**TABLE OF CHANGES – FORM**

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

**OMB Number: 1615-0100**

**07/15/2016**

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| **Reason for Revision:** Destruction of Original Docs language, updated standard language |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1,** **Part 1. Information About You** *(Person requesting the return of original documents)* | **[Page 1]****START HERE – Type or print in black ink.** **Part 1. Information About You** (*Person requesting the return of original documents*)Family NameGiven NameMiddle NameMailing Address – Street Number and NameApt/Suite NumberCityStateZip CodeA-Number (*if any*)City/Town/Village of BirthCountry of BirthDate of Birth (*mm/dd/yyyy*)Daytime Phone Number *(with area code)***Specific information about desired document(s) or record(s)** (e.g. marriage license, birth certificate, death certificate, etc.) | **[Page 1]****START HERE – Type or print in black ink.** **Part 1. Information About You** (Person requesting the return of original documents)**IMPORTANT NOTE:** You do not need to file this form if you submitted original documents because USCIS requested originals. We will automatically return original documents that we requested once we no longer need them. Please refer to the instructions of the form you filed to determine whether non-requested original documents are available for return or destroyed after electronic processing. 1. Your Full NameFamily Name (Last Name)Given Name (First Name)Middle Name2.Mailing Address Street Number and NameApt Ste Flr NumberCityStateZIP Code3. A-Number (if any)4. City/Town/Village of Birth5. Country of Birth6. Date of Birth (mm/dd/yyyy)7. Daytime Telephone Number 8.Specific information about desired document(s) or record(s)(For example, marriage license, birth certificate, death certificate, etc.) |
| **Page 1,** **Part 2. Data for Identification of Personal Record** | **[Page 1]****Part 2. Data for Identification of Personal Record**Family NameGiven NameMiddle NameOther Names Used (if any)Date of Birth (mm/dd/yyyy)Place of BirthDate of Entry (*mm/dd/yyyy*)Port of EntryType of Entry (visitor, student, etc.)A-Number (if any)Name on Certificate of NaturalizationCertificate of Naturalization NumberCertificate of Naturalization Date (*mm/dd/yyyy*)Name on Certificate of Citizenship Certificate of Citizenship NumberCertificate of Citizenship Date (*mm/dd/yyyy*)Naturalization Court/USCIS Office and LocationVerification of Identity In person with identification/Legible photocopies | **[Page 2]****Part 2. Data for Identification of Personal Record**1.Subject’s Full NameFamily Name (Last Name)Given Name (First Name)Middle Name2.Other Names Used (if any)3.Date of Birth (mm/dd/yyyy)4.Place of BirthTown or CityState or ProvinceCountry***Entry Into the United States***5. Date of Entry (mm/dd/yyyy)6. Port-of-Entry7. Type of Entry (visitor, student, etc.)8. A-Number (if any)***U.S. Citizenship Information***9. Name on Certificate of Naturalization10. Certificate of Naturalization Number11. Certificate of Naturalization Date (mm/dd/yyyy)12. Name on Certificate of Citizenship 13. Certificate of Citizenship Number14. Certificate of Citizenship Date (mm/dd/yyyy)15. Naturalization Court/USCIS Office and Location16. Verification of Requester’s Identity In person with identificationLegible photocopies |
| **Page 2,****Part 3. Signature of Requester – Affidavit of Identity** | **[Page 2]**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 [checkbox] Swear [checkbox] 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 names 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** | **[Page 3]****Part 3. Signature of Requester – Affidavit of Identity****NOTE:** Read the Penalties section of the Form G-884 Instructions before completing this part. 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. **1.** I [checkbox] Swear [checkbox] 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).**2.** Print Your Full Name**3.** Signature (Your signature must be notarized. Do not sign until you are before the Certifying Official.)**4.** 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. 5. Signature of USCIS Official6. Title7. Date (mm/dd/yyyy)8. Printed Name of USCIS Official |
| **Page 2,****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** | **[Page 2]****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 Identity9. Printed Name of Certifying Official10. Signature of Certifying Official11. In and for the:12. Date (mm/dd/yyyy)Given under my hand and official seal |