TABLE OF CHANGES - FORM Form I-590, Registration for Classification as Refugee OMB No. 1615-0068 10/09/2014

Reason For Revision: Form expiring; revising form to include several new data collections and new data collection format.

LOCATION	CURRENT VERSION	PROPOSED VERSION
Page 1	A-Number	[Alien Registration Number, Case Number, and U.S. Social Security Number have been moved to be to be under and to the left and under the For DHS Use Only box and auto-filled at the top of each page]
		[Page 1]
		Part 1. Information About You
	1. Name (First) (Middle) (Last)	1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
		2. Other Names Used (<i>if any</i>) Include maiden name, names by previous marriages, and all aliases.
	2. Present Address: (Street Number and Name/Town or City/State or Province/Country)	3. C/O (<i>In Care Of Name</i>) Street Number and Name (Present Location) City Province Postal Code Country
	3. Date of Birth (<i>mm/dd/yyyy</i>) Place of Birth (<i>Town or City/state or Province/Country</i>) Present Citizenship/Nationality	 4. Date of Birth (mm/dd/yyyy) 5. Gender 6. Place of Birth (Country, City/Town/Village) 7. Present Citizenship or Nationality 8. Ethnicity and/or Tribal Group 9. Religion (if any) 10. Language (native) 11. Other languages that you speak

	[Page2]
	12. Identity documents, e.g., passport, national identification card and/or UNHCR identification card. Please provide your complete name and date of birth as shown on each document listed.
	Document 1 [3 columns for data collection] Your Name As Shown on Document Date of Birth on Document(mm/dd/yyyy) Document Type Document Number Date of Issuance (mm/dd/yyyy) Place of Issuance Issuing Authority
New	[Page2]
	Part 2. Information About Your Parents Provide the following information about your parents. Include living, deceased, biological, step and adoptive parents. (Please use continuation page if necessary.) 1. Parent 1 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Date of Birth (mm/dd/yyyy) Relationship to You Country of Birth Street Number and Name (Present Location. If deceased, write "deceased.") City Province Postal Code Country
	2. Parent 2 Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name (<i>if applicable</i>) Date of Birth (<i>mm/dd/yyyy</i>) Relationship to you Country of Birth

Page 1	12. Schooling or Education	Location. If deceased, write "deceased.") City Province Postal Code Country [Page2] Part 3. Schooling or Education Provide information about the highest level of education that you completed, e.g., at university, college, trade or technical school, military academies, secondary or primary schools. (<i>Please</i>
	Name and Location of School Type Dates Attended Title of Degree or Diploma	use continuation page if necessary.) Name of School Location of School Type of School or Course of Study Dates Attended (mm/dd/yyyy) From To Title of Degree or Diploma (if any)
Page 1	13. Military Service Country Branch and Organization Dates Serial No. Rank Attained	Part 4. Military Service Provide in chronological order information about <i>all</i> your military service and/or military-type training (<i>Include additional information on continuation page if necessary</i>). If none, check here and proceed to the section entitled "Relatives In the United States". 1. Military Service 1 Military Branch or Organization that Trained You Country Unit Duty Location Specialty (<i>Example: Artillery, Infantry, Intelligence, etc.</i>) Highest Rank Dates of Service (<i>mm/dd/yyyy</i>) From To

		2. Military Service 2
Page 2		[Page3]
		Part 5. Relative In The United States (<i>I</i> have the following close relative in the United States.)
	17. I have the following close relatives in the United States: Name Relationship Present Address	1. Relative Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Relationship to You Street Number and Name City or Town State ZIP Code
	18. I am being sponsored by (Name and address of sponsor in United States):	[Deleted]
Page 1		[Page 3]
		Part 6. Information About Your Marital Status
		Your Current Marital Status (check all that apply) Married (Go to section entitled "Current Spouse") Unmarried but engaged to be married (Go to section entitled "Fiancé") Never married and not engaged (Go to Part 7) Widowed (Go to section entitled "Former Spouse") Divorced (Go to section entitled "Former Spouse") Missing Spouse (Go to section entitled "Current Spouse") Date last seen (mm/dd/yyyy)
	7. Name of Spouse	1. Current Spouse Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
		Other Names Used by Spouse

