

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

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: _____

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)
- Other (please specify): _____

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.)

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|--------------------------------|-----------------------------|-------------------------|-------------------------------------|----------------------------|------------------|
| 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):

| | | | | |
|--|--|-----------------------------|--|----------------------------|
| Family Member's Name: Given Name (First Name) | | Middle Name | Family Name (Last Name) | Relationship |
| | | | | |
| Father's Name: Given Name (First Name) | | Middle Name | Family Name (Last Name) | |
| | | | | |
| Mother's Name: 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) | |
| | | | | |

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

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.)

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

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