**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 Name  Given Name  Middle Name  Mailing Address –  Street Number and Name  Apt/Suite Number  City  State  Zip Code  A-Number (*if any*)  City/Town/Village of Birth  Country of Birth  Date 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 Name  Family Name (Last Name)  Given Name (First Name)  Middle Name  2.Mailing Address  Street Number and Name  Apt Ste Flr Number  City  State  ZIP Code  3. A-Number (if any)  4. City/Town/Village of Birth  5. Country of Birth  6. 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 Name  Given Name  Middle Name  Other Names Used (if any)  Date of Birth (mm/dd/yyyy)  Place of Birth  Date of Entry (*mm/dd/yyyy*)  Port of Entry  Type of Entry (visitor, student, etc.)  A-Number (if any)  Name on Certificate of Naturalization  Certificate of Naturalization Number  Certificate of Naturalization Date (*mm/dd/yyyy*)  Name on Certificate of Citizenship  Certificate of Citizenship Number  Certificate of Citizenship Date (*mm/dd/yyyy*)  Naturalization Court/USCIS Office and Location  Verification of Identity In person with identification/Legible photocopies | **[Page 2]**  **Part 2. Data for Identification of Personal Record**  1.Subject’s Full Name  Family Name (Last Name)  Given Name (First Name)  Middle Name  2.Other Names Used (if any)  3.Date of Birth (mm/dd/yyyy)  4.Place of Birth  Town or City  State or Province  Country  ***Entry Into the United States***  5. Date of Entry (mm/dd/yyyy)  6. Port-of-Entry  7. Type of Entry (visitor, student, etc.)  8. A-Number (if any)  ***U.S. Citizenship Information***  9. Name on Certificate of Naturalization  10. Certificate of Naturalization Number  11. Certificate of Naturalization Date (mm/dd/yyyy)  12. Name on Certificate of Citizenship  13. Certificate of Citizenship Number  14. Certificate of Citizenship Date (mm/dd/yyyy)  15. Naturalization Court/USCIS Office and Location  16. Verification of Requester’s Identity  In person with identification  Legible 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 Official  6. Title  7. 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 Identity  9. Printed Name of Certifying Official  10. Signature of Certifying Official  11. In and for the:  12. Date (mm/dd/yyyy)  Given under my hand and official seal |