	[Page 4]
10. My Spouse: will/will not accompany me to the United States.	My spouse will/will not accompany me to the United States.
	Identity documents of spouse, e.g., passport, national identification card, UNHCR identification card. (<i>If more than one identity document, include additional information on continuation page.</i>)
	Document Type Document Number Date of Issuance (mm/dd/yyyy) Place of Issuance Issuing Authority Spouse's A-Number RSC Case Number (if different from yours)
9. Citizenship/Nationality of Spouse:	Date of Birth(mm/dd/yyyy) Place of Birth (Country, City/Town/Village) Present Citizenship or Nationality Ethnicity and/or Tribal Group Gender Date of Marriage (mm/dd/yyyy) Place of Marriage (Country, City/Town/Village)
8. Present Address of Spouse (<i>if different</i>)	Is your spouse's address the same as yours? If you answered "No," provide your current spouse's present location/address. If unknown, give last time/location seen. Street Number and Name City State Province Postal Code Country
	2. Former Spouse Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name (<i>If applicable</i>) Other Names Used by Former Spouse Date of Birth (<i>mm/dd/yyyy</i>) Date of Marriage (<i>mm/dd/yyyy</i>) Date Marriage Terminated (<i>mm/dd/yyyy</i>)
5	

	Check all that apply: Divorced Deceased Missing 3. Fiancé Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name (<i>If applicable</i>) Date of Engagement (<i>mm/dd/yyyy</i>) Other Names Used by Fiance
	[Page 5]
	Part 7. Information About Your Children Check all of the boxes below that apply to you. I have (number) children (include living, deceased, or missing) I have no children (Go to Part 8.) I am currently pregnant List ALL children, from the oldest child to the youngest child. Include all biological, legally adopted, and step-children, regardless of age or marital status. Also include children who are now missing or deceased. (Include additional information on continuation page if necessary.) 1. Child 1 This child is my (check one): son daughter This child is my (check one): Biological Child Legally Adopted Child Step-Child This child is (Check one): Living Deceased
	Deceased
	Missing
Place an (X) in front of name of each child who will accompany you to the	Will this child accompany you to the United States?

	United States.	
	[4 sets of data collections] 11. Name of Child(ren_)	Child's Complete Name Family Name (Last Name) Given Name (First Name) Middle Name (If applicable)
	Date of Birth (<i>mm/dd/yyyy</i>) Place of Birth	Date of Birth (<i>mmddyyyy</i>) Place of Birth (<i>City</i> , <i>Country</i>)
		Provide the following information ONLY if this child is NOT a case member. Marital Status If Married, Date of Marriage (mm/dd/yyyy) Present Citizenship or Nationality
	Present Address (if different):	Current Address (if unknown, indicate date last seen and last known location of child.) Street Number and Name City Province Postal Code Country 2. Child 2
		[Page 6] 3. Child 3 4. Child 4
Page 1		[Page 7] Part 8. Information About Your Request For Refugee Status (Include additional information on continuation page if necessary.) 1. What was your travel route when you
	4. Country from which I fled or was displaced.	first left your country of citizenship/ nationality or country of last habitual residence? 2. Why did you first flee your country of citizenship/nationality, or if you are

