

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

**Form I-590, Registration for  
Classification as Refugee**

Type or print the following information in black ink. (Read instructions on Page 2.)

A-Number: \_\_\_\_\_

1. Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

2. Present Address: (Street Number and Name/Town or City/State or Province/Country) \_\_\_\_\_

3. Date of Birth: (mm/dd/yyyy)	Place of Birth (Town or City/State or Province/Country)	Present Citizenship/Nationality
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4. Country from which I fled or was displaced:	On or about (mm/dd/yyyy):
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5. Reasons (State in detail):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. My present immigration status in (Country in which residing) \_\_\_\_\_ is:

Evidence of my immigration status is:

(Describe):

7. Name of Spouse:	8. Present Address of Spouse (if different):	9. Citizenship/Nationality of Spouse:
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10. My Spouse:  will  will not accompany me to the United States:

Place an (X) in front of name of each child who will accompany you to the United States.

11. Name of Child(ren)	Date of Birth (mm/dd/yyyy)	Place of Birth	Present Address (if different):
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

**12. Schooling or Education**

Name and Location of School	Type	Dates Attended	Title of Degree or Diploma

**13. Military Service**

Country	Branch and Organization	Dates	Serial No.	Rank Attained

14. Political, professional, or social organizations of which I am now or have been a member or with which I am now or have been affiliated since my 16th birthday. (If you have never been a member of any organization, state "None.")

15. I  have  have not been charged with a violation of law. (If you have ever been charged with a violation of law, give date, place, and nature of each charge and the final result.)

16. I  have  have not been in the United States. (If you have ever been in the United States, provide the dates of entry and departure and the purpose of your entry (visitor, lawful permanent resident, student, seaman, etc..))

File or Alien Registration Number: \_\_\_\_\_

17. I have the following close relatives in the United States:

Name	Relationship	Present Address

18. I am being sponsored by (Name and address of sponsor in United States):

Date: \_\_\_\_\_ Signature of Registrant: \_\_\_\_\_

**Do not write below this line. For Government Use Only.**

I \_\_\_\_\_, do swear (affirm) that I know the contents of this registration subscribed by me, including the attached documents, that the same are true to the best of my knowledge, and that corrections numbered (\_\_\_\_) to (\_\_\_\_) were made by me or at my request, and that this registration was signed by me with my full, true name:

\_\_\_\_\_  
(Complete and true signature of registrant)

Subscribed and sworn to before me by the above-named registrant at \_\_\_\_\_ on \_\_\_\_\_  
(mm/dd/yyyy)

\_\_\_\_\_  
(Signature and Title of Officer)

Interview	Approved	Action Block
Date At _____ Immigration Officer	Date _____ Officer in Charge	

**Instructions**

**Submission of Form** -This form should be filled out, signed, and submitted to the District Director or Officer in Charge of the nearest overseas office of U.S. Citizenship and Immigration Services (USCIS). When USCIS begins processing your form, you will be receive additional instructions.

**Registration** - A separate Form I-590, Registration for Classification as Refugee, is required for each registrant. Form I-590 on behalf of a child under 14 years of age shall be submitted by the parent or guardian.

**USCIS Privacy Act Statement**

**Authorities:** The information requested on this form, and the associated evidence, is collected under the Immigration and Nationality Act, section 101, et seq.

**Purpose:** The primary purpose for providing the requested information on this form is to determine if you have established eligibility for the immigration benefit for which you are filing. The information you provide will be used to grant or deny the benefit sought.

**Disclosure:** The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in denial of your form.

**Routine Uses:** The information you provide on this form may be shared with other Federal, State, local, and foreign government agencies and authorized organizations following approved routine uses described in the associated published system of records notices [DHS-USCIS-007 - Benefits Information System and DHS-USCIS-001 - Alien File, Index, and National File Tracking System of Records, which can be found at [www.dhs.gov/privacy](http://www.dhs.gov/privacy)]. The information may also be made available, as appropriate, for law enforcement purposes or in the interest of national security.

**Public Reporting Burden** - A person is not required to respond to a collection of information unless it displays a currently valid OMB control number. This collection of information is estimated to average 35 minutes per response. If you have comments regarding the accuracy of this estimate or suggestions for simplifying this form, write to: U.S. Citizenship and Immigration Services, Regulatory Products Division, Office of the Executive Secretariat, 20 Massachusetts Avenue, N.W., Washington, DC 20529-2020: OMB No. 1615-0068. **Do not mail your completed application to this address.**