## TABLE OF CHANGES – FORM

## Form G-1041A,

## Genealogy Records Request OMB Number: 1615-0096 03/15/2016

**Reason for Revision:** Incorporating standard language updates and formatting changes.

Current Page Number and Section	Current Text	Proposed Text
Page 1	STADT HEDE Type or print in block ink	[Page 1]
	START HERE - Type or print in black ink and read all instructions before completing this form.	START HERE - Type or print in black ink.
Page 1, Part I. Information About	Part I. Information About You	[Page 1]  Part 1. Information About You (Requestor)
You	<b>Full Name</b> Salutation: Mr. Mrs. Ms. Last Name First Name	Requestor's Full Name [Sub-header]  1.a. Family Name (Last Name)  1.b. Given Name (First Name)
	Middle Name Suffix (Jr., Sr.)	1.c. Middle Name
	Address (Number and Street Name, P.O. Box Number or Route Number) Apartment No. City State/Province Country (if other than U.S.) Zip/Postal Code	Requestor's Mailing Address [Sub-header]  2.a. In Care of Name (if any)  2.b. Street Number and Name  2.c. Apt./Ste./Flr. [Fillable Field]  2.d. City or Town  2.e. State  2.f. ZIP Code  2.g. Province  2.h. Postal Code  2.i. Country
	E-Mail Address: (if available) Daytime Telephone Number: (include Area/Country Code, ext.	<ul> <li>Requestor's Contact Information [Sub-header]</li> <li>3. Requestor's Daytime Telephone Number</li> <li>4. Requestor's Mobile Telephone Number (if any)</li> <li>5. Requestor's Email Address (if any)</li> </ul>
	If the record(s) requested is available in electronic format, would you prefer to receive it via e-mail or printed and postal mail? E-mail/Postal mail	[Deleted]

		<b>Requestor's Certification</b> [Sub-header]
		By my signature, I consent to pay all costs incurred for search, duplication, and review of documents up to \$35. (See Form G-1041A Instructions for more information.)
		<ul><li>6.a. Requestor's Signature</li><li>6.b. Date of Signature (mm/dd/yyyy)</li></ul>
Page 1,		[Page 1]
Part II. Information Needed to Release a Historical Record	Part II. Information Needed to Release a Historical Record	Part 2. Information Needed to Release a Historical Record
	Is the file information provided below the result of a previous Genealogy Index Search Request? Yes/No	<b>1.a</b> Is the file information provided below the result of a previous Genealogy Index Search Request? Yes/No
	If "Yes," provide the Genealogy Index Search Request case number(s):	If you answered "Yes," provide the Genealogy Index Search Request case numbers in Item Number 1.b.
		<b>1.b Genealogy Index Search Case Number</b> [Fillable Field]
	Louis and Fall Name (If	Full Name of the Immigrant [Sub-header
	<b>Immigrant's Full Name</b> (If appropriate, enter religious salutation before the first name - Example: father, sister, etc.)	<ul><li>2.a. Family Name (Last Name)</li><li>2.b. Given Name (First Name)</li><li>2.c. Middle Name</li></ul>
	Other names used, maiden names, aliases, or variant spellings (if any)	Other Names Used by the Immigrant [Subheader]
		List all other names the immigrant has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in <b>Part 4</b> . <b>Additional Information</b> .
		<ul><li>3.a. Family Name (Last Name)</li><li>3.b. Given Name (First Name)</li><li>3.c. Middle Name</li></ul>
		Other Information for the Immigrant [Subheader]
	Immigrant's Date of Birth* (Day/Month/Full Year) Check only one: Actual/Estimated	<b>4.a.</b> Date of Birth (mm/dd/yyyy)
	Actual/Estilliateu	<b>4.b.</b> Is this date actual or estimated? Actual/Estimated
	Immigrant's Country of Birth (include Country, Province, Town/Village, if known)	Place of Birth (Include Town or Village, Province, and Country, if known)