	On or about (<i>mm/dd/yyyy</i>) 5. Reasons (<i>State in detail</i>):	stateless, the country of your last habitual residence? (<i>Include additional information on continuation page if necessary.</i>) 3. Have you ever returned to your country? If yes, when and why did you return?
Page 1-2		[Page 7] Part 9. Additional Information About Your Request for Refugee Status (Include additional information on continuation page if necessary to complete your responses to the questions contained in Part 9). 1. Have you ever been fingerprinted by the U.S. government or the authorities of any other country?
	[Page 1]	[Page 8]
	6. My present immigration status in (Country in which residing) Evidence of my immigration status is: (Describe): [Page 2]	2. Do you now hold, or have you ever held, or have you ever applied for, permanent residence, other permanent status, or citizenship/nationality in any country other than your country of citizenship (or if you are stateless, the country of your last habitual residence)?
	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.).)	3. Have you ever been to the United States? If "Yes," provide the information requested in the table below for each trip to the United States. (Include additional information on continuation page if necessary.)
	File or Alien Registration Number:	Trip 1[3 columns for data collection] Date of Entry (mm/dd/yyyy) Place of Entry Status Visa Number A-Number Date of Exit (mm/dd/yyyy) Place of Exit

	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.")	4. List your present and past membership in- or affiliation with- all political, professional, or social organizations or groups, such as but not limited to: student groups, labor unions, religious organizations, civil patrols, human rights groups, media organizations, funds, foundations, or societies. Include the name(s) of organization(s), location(s), dates of membership, as well as the purpose, character and nature of the organization(s). Include ranks held, promotions received, honors/recognitions given, regular duties, and dues paid. If none, check here.
Page 2		[Page 8] Part 10. Certification of Registrant, Interpreter, and Preparer Registrant (Applicant) Certification [sub-header] NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.
		1. Registrant's Statement Regarding Interpreter A. [Check Box] I can read and understand English, and have read and understand every question and instruction on this form, as well as my answer to every question.
		B. [Check Box] The interpreter named below has read to me every question and instruction on this form, as well as my answer to every question, in [Fillable Field], a language in which I am fluent. I understand every question and instruction on this form as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.

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2. Registrant's Statement Regarding Preparer

[Checkbox] I have requested the services of and consented to [Fillable Field], who [check box] is [check box] is not an attorney or accredited representative, preparing this form for me.

3. Registrant (Applicant) Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Services (USCIS) may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.

I certify, under penalty of perjury, that the information in my form and any document submitted with my form were provided by me and are complete, true, and correct.

A. Registrant's (Applicant's) Signature Date of Signature (*mm/dd/yyyy*) **B.** Telephone Number (*if any*)

C. E-mail Address (*if any*)

Interpreter Certification [sub-header]

Provide the following information concerning the interpreter:

Signature of Registrant: Date:

4. Interpreter's Name and Contact Information

A. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

B. Interpreter's Business or Organization Name (*if any*)

C. Street Number and Name

City or Town

Province

Postal Code

Country

D. Telephone Number (*if any*)

E. E-mail Address (*if any*)

5. Interpreter's Certification and Signature

I certify that:

I am fluent in English and [Fillable Field], which is the same language provided in Part 10., Item B. in Item Number 1.;

I have read to this registrant every question and instruction on this form, as well as the answer to every question, in the language provided in **Part 10., Item B.** in **Item Number 1.**; and

The registrant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the registrant verified the accuracy of every answer.

F. Interpreter's Signature Date of Signature (*mm/dd/yyyy*)

[Page 10]

Preparer Certification [sub-header]

Provide the following information concerning the interpreter:

6. Preparer's Name and Contact

		Information A. Preparer's Family Name (Last Name) Preparer's Given Name (First Name) B. Preparer's Business or Organization C. Street Number and Name City or Town State ZIP Code Province Postal Code Country D. Telephone Number (if any) E. Fax Number F. E-mail Address (if any)
		7. Preparer's Statement, Certification, and Signature
		By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of the registrant (applicant). I completed the form based only on responses the registrant (applicant) provided to me. After completing the form, I reviewed it and all of the registrant's (applicant's) responses with the registrant (applicant), who agreed with every answer on the form. If the registrant (applicant) supplied additional information concerning a question on the form, I recorded it on the form. Preparer's Signature Date of Signature (mm/dd/yyyy)
Page 2		[Page 10]
		Part 11. Admissibility (Please provide explanations for answers marked "yes" on continuation page)
	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	1. Have you ever been arrested or have you ever committed, or helped someone else commit any crimes?
	the final result.)	If "Yes," have you ever:
	12	A. Knowingly committed any crime

