

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.*)

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):**

<b>Family Member's Name:</b> Given Name ( <i>First Name</i> )		Middle Name	Family Name ( <i>Last Name</i> )	Relationship
<b>Father's Name:</b> Given Name ( <i>First Name</i> )		Middle Name	Family Name ( <i>Last Name</i> )	
<b>Mother's Name:</b> 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	