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

<b>NOTE:</b> Use of this form is optional. Any writ	ten format for a Freedom	of Information or Priva	acy Act request is acc	eptable.							
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	<del>11/ /</del>	1	111	,							
Name of Requester (Last, First, and Middle	Namas)	Date (mm/dd/yyyy) Daytime Telephone									
Name of Requester (Last, First, and Maare	e Names)	Date (mm/aa/y	Da <sub>i</sub>	Daytime Telephone							
Address (Street Number and Name)					Apt. Number						
Table 35 (Sires France)		Tipu Tiumout									
City	State	<b>- 1</b>		Zip Co	de						
				1							
Ry my signature I consent to pay all costs	s incurred for search	lunlication and revie	w of materials un te	\$25 (S	[aa instructions]						
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 - <b>Proof of death must be attached</b> (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 Givin	g Consent S	Signature of Person Giving Consent (Original signature required)									
-											
By my signature, I consent to allow the rea	uester named in Numb	er 2 above to review (	Check applicable bo	x):							
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 be	elow what part, i.e., c	copy of a	ipplication.)						
_											
(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 Nat	,	Middle Name								
		/									

5. Data Needed on Subject of Record	((	Continued)						
			e at time of entry into the U.S.				I-94 Admission #	
*Alien Registration Number (A#)   * Petition	or Cla	im Receipt #	* Country of	Birth		*Date of B	irth (mm/dd/yyyy)	
Names of other family members that may a	ppear	on requeste	d record(s) (i.	e., spou	se, daughter, son	·):		
*Family Member's Name: Given Name (First Name) Middle N					Family Name (La		Relationship	
Taming Frences & Frances & Frances		, 1,110010 1 (01			2 4411119 1 (411110 (21	<u> </u>	Tterumonsmp	
*Father's Name: Given Name (First Name) Middle Name			Family	nily Name (Last Name)				
					<u> </u>			
*Mother's Name: Given Name (First Name) Mid		iddle Name		Family Name (Last Name) (including Maiden Nam			ng Maiden Name)	
,					· · · · · · · · · · · · · · · · · · ·			
Country of Origin (Place of Denguture)		Dowt of Enter	Into the II C			Data of Ent		
Country of Origin (Place of Departure)		Port of Entry	Into the U.S.			Date of Ent	ry (mm/dd/yyyy)	
Manner of Entry (Air, Sea, Land)			Mode of Tra	avel (Na	ume of Carrier)			
Trainer of Birty (111, Sett, Birty)			171000 01 110	., 01 (110	ance of convery			
6. Verification of Subject of Record's Id	entity	i (See instruc	tions for expla	nation.	Check one box.)			
		it of Identity						
7. Signature of Subject of Record				1 00				
(Original signature required):					Date (mm	/dd/vvvv)		
(Original signalare required).			Telephone No.					
<b>8. Notary</b> (Normally needed from person		0 ano the au	hingt of the m	a a a u d a			unation un don	
<b>8. Notary</b> (Normally needed from person penalty of perjury. See below.		o are ine su	ojeci oj ine ri	ecora s	ougni or jor a s	<i>worn аесіа</i>	ration unaer	
Subscribed and sworn to before me this	<i>,</i>	Ċ	lay of		in t	the year		
			· -					
Signature of Notary My Commission Expires on								
<b>NOTE:</b> If a declaration is provided in lieu of	a nota	rized signatu	re. it must stat	te at a n	inimum the follo	wing (includ	le notarv seal or	
stamp in the appropriate space below):			.,					
<b>Executed outside the United States</b>			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			If executed within the United States, its territories, possessions, or commonwealths: "I declare (certify, verify, or state) under					
United States of America that the foregoing is true and correct.			penalty of perjury that the foregoing is true and correct.					
Signature			Signature					
G 1 G/					0 1 6	74		
Seal or Stamp					Seal or S	stamp		