(excluding traffic violations) for which you have not been arrested? Yes No

- **B.** Been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes No
- **C.** Been the beneficiary of a pardon, amnesty, rehabilitation decree or other act of clemency or similar action? Yes No

[Page 11]

- **D.** Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No
- E. Illegally trafficked (*illegally* transported, traded, dealt, or sold) in any illegal narcotic or other controlled substance, or knowingly assisted, abetted or conspired in the illicit trafficking of any such substance? Yes No
- **F.** Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No
- **G.** Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes No
- **H.** Within the past 10 years, been a prostitute or procured anyone for prostitution? Yes No

Please provide details of all violations of law on continuation page, including: date; place; nature of charges; and final disposition for each incident.

- 2. Have you EVER:
- **A.** Been subject to deportation or removal from the United States?
- **B.** Voted illegally in the United States?

- **C.** Been a citizen of the United States who has renounced that citizenship to avoid taxation?
- **D**. Left the United States to avoid being drafted into the U.S. armed forces?
- **E.** Been subject to a civil document fraud final order for violating section 274C of the Immigration and Nationality Act of the United States?
- **3.** Have you ever applied for a U.S. immigration benefit, such as a visa, refugee status, or asylum?

If "Yes," were you on your parents' or spouse's application? (*Provide details below*)
Date (*mm/dd/yyyy*)
Location
Type of Immigration Benefit
Status (*status granted or denied*)

- **4.** Are you now withholding custody of a United States citizen child from a person granted custody of the child?
- **5.** Have you EVER:
- **A.** Engaged in, conspired to engage in, or incited sabotage, kidnapping, political assignation, hijacking, or any other form of terrorist activity?
- **B.** Solicited membership or funds for, or ever voluntarily assisted or provided any type of material support to, any person or organization that has ever engaged in or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity?
- **C.** Provided support, including housing, transportation, communications, funds, documents, weapons or training for any person or organization that has ever engaged in or conspired to engage in

sabotage, kidnapping, assassination, hijacking or any other form of terrorist activity? **D.** Been a representative or member of any terrorist organization or a member of a group that endorses terrorist activity? **6.** If married, has your spouse ever engaged in terrorist activity or been a member of a terrorist organization? **7.** If you are under 21 years of age, has your parent ever engaged in terrorist activity or been a member of a terrorist organization? [Page 12] **8.** While in the United States do you intend to engage in: A. Espionage? **B**. Terrorism or any activity, a purpose of which is opposition to, or the control or overthrow of, the Government of the United States by force, violence, or any other lawful means? **C**. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? **D**. Polygamy (simultaneous marriage to more than one spouse)? E. Prostitution? **9.** Have you EVER been a member of, or in any way affiliated with, the Communist party or any other totalitarian party? If "Yes", Your affiliation/level of membership:

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

- **10.** Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following on account of someone's race, religion, nationality, membership in a particular social group or political opinion:
- **A.** Acts involving torture or genocide?
- **B.** Killing any person?
- **C.** Intentionally and severely injuring any person?
- **D.** Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?
- **E.** Limiting or denying any person's ability to exercise religious beliefs?
- 11. Have you EVER:
- **A.** Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia or insurgent organization?
- **B.** Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?
- **C.** Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?
- **D.** Assisted or participated in selling or providing weapons to any person who, to your knowledge, used them against another person, or in transporting weapons to any person who, to your knowledge, used them against another person?

