

Request for the Return of Original Documents

Department of Homeland Security U.S. Citizenship and Immigration Service USCIS Form G-884 OMB No. 1615-0100 Expires 06/30/2017

| | File No | Remarks |
|-----------------------------|---------|---------|
| For USCIS Use Only | Date | RAFT |

► 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) | G | iven Name <mark>(First Name)</mark> | | Middle | Name |
|----|---|-------|-------------------------------------|-----------|-------------|---------------------|
| | | | | | | |
| 2. | Mailing Address | | | | | |
| | Street Number and Name | | | Apt. S | ste. Flr. | Number |
| | | | | | | |
| | City or Town | | | State | | ZIP Code |
| | | | JAU | | U | |
| 3. | Alien Registration Number (A-Number) (if any) | 4. (| City/Town/Village of Birth | | | |
| | ► A- | | | | | |
| 5. | Country of Birth | 6. | Date of Birth (mm/dd/yyyy) | 7 | . Daytin | ne Telephone Number |
| | | | | | | |
| 8. | Specific information about desired document(s) or | recor | rd(s) (For example, marriage lic | ense, bir | th certific | ate, |
| | death certificate, etc.) | | | , | | , |

| 1. | Subject's Full Name | | | | | |
|-----|--|---|-------------|--|--|--|
| | Family Name (Last Name) | Given Name (First Name) | Middle Name | | | |
| 2. | Other Names Used (if any) | | | | | |
| 2. | Family Name (Last Name) | Given Name (First Name) | Middle Name | | | |
| 3. | Date of Birth (mm/dd/yyyy) | RAFI | | | | |
| 4. | Place of Birth | | | | | |
| | City or Town | State or Province | | | | |
| | | | | | | |
| | Country | | | | | |
| En | try Into the United States | | | | | |
| 5. | | rt-of-Entry | | | | |
| 7. | Type of Entry (for example, visitor, student | t, etc.) 8. A-Number (if any) ► A- | | | | |
| U.S | 5. Citizenship Information | | | | | |
| 9. | Name on Certificate of Naturalization | | | | | |
| | Family Name (Last Name) | Given Name (First Name) | Middle Name | | | |
| 10. | Certificate of Naturalization Number | 11. Certificate of Naturalization Date (mm/dd/yyyy) | | | | |
| 12. | Name on Certificate of Citizenship | | | | | |
| | Family Name (Last Name) | Given Name (First Name) | Middle Name | | | |
| 13. | Certificate of Citizenship Number | 14. Certificate of Citizenship Date | | | | |
| | - | (mm/dd/yyyy) | | | | |
| 15. | Naturalization Court/USCIS Office and Lo | cation | | | | |

16. Verification of Requester's Identity

In Person With Identification Legal Photocopies

| Part 3. | Signature of | f Requester - | Affidavit o | f 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 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).
- 2. Print Your Full Name

| | Time Four Fun Fune | | | | | |
|---|---|--|-----------------------------|--|--|--|
| | Family Name (Last Name) | Given Name (First Name) | Middle Name | | | |
| 3. | Signature (Your signature must be notarized. Do not signature | gn 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 | | | | | |
| | Family Name (Last Name) | Given Name (First Name) | Middle Name | | | |
| | | | | | | |
| | | | | | | |

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

| | Family Name (Last Name) | Given Name (First Name) | Middle Name |
|-----|----------------------------------|-------------------------|-------------|
| | | | |
| 10. | Signature of Certifying Official | | |

11. In and for the:

12. Date (mm/dd/yyyy)

Given under my hand and official seal