

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 (<i>Last Name</i>)		Given Name (<i>First Name</i>)		Middle Name	
Other Names Used (<i>if any</i>)			Name at time of entry into the U.S.		I-94 Admission #
Alien Registration Number (<i>A#</i>)	Petition or Claim Receipt #	Country of Birth		Date of Birth (<i>mm/dd/yyyy</i>)	

Names of other family members that may appear on requested record(s) (i.e., spouse, daughter, son):

Family Member's Name: Given Name (<i>First Name</i>)		Middle Name	Family Name (<i>Last Name</i>)	Relationship
Father's Name: Given Name (<i>First Name</i>)		Middle Name	Family Name (<i>Last Name</i>)	
Mother's Name: Given Name (<i>First Name</i>)		Middle Name	Family Name (<i>Last Name, including Maiden Name</i>)	
Country of Origin (<i>Place of Departure</i>)		Port of Entry Into the U.S.		Date of Entry (<i>mm/dd/yyyy</i>)
Manner of Entry (<i>Air, Sea, Land</i>)			Mode of Travel (<i>Name of Carrier</i>)	

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	