**TABLE OF CHANGES – FORM**

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

**OMB Number: 1615-0100**

**06/18/2018**

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| **Reason for Revision:**  Legend for Proposed Text:   * Black font = Current text * Purple font = Standard language * Red font = Changes |

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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)  **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 or Town  State  ZIP Code  **3.** Alien Registration Number (A-Number) (if any)  **[new]**  **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.)  **[new]** | **[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 request if you submitted original documents because U.S. Citizenship and Immigration Services (USCIS) requested originals. We will automatically return original documents that we requested once we no longer need them. Please refer to the instructions for the form you filed to determine whether non-requested original documents are available for return or destroyed after electronic processing.  ***Your Full Name***  **1.a.** Family Name (Last Name)  **1.b.** Given Name (First Name)  **1.c.** Middle Name  ***Mailing Address***  **2.a.** In Care Of Name  **2.b.** Street Number and Name  **2.c.** Apt./Ste./Flr.  **2.d.** Number  **2.e.** City or Town  **2.f.** State  **2.g.** ZIP Code  ***Other Information***  **3.** Alien Registration Number (A-Number) (if any)  **4.** USCIS Online Account Number (if any)  **5.** City/Town/Village of Birth  **6.** Country of Birth  **7.** Date of Birth (mm/dd/yyyy)  [Delete]  **8.** Provide specific information about the desired documents or records (for example, marriage license, birth certificate, or death certificate).  **9.** Receipt Number (if any) |
| **Page 2,**  **Part 2. Data for Identification of Personal Record** | **[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)  Family Name (Last Name)  Given Name (First Name)  Middle Name  **[new]**  **3.** Date of Birth (mm/dd/yyyy)  **4.** Place of Birth  City or Town  State or Province  Country  **Entry Into the United States**  **5.** Date of Entry (mm/dd/yyyy)  **6.** Port-of-Entry  **7.** Type of Entry (for example, visitor, student, etc.)  **8.** A-Number (if any)  **U.S. 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 Location  **16.** Verification of Requester's Identity  In Person With Identification  Legal Photocopies | **[Page 1]**  **Part 2. Data for Identification of Personal Record**  ***Subject's Full Name***  **1.a.** Family Name (Last Name)  **1.b.** Given Name (First Name)  **1.c.** Middle Name  **[Page 2]**  ***Other Names Used*** *(if any)*  Provide all other names the subject has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.  **2.a.** Family Name (Last Name)  **2.b.** Given Name (First Name)  **2.c.** Middle Name  **3.a.** Family Name (Last Name)  **3.b.** Given Name (First Name)  **3.c.** Middle Name  ***Birth Information***  **4.** Date of Birth (mm/dd/yyyy)  Place of Birth  **5.a.** City or Town  **5.b.** State or Province  **5.c.** Country  ***Entry Into the United States***  **6.** Date of Entry (mm/dd/yyyy)  **7.** Port-of-Entry  **8.** Type of Entry (for example, visitor, student, etc.)  **9.** A-Number (if any)  ***U.S. Citizenship Information***  Name on Certificate of Naturalization  **10.a.** Family Name (Last Name)  **10.b.** Given Name (First Name)  **10.c.** Middle Name  **11.** Certificate of Naturalization Number  **12.** Certificate of Naturalization Date (mm/dd/yyyy)  Name on Certificate of Citizenship  **13.a.** Family Name (Last Name)  **13.b.** Given Name (First Name)  **13.c.** Middle Name  **14.** Certificate of Citizenship Number  **15.** Certificate of Citizenship Date (mm/dd/yyyy)  Naturalization Court/USCIS Office and Location  **16.a.** Naturalization Court/USCIS Office  **16.b.** City or Town  **16.c.** State  **17.** Verification of Requestor's Identity  In Person With Identification  Legal Photocopies |
| **New** | **[new]** | **[Page 3]**  **Part 3. Interpreter’s Contact Information, Certification, and Signature**  Provide the following information about the interpreter.  ***Interpreter’s Full Name***  **1.a.** Interpreter’s Family Name (Last Name)  **1.b.** Interpreter’s Given Name (First Name)  **2.** Interpreter’s Business or Organization Name (if any)  ***Interpreter’s Mailing Address***  **3.a.** Street Number and Name  **3.b.** Apt./Ste./Flr. [Fillable field]  **3.c.** City or Town  **3.d.** State  **3.e.** ZIP Code  **3.f.** Province  **3.g.** Postal Code  **3.h.** Country  ***Interpreter’s Contact Information***  **4.** Interpreter’s Daytime Telephone Number  **5.** Interpreter’s Mobile Telephone Number (if any)  **6.** Interpreter’s Email Address (if any)  ***Interpreter’s Certification***  I certify, under penalty of perjury, that:  I am fluent in English and [Fillable Field], which is the same language specified in **Part 5.**, **Item Number 1.b.**, and I have read every question and instruction on this request and his or her answer to every question to this requestor in the identified language. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Requestor’s Declaration and Certification**, and has verified the accuracy of every answer.  ***Interpreter’s Signature***  **7.a.** Interpreter’s Signature  **7.b.** Date of Signature (mm/dd/yyyy) |
