

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

# I-102, Application for Replacement/Initial Nonimmigrant Arrival - Departure Document

**START HERE - Please type or print in black ink.**

**Part 1. Information About You**

Family Name	Given Name	Middle Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Address - In care of -</b>		
<input style="width: 98%;" type="text"/>		
Street Number and Name		Apt./Suite #
In care of -		
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
City	State	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Zip/Postal Code	Country	Date of Birth (mm/dd/yyyy)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Country of Birth	Country of Citizenship/Nationality	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
A-Number (If any)	U.S. Social Security # (If any)	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Date (mm/dd/yyyy) and Place of Last Admission		Current Nonimmigrant Status
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Status Expires on (mm/dd/yyyy)	I-94, I-94W, or I-95 Arrival/Departure Document #	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

**Part 2. Reason for Application**

Check the box that best describes your reason for requesting a replacement document (Check one box).

- a.  I am applying to replace my lost or stolen Form I-94 (or I-94W).
- b.  I am applying to replace my lost or stolen Form I-95.
- c.  I am applying to replace Form I-94 (or I-94W) because it is mutilated. I have attached my original I-94 (or I-94W).
- d.  I am applying to replace Form I-95 because it is mutilated. I have attached my original Form I-95.
- e.  I was not issued Form I-94 when I entered as a nonimmigrant, and I am filing this application together with an application for an extension of stay/change of status.
- f.  I was issued Form I-94, I-94W, or I-95 with incorrect information, and I am requesting USCIS to correct the document. I have attached my original Form I-94, I-94W, or I-95.
- g.  I was not issued Form I-94 when I entered as a nonimmigrant member of the military, and I am filing this application for an initial Form I-94.

**For USCIS Use Only**

Returned	Receipt
Date	<div style="border: 1px solid black; height: 100%;"></div>
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	
<input type="checkbox"/> Applicant Interviewed on _____	
<b>New I-94 #</b>	
<b>Remarks</b>	
<b>Action Block</b>	
<p><b>To Be Completed by</b> <i>Attorney or Representative, if any.</i></p> <p><input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.</p>	
ATTY State License #	

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**Part 3. Processing Information**

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1. Are you filing this application with any other petition or application?

No

Yes - Form #

2. Are you now in removal proceedings?

No

Yes (Give detailed information regarding the proceedings. If you need more space to complete the answer, use a separate sheet(s) of paper. Write your name and A #, if any, and "Part 3, Number 2" at the top of each sheet.)

3. If you are unable to provide the original of your Form I-94, I-94W, or I-95, give the following information:

Your name exactly as it appears on Form I-94, I-94W, or I-95, if known (*Print clearly*)

Class of Admission

Place of Admission

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**Part 4. Signature** (*Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.*)

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I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

**Signature**

**Daytime Telephone Number** (*With area code*)

**Date** (*mm/dd/yyyy*)

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**Part 5. Signature of Person Preparing Form, if Other Than Above** (*Sign below*)

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I declare that I prepared this application at the request of the above person, and it is based on all information of which I have knowledge.

**Signature**

**Print or Type Your Name**

**Firm Name**

**Firm Address** (*Street Number and Name or P.O. Box, City, State, Zip Code*)

**Daytime Telephone Number** (*With area code*)

**E-Mail Address** (*If any*)

**Date** (*mm/dd/yyyy*)