> You are not requine the records needed to respond to your responded on Subject of Records.	equest.)			
* Family Name:	Given Name:	Given Name:		Middle Name:
* Other names used, if any:	* Name at time of e	* Name at time of entry into the U.S.:		I-94 Admission #:
* Alien Registration Number (A#):	* Petition or Claim	* Petition or Claim Receipt #:  * Country of		* Date of Birth (mm/dd/yyyy)
Names of other family members that may	y appear on requested rec	cord(s) ( <i>i.e.</i> , s	pouse, daughter, soi	ı):
Father's Name: First	Middle		Last	

Mother's Name: First

Middle

Last (include Maiden Name)

Country of Origin ( <i>Place of Departure</i> ):	Port of Entry Into the U.S.:		Date of Entry:			
Manner of Entry (Air, Sea, Land):	Mode of Travel (Name of Carrier):		U.S. Social Security Number:			
Name on Naturalization Certificate:		Certificate #:	Naturalization Date:			
Address on Date of Naturalization:		Court and Location:				
6. Verification of Subject's Identity (	See instructions for explar	nation. Check one box.)				
In-Person With ID Notarized Affidavit of Identity Other (Specify)						
7. Signature of Subject of Record						
(Original signature required)		Date:				
		Telep	bhone No.: ( )			
8. Notary (Normally needed from person. below.)	s who are the subject of the r	ecord sought or for a sworn d	eclaration under penalty of perjury. See			
Subscribed and sworn to before me this		Day of	in the Year			
Signature of Notary		My Commission Expires on				
	OR	2				
<b>NOTE:</b> If a declaration is provided in lieu of a the appropriate space below):	a notarized signature, it mus	t state at a minimum the follow	ving (include notary seal or stamp in			
Executed outside the United States		Executed in 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.		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:		ignature:				

(Seal/Stamp)