		T. Deserted and C. 199
		E. Received any type of military, paramilitary, or weapons training?
		12. Have you EVER:
		A. Recruited, enlisted, conscripted, or used any person under age 15 to serve in or help an armed force or group?
		B. Used any person under age 15 to take part in hostilities, or to help or provide services to people in combat?
		13. Have you, by fraud, or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, or entry into the United States, or any other immigration benefit?
Page 2		[Page 13]
	Do not write below this line. For Government Use Only.	Do not write below this line. For Government use only.
		THIS SECTION IS TO BE COMPLETED ONLY IN THE PRESENCE OF THE U.S. GOVERNMENT OFFICIAL RESPONSIBLE FOR ADJUDICATING THIS REGISTRATION.
	I [Fillable Field], 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 ([Fillable Field]) to ([Fillable Field]) were made by me or at my request, and that this registration was signed by me with my full, true name.	I, the undersigned, do swear or affirm that I know the contents of this registration subscribed by me, including any attached documents, and that they are true to the best of my knowledge, and that corrections numbered [Fillable Field] to [Fillable Field] were made by me or at my request. Each and every question and instruction on this form was read to me in [Fillable Field], a language in which I am fluent. I understand each and every question and instruction on this form, as well as my answer to each question. I agree to report any changes in family composition, such as births, deaths, marriages, divorces and engagements, to the U.S. Government via the

(Complete and true signature of registrant)

Resettlement Support Center.

(*True and Complete Signature of Registrant*)

OPTIONAL: I authorize USCIS to release information contained in or pertaining to my application for refugee status to the U.N. High Commissioner for Refugees, other U.S. Government agencies, and other resettlement countries. I understand that no information regarding my refugee claim will be shared with the government from which I am seeking refuge. I understand that I am not required to sign this waiver, and I do so voluntarily.

(True and Complete Signature of Registrant)

Subscribed and sworn to before me by the above-named registrant at [Fillable Field] on [Fillable Field](mm/dd/yyyy) Subscribed and sworn to before me by the above named registrant at [Fillable Field](Location) on [Fillable Field](Date) (mm/dd/yyyy)

Interpreter's Certification and Signature

I certify that:

I am fluent in English and [Fillable Field], which is the same language provided in **Part 10., Item B.** in **Item Number 1.**;

I have read to this registrant every question and instruction on this form, as well as the answer to every question, in the language provided in **Part 10., Item B.** in **Item Number 1.**; and

The registrant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the registrant verified the accuracy of every answer.

(Signature and Title of Officer) Immigration Officer **1.** Name, Title, and Signature of Interviewing Officer

	Interview Date	2 Interview Location
	At	3. Date (<i>mm/dd/yyyy</i>)
		4. Name of Interpreter
		5. Signature of Interpreter
		5. Signature of interpreter
		6. Name of Interviewing Officer (<i>Re</i> -
		interview)
		7. Interview Location (<i>Re-interview</i>)
		8. Date (mm/dd/yyyy)
		9. Name of Interpreter (<i>Re-interview</i>)
		10. Signature of Interpreter (<i>Re</i> -
		interview)
		ID 1 . II
	Approved	[Deleted]
	Date	
	Officer in Charge	
	Action Block	
New		Part 12. Additional Information About
		Your Registration for Classification as
		Refugee Continuation Sheet
		70
		If you need extra space to provide any
		additional information within this form,
		use the space below. If you need more
		space than what is provided, you may
		make copies to complete and file with
		this form or attach a separate sheet of
		paper. Include your name, your Alien
		Registration Number (A-Number) (if
		any) and Case Number (if any) at the top
		of each sheet; indicate the Page Number ,
		Part Number, and Item Number to
		which your answer refers; and sign and
		date each sheet.
		1.a. Page Number
		1.b. Part Number
		1.c. Item Number
		1.d. [Fillable Field]
		2.a4.d.
		5. Registrant's (Applicant's) Signature
		Date of Signature (mm/dd/yyyy)
New		[Page 15]
		D-14 10 A 1144- 1 C 116 11 1
		Part 13. Additional Certifications of

