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

NOTE:	Use o	of this t	form is	s optional	. Any	written	format	for a	Freedom	of Ir	nformati	ion or	Privacy	Act rec	juest is acce	ptable.

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

1. Type of Request (Check appropriate box)

Freedom of Information Act (FOIA) (Complete all items except Number 6.)

Privacy Act (PA) (Number 6 must be completed in addition to all other applicable items.)

Amendment of Record (PA only) (Number 5 must be completed in addition to all other applicable items.)

2. Requester Information

Name of Requester (Last, First, and Middle Names)	Date (mm/dd/yyyy)Daytime T			elephone	
Address (Street Number and Name)				Apt. Number	
City	State			Zip Co	de

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:

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

3. Consent to Release Information (Complete if person is different from requester.) (Numbers 7 and 8 must be completed.)

Print Name of Person/Record Subject Giving Consent	Signature of Person Giving Consent (Original signature required)

By my signature, I consent to allow the requester named in Number 2 above to review (Check applicable box):

All of my records

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

(Consent is required for records of U. S. citizens (USC) and lawful permanent residents (LPR).)

4. Information Needed to Search for Record(s)

Identify the documents, records, or information you are seeking. Be as specific as possible.

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

5. Data Needed on Subject of Record (*Note*: Items marked with an asterisk (*) must be provided if known.)

*Family Name (Last Name)	Given Name (First Name)	Middle Name		

5. Data Needed on Subject of Record	(Continued)							
*Other Names Used <i>(if any)</i>	* Nam	ne at time of er		I-94 Admission #				
*Alien Registration Number (A#) * Petition of	r Claim Receipt #	[#] * Country of	Birth	*Date of	*Date of Birth (mm/dd/yyyy)			
Names of other family members that may ap	pear on requeste	ed record(s) <i>(i</i>	.e., spouse, daughter	, son):				
*Family Member's Name: Given Name (First N	<i>Name)</i> Middle Na	me	Family Nam	e (Last Name)	Relationship			
*Father's Name: Given Name (First Name)	Middle Name		Family Name (Last	Name)	I			
*Mother's Name: Given Name (First Name)	Middle Name		Family Name (Last	Name) (includ	ing Maiden Name)			
Country of Origin (Place of Departure)	Port of Entr	y Into the U.S.		Date of E	ntry (mm/dd/yyyy)			
Manner of Entry (Air, Sea, Land)		Mode of Tr	avel (Name of Carrie	er)				
6. Verification of Subject of Record's Ide				ox.)				
7. Signature of Subject of Record								
(Original signature required):			Date Telephon					
8. Notary (Normally needed from person. penalty of perjury. See below.)	s who are the si	ıbject of the r	ecord sought or for	• a sworn deci	laration under			
Subscribed and sworn to before me this		day of		in the year				
Signature of Notary			My Commissio	n Expires on _				
NOTE: If a declaration is provided in lieu of a stamp in the appropriate space below):	notarized signat	OR ure, it must sta	te at a minimum the j	following (incli	ude notary seal or			
Executed outside the United States		Execute	Executed in the United States					
If executed outside the United States: "I declare verify, or state) under penalty of perjury under t United States of America that the foregoing is the	or commo	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.						

penalty of perjury that the foregoing is true and correct.

Signature

Signature

Seal or Stamp