Page, 2 Part III. Identification of	*Important: If the immigrant's date of birth is less than 100 years prior to the date of this request, you must attach documentary evidence showing that the immigrant is deceased. Do not attach original records because we will not return them.  Examples of acceptable documentary proof of death include: death certificates (uncertified copy), printed obituaries, funeral programs or photographs of gravestones, Bible records, Social Security Death Index records (individual records only, not lists), records relating to payment of death benefits, or other documents demonstrating the subject of the request is deceased. Do not attach original records because we will not return them to you.	5.a Town or Village [Fillable Field] 5.b. Province [Fillable Field] 5.c. Country [Fillable Field]  IMPORTANT: If the immigrant's date of birth is less than 100 years prior to the date of this request, you must attach documentary proof of death to the request form. Do not attach original records because we will not return them. See the Who Should Use Form G-1041A section of these Instructions for examples of acceptable documentary proof of death.  [Deleted]
Requested Record(s)		Part 3. Identification of Requested Record
	*The fee for a copy of a microfilm record (M) is \$20 per request.	NOTE (C-file numbered C650000 and below): The fee for a copy of a microfilm record is \$20 per request.
	**The fee for a copy of a textual hard copy file (HC) file is \$35 per request.	NOTE (C-file numbered C650000 and above): The fee for a copy of a textual hard copy file is \$35 per request.
		<b>NOTE:</b> If you are a researcher providing a C-file number below C-6500000 obtained from any source other than the USCIS Genealogy Program, you may not know the format of the file (microfilm or hard copy). Therefore, you will be unable to determine the fee. In this case, submit the <b>\$20</b> fee. If the C-file is found in hard copy format, we will notify you to remit the additional <b>\$15</b> .
	Type of File(s) Requested	[Deleted]
	File Number/File Information	[Deleted]
	Fee Check one or both fees	[Deleted]
	Naturalization Certificate File 1906-1956	Naturalization Certificate File (1906-1956)
	Certificate Number (up to 7 digits):	

	C	<b>1.a.</b> Certificate Number
	Date of Naturalization: Day Month Full Year	1.b. Date of Naturalization (mm/dd/yyyy)
	Court	1.c. Court
	City/County	1.d. City
	State	1.e. County
	\$20M*/ \$35HC**	[Deleted]
	Non-standard C-Files (B, D, OM, OS, A, AA, OL)	<b>1.f. Fee</b> (Select all appropriate boxes) <b>\$20</b> (Microfilm)/ <b>\$35</b> (Hard Copy)
	Number as Shown on Certificate:	Non-standard C-Files (B, D, OM, OS, A, AA, OL)
	Date of Issuance: Day Month Full Year	<b>2.a.</b> Number as Shown on Certificate
	Alien Registration Record (AR-2), 1940-1944	<b>2.b.</b> Date of Issuance (mm/dd/yyyy)
	Alien Registration Number (must be 7 digits):	Alien Registration Record (AR-2) (1940-1944)
	A- or AR-	<b>3.a.</b> Alien Registration Number (A-Number) <b>A- or AR-</b>
	\$20 M*	
	A-File numbered below 8 million	<b>3.b.</b> Fee \$20 (Copy Format - Microfilm)
	A-File Number (must be 7 digits):	A-File numbered below 8 million
	A-	4.a. A-File Number A-
	\$35 HC**	
	Visa File 1924-1944	<b>4.b. Fee \$35</b> (Copy Format - Hard Copy)
	Visa Number (up to 7 digits):  Visa #	Visa File (1924-1944)
		<b>5.a.</b> Visa Number
	Date of Entry: Day Month Full Year	<b>5.b.</b> Date of Entry (mm/dd/yyyy)
	Port of Entry:	
	Ship (seaport arrivals only):	<b>5.c.</b> Port-of-Entry
	\$35 HC**	<b>5.d.</b> Ship (seaport arrivals only)
	Registry File 1929-1944	<b>5.e.</b> Fee \$35 (Copy Format - Hard Copy)
	Registry File Number (up to 6 digits):	Registry File (1929-1944)
	\$35 HC**	6.a. Registry File Number R
<del></del>		

	<b>NOTE:</b> If you are a researcher providing a C-file number below C-6500000 obtained from any source other than the USCIS Genealogy Program, you may not know the format of the file (microfilm or hard copy). Therefore, you will be unable to determine the fee. In this case, submit the \$20 fee. If the C-file is found in hard copy format, we will notify you to remit the additional \$15.	6.b. Fee \$35 (Copy Format - Hard Copy)  Total Fees Due/Attached: \$ Fillable Field
[New]		[Page 3] Part 4. Additional Information  If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with your request or attach a separate sheet of paper.  1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name  2.a. Page Number 2.b. Part Number 2.c. Item Number 2.d. [Fillable field]  3.a. Page Number 3.b. Part Number 3.c. Item Number 4.c. Item Number 4.d. [Fillable field]  5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d. [Fillable field]  6.a. Page Number 6.b. Part Number 6.c. Item Number 6.d. [Fillable field]