

TABLE OF CHANGES – FORM
Form G-884, Request for the Return of Original Documents
OMB Number: 1615-0100
07/15/2016

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

| Current Page Number and Section | Current Text | Proposed Text |
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| <p>Page 1, Part 1. Information About You <i>(Person requesting the return of original documents)</i></p> | <p>[Page 1]</p> <p>START HERE – Type or print in black ink.</p> <p>Part 1. Information About You <i>(Person requesting the return of original documents)</i></p> <p>Family Name Given Name Middle Name</p> <p>Mailing Address – Street Number and Name Apt/Suite Number City State Zip Code</p> <p>A-Number <i>(if any)</i> City/Town/Village of Birth Country of Birth Date of Birth <i>(mm/dd/yyyy)</i> Daytime Phone Number <i>(with area code)</i></p> <p>Specific information about desired document(s) or record(s) (e.g. marriage license, birth certificate, death certificate, etc.)</p> | <p>[Page 1]</p> <p>START HERE – Type or print in black ink.</p> <p>Part 1. Information About You <i>(Person requesting the return of original documents)</i></p> <p>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.</p> <p>1. Your Full Name Family Name (Last Name) Given Name (First Name) Middle Name</p> <p>2. Mailing Address Street Number and Name Apt Ste Flr Number City State ZIP Code</p> <p>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</p> <p>8. Specific information about desired document(s) or record(s) (For example, marriage license, birth certificate, death certificate, etc.)</p> |
| <p>Page 1, Part 2. Data for Identification of Personal Record</p> | <p>[Page 1]</p> <p>Part 2. Data for Identification of Personal Record</p> <p>Family Name Given Name</p> | <p>[Page 2]</p> <p>Part 2. Data for Identification of Personal Record</p> <p>1. Subject's Full Name Family Name (Last Name) Given Name (First Name)</p> |

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| | <p>Middle Name</p> <p>Other Names Used (if any) Date of Birth (mm/dd/yyyy)</p> <p>Place of Birth</p> <p>Date of Entry (mm/dd/yyyy) Port of Entry Type of Entry (visitor, student, etc.) A-Number (if any)</p> <p>Name on Certificate of Naturalization Certificate of Naturalization Number Certificate of Naturalization Date (mm/dd/yyyy)</p> <p>Name on Certificate of Citizenship Certificate of Citizenship Number Certificate of Citizenship Date (mm/dd/yyyy)</p> <p>Naturalization Court/USCIS Office and Location</p> <p>Verification of Identity In person with identification/Legible photocopies</p> | <p>Middle Name</p> <p>2.Other Names Used (if any) 3.Date of Birth (mm/dd/yyyy)</p> <p>4.Place of Birth Town or City State or Province Country</p> <p>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)</p> <p>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</p> <p>16. Verification of Requester's Identity In person with identification Legible photocopies</p> |
| <p>Page 2, Part 3. Signature of Requester – Affidavit of Identity</p> | <p>[Page 2]</p> <p>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.</p> <p>I <input type="checkbox"/> Swear <input type="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).</p> <p>Print Your Full Name Signature (Your signature must be notarized. Do not sign until before the Certifying Official)</p> <p>Date (mm/dd/yyyy)</p> | <p>[Page 3]</p> <p>Part 3. Signature of Requester – Affidavit of Identity</p> <p>NOTE: Read the Penalties section of the Form G-884 Instructions before completing this part.</p> <p>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.</p> <p>1. I <input type="checkbox"/> Swear <input type="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).</p> <p>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)</p> |

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| | <p>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.</p> <p>Signature of USCIS Official Title Date (mm/dd/yyyy) Printed Name of USCIS Official</p> | <p>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.</p> <p>5. Signature of USCIS Official 6. Title 7. Date (mm/dd/yyyy) 8. Printed Name of USCIS Official</p> |
| <p>Page 2, Certifying Official</p> | <p>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</p> <p>Printed Name of Certifying Official Signature of Certifying Official In and for the: Date (mm/dd/yyyy)</p> <p>Given under my hand and official seal</p> | <p>[Page 2]</p> <p>Certifying Official</p> <p>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</p> <p>9. Printed Name of Certifying Official 10. Signature of Certifying Official 11. In and for the: 12. Date (mm/dd/yyyy)</p> <p>Given under my hand and official seal</p> |