

**G-884, Request for the
Return of Original Documents**

START HERE - Type or print in black ink

For USCIS Use Only

Part 1. Information About You *(Person requesting the return of original documents)*

Remarks	
File No.	_____
Date	_____

Family Name	Given Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address - Street Number and Name	Apt./Suite Number
<input type="text"/>	<input type="text"/>

City	State	Zip Code	A-Number <i>(if any)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

City/Town/Village of Birth	Country of Birth	Date of Birth <i>(mm/dd/yyyy)</i>	Daytime Phone Number <i>(with area code)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Specific information about desired document(s) or record(s) *(e.g., marriage license, birth certificate, death certificate, etc.)*

Part 2. Data for Identification of Personal Record

Family Name	Given Name	Middle Name	Other Names Used <i>(if any)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth <i>(mm/dd/yyyy)</i>	Place of Birth	Date of Entry <i>(mm/dd/yyyy)</i>	Port of Entry	Type of Entry <i>(visitor, student, etc.)</i>	A-Number <i>(if any)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name on Certificate of Naturalization	Certificate of Naturalization Number	Certificate of Naturalization Date <i>(mm/dd/yyyy)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name on Certificate of Citizenship	Certificate of Citizenship Number	Certificate of Citizenship Date <i>(mm/dd/yyyy)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Naturalization Court/USCIS Office and Location	Verification of Identity
<input type="text"/>	<input type="checkbox"/> In person with identification <input type="checkbox"/> Legible photocopies

Part 3. Signature of Requester - Affidavit of Identity

I certify, under penalty of perjury under the laws of the United States of America, that this request and evidence submitted is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to respond to my request.

I Swear Affirm that I am the person named in **Part 1** on **Page 1** of this form. I understand that if I willfully make false statements on this form, I may be punished by fine or imprisonment (18 U.S.C.1101).

Print Your Full Name

Signature (Your signature *must* be notarized. **Do not sign until** before the Certifying Official)

Date (mm/dd/yyyy)

I do hereby certify that the requester named in **Part 1 on Page 1** of this form personally appeared before me and executed the Affidavit of Identity.

Signature of USCIS Official

Title

Date (mm/dd/yyyy)

Printed Name of USCIS Official

Certifying Official

I do hereby certify that the requester named in **Part 1 on Page 1** of this form personally appeared before me and executed the Affidavit of Identity.

Printed Name of Certifying Official

Signature of Certifying Official

In and for the:

Date (mm/dd/yyyy)

Given under my hand and official seal