Interpreter and Preparer

Interpreter Certification [sub-header]

Provide the following information concerning the interpreter:

1. The interpreter named below provided his or her services during the [Fillable Filed] part of the process.

2. Interpreter's Name and Contact Information

A. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

B. Interpreter's Business or Organization Name (*if any*)

C. Street Number and Name

City or Town

Province

Postal Code

Country

D. Telephone Number (*if any*)

E. E-mail Address (*if any*)

3. Interpreter's Certification and Signature

I certify that:

I am fluent in English and [Fillable Field], which is the same language provided in Part 10., Item B. in Item Number 1.;

I have read to this registrant every question and instruction on this form, as well as the answer to every question, in the language provided in **Part 10., Item B.** in **Item Number 1.**; and

The registrant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the registrant verified the accuracy of every answer.

F. Interpreter's Signature Date of Signature (*mm/dd/yyyy*)

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Preparer Certification [sub-header]

Provide the following information concerning the interpreter:

4. The preparer named below provided his or her services during the [Fillable Filed] part of the process.

5. Preparer's Name and Contact Information

A. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)

B. Preparer's Business or Organization

C. Street Number and Name

City or Town

State

ZIP Code

Province

Postal Code

Country

D. Telephone Number (*if any*)

E. Fax Number

F. E-mail Address (*if any*)

6. Preparer's Statement, Certification, and Signature

By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of the registrant (applicant). I completed the form based only on responses the registrant (applicant) provided to me. After completing the form, I reviewed it and all of the registrant's (applicant's) responses with the registrant (applicant), who agreed with every answer on the form. If the registrant (applicant) supplied additional information concerning a question on the form, I recorded it on the form.

Preparer's Signature
Date of Signature (mm/dd/yyyy)

Page 2		[Page 17]
	Instructions	Instructions [header]
		How To Fill Out the Form
		1. Type or print legibly in black ink.
		2. If extra space is needed to complete any item, type or print the additional information in Part 12. Additional Information About Your Registration for Classification as Refugee Continuation Sheet. Indicate the registrant's name and Alien Registration Number (A-Number) and Case Number (if any), at the top of each continuation sheet(s), as well as the page number, par number and item number to which the answer refers in the correlating data collection boxes.
		3. Answer all questions fully and accurately. If an item is not applicable of the answer is "none," write "N/A" or "None."
		4. Each application must be properly signed. A photocopy of a signed form of a typewritten name in place of a signature is not acceptable.
	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 receive additional instructions.	Submission of Form - The Resettlemen Support Center (RSC) with jurisdiction is the registrant's region shall assist the registrant in the completion and submission of Form I-590, Registration for Classification as Refugee.
	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.	Registration - A separate Form I-590 is required for each registrant. Form I-590 on behalf of a child under 14 years of agmay be submitted by the parent or guardian.

USCIS Privacy Act Statement

Authories: 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 (A-File) and Central Index System (CIS), which can be found at 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

USCIS Privacy Act Statement [header]

AUTHORITIES: The information requested on this form, and the associated evidence, is collected pursuant to 8 U.S.C. section 1522(b) and 8 U.S.C. section 1157.

PURPOSE: The primary purpose for providing the requested information on this form is to determine eligibility for refugee classification and resettlement in the United States.

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 benefit request.

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-001 – Alien File, Index, and National File Tracking System of Records, and the STATE-60- Refugee Case Records, which can be found at www.dhs.gov/privacy and www.state.gov]. The information may also be made available, as appropriate, for law enforcement purposes or in the interest of national security.

Paperwork Reduction Act [header]

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for Form I-590 is estimated at 3 hours for gathering 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.**

information; 20 minutes (.33 hours) for submitting biometric information; 1 hour for reviewing the request; and 2 hours for collecting DNA evidence. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No 1615-0068. Do not mail your completed Form I-590 to this address.