| **New** | **[new]** | **[Page 3]**  **Part 4. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor**  Provide the following information about the preparer.  ***Preparer’s Full Name***  **1.a.** Preparer’s Family Name (Last Name)  **1.b.** Preparer’s Given Name (First Name)  **2.** Preparer’s Business or Organization Name (if any)  ***Preparer’s Mailing Address***  **3.a.** Street Number and Name  **3.b.** Apt./Ste./Flr. [Fillable field]  **3.c.** City or Town  **3.d.** State  **3.e.** ZIP Code  **3.f.** Province  **3.g.** Postal Code  **3.h.** Country  ***Preparer’s Contact Information***  **4.** Preparer’s Daytime Telephone Number  **5.** Preparer’s Mobile Telephone Number (if any)  **6.** Preparer’s Email Address (if any)  **[Page 4]**  ***Preparer’s Statement***  **7.a.** I am not an attorney or accredited representative but have prepared this request on behalf of the requestor and with the requestor’s consent.  **7.b.** I am an attorney or accredited representative and my representation of the requestor in this case extends/does not extendbeyond the preparation of this request.  **NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this request.  ***Preparer’s Certification***  By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the requestor. The requestor then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Requestor’s Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this form based only on information that the requestor provided to me or authorized me to obtain or use.    ***Preparer’s Signature***[Sub-header]  **8.a.** Preparer’s Signature  **8.b.** Date of Signature (mm/dd/yyyy) |
| **Page 3,**  **Part 3. Signature of Requester** | **[Page 3]**  **[new]**  **Part 3. Signature of Requester - Affidavit of Identity**  **NOTE:** Read the Penalties section of the Form G-884 Instructions before completing this part.  **[new]**  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  Family Name (Last Name)  Given Name (First Name)  Middle 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.  **8.** Printed Name of USCIS Official  Family Name (Last Name)  Given Name (First Name)  Middle Name  **6.** Title  **5.** Signature of USCIS Official (sign in ink)  **7.** Date (mm/dd/yyyy)  **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 (sign in ink)  **12.** Date (mm/dd/yyyy)  **11.** In and for the:  Given under my hand and official seal | **[Page 4]**  **Do not sign Part 5. until you are before the Certifying Official.**  **Part 5. Requestor’s Declaration, Certification, Signature, and Affidavit of Identity**  [delete]  **NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**  **1.a.** I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.  **1.b.** The interpreter named in **Part 3.** read to me every question and instruction on this request and my answer to every question in [Fillable Field], a language in which I am fluent, and I understood everything.  **2.** At my request, the preparer named in **Part 4.**, [Fillable field], prepared this request for me based only upon information I provided or authorized.  ***Requestor’s Contact Information***  **3.** Requestor’s Daytime Telephone Number  **4.** Requestor’s Mobile Telephone Number (if any)  **5.** Requestor’s Email Address (if any)  ***Requestor’s Declaration and Certification***  Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to verify my identity and my authority to obtain the desired documents or records. I authorize the release of any information from my records that USCIS needs in order to respond to my request.  I certify, under penalty of perjury, that I reviewed and understand all of the information contained in, and submitted with, my request and that all of this information is complete, true, and correct.  I swear that I am the person named in **Part 1.** of this request. I understand that if I falsify or conceal a material fact or submit a false document with this request that USCIS will deny it, deny any other immigration benefit, and that I may face severe penalties provided by law and may be subject to criminal prosecution, fine, or imprisonment (18 U.S.C. 1101).  **[Page 5]**  Requestor’s Printed Full Name  **6.a.** Family Name (Last Name)  **6.b.** Given Name (First Name)  **6.c.** Middle Name  **7.a.** Signature (Your signature **must** be notarized. **Do not sign** until you are before the Certifying Official.)  **7.b.** Date of Signature (mm/dd/yyyy)  I do hereby certify that the requestor named in **Part 1.** of this request personally appeared before me and executed the Affidavit of Identity.  Printed Name of USCIS Official  **8.a.** Family Name (Last Name)  **8.b.** Given Name (First Name)  **8.c.** Middle Name  **9.** Title of USCIS Official  **10.a.** Signature of USCIS Official (Sign in ink.)  **10.b.** Date of Signature (mm/dd/yyyy)  **Certifying Official**  I do hereby certify that the requestor named in **Part 1.** of this request personally appeared before me and executed the Affidavit of Identity.  Printed Name of Certifying Official  **11.a.** Family Name (Last Name)  **11.b.** Given Name (First Name)  **11.c.** Middle Name  **12.a.** Signature of Certifying Official (Sign in ink.)  **12.b.** Date of Signature (mm/dd/yyyy)  **13.** In and for the:  Given under my hand and official seal |
| **New** | **[new]** | **[Page 6]**  **Part 6. 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 this request or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.  **1.a.** Family Name (Last Name) [Auto-populated field]  **1.b.** Given Name (First Name) [Auto-populated field]  **1.c.** Middle Name [Auto-populated field]  **2.** A-Number (if any) [Auto-populated field]  **3.a.** Page Number  **3.b.** Part Number  **3.c.** Item Number  **3.d.** [Fillable field]  **4.a.** Page Number  **4.b.** Part 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]  **7.a.** Page Number  **7.b.** Part Number  **7.c.** Item Number  **7.d.**  [Fillable field] |