

**Request for Certified Copy of Affidavit of Support Under  
Section 213A of the INA or Contract Between Sponsor  
and Household Member**



**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form G-1563**  
OMB No. 1615-NEW  
Expires xx/xx/20xx

**What Is the Purpose of This Form?**

This form is used to request a certified copy of an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) (“Affidavit”) or a Contract Between Sponsor and Household Member (Form I-864A) (“Contract”).

**Who May File This Form?**

- A sponsored alien who is requesting a certified copy of an Affidavit or Contract that was executed on his or her behalf.
- A Federal, State, or local government agency or other entity that administers a means-tested public benefit program and that distributed any means-tested public benefit(s) to a sponsored alien.
- A sponsor who is requesting a certified copy of an Affidavit or Contract that he or she executed.
- A household member who is requesting a certified copy of an Affidavit related to his or her support obligation (i.e. that includes the income or assets based on a Contract the household member executed) or of a Contract that he or she executed.

USCIS will only provide a certified copy of an Affidavit or Contract if the requestor demonstrates that they are authorized to receive a certified copy of an Affidavit or Contract, such as when the certified copy is for use in any action to enforce an Affidavit or Contract against a sponsor or against a household member who executed a Contract, or for use in a request for reimbursement submitted to a sponsor or to a household member who executed a Contract. See 8 CFR 213a.4(a)(3).

**How USCIS Will Use This Information?**

USCIS will use the information in this request to determine if the requestor is authorized to receive a certified copy of an Affidavit or Contract executed on behalf of a specific alien. See 8 CFR 213.4(a)(3).

**General Instructions**

USCIS provides forms free of charge through the USCIS website. To view, print, or fill out our forms, you should use the latest version of Adobe Reader, which you can download for free at <http://get.adobe.com/reader/>. If you do not have internet access, you may call the USCIS Contact Center at **1-800-375-5283** and ask that we mail a form to you. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

**Copies.** You should submit legible photocopies of documents requested, unless the Instructions specifically state that you must submit an original document. USCIS may request an original document at the time of filing or at any time during processing of an application or petition. If USCIS requests an original document from you, it will be returned to you after USCIS determines it no longer needs your original.

**NOTE:** If you submit original documents when not required or requested by USCIS, **your original documents may be immediately destroyed after we receive them.**

**How To Fill Out Form G-1563**

1. Type or print legibly in black ink.
2. If you need extra space to complete any item within this form, attach a separate sheet of paper. Type or print your name and Alien Registration Number (A-Number) 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.

3. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None" unless otherwise directed.
4. If you are filling the form out manually, type or print the alien's last name, first name, and A-Number at the top of each page. For example, Smith, John, A123456789.

## Specific Instructions

### Part 1. Requestor is the Sponsored Alien

Complete **Part 1** if you are requesting a certified copy of an Affidavit or Contract that was executed on your behalf. If you are not the Sponsored Alien, write "N/A" in every field of **Part 1** and provide information in either **Part 2** or **Part 3**.

You must provide a copy of your Permanent Resident Card (Form I-551) with your request.

**Item Number 1. Your Full Legal Name.** Enter your last name, first name, and middle name. Do not provide a nickname.

**Item Number 2. Date of Birth.** Enter your date of birth in the mm/dd/yyyy format.

**Item Number 3. Gender.** Select the applicable box for your gender.

**Item Number 4. Alien Registration Number.** Provide your A-Number. Your A-Number is the number used to identify your immigration records. It begins with an "A" and can be found on correspondence that has been received from the Department of Homeland Security (DHS) or USCIS. If you do not have an A-Number, type or print "N/A."

**Item Number 5. Country of Birth.** Enter your country of birth.

**Item Number 6. Country of Citizenship or Nationality.** Provide the name of the country where you are a citizen and/or national. This is not necessarily the country where you were born. If you do not have citizenship in any country, type or print "stateless" and provide an explanation in **Part 11. Additional Information**.

**Item Number 7. Current Mailing Address.** Provide the address where you would like to receive written correspondence regarding your form.

### Part 2. Requestor on behalf of Agency or Entity

Complete **Part 2** if you are requesting a certified copy of an Affidavit or Contract on behalf of a Federal, State or Local government agency or other entity that administers a means-tested public benefit program. If you are not a Requestor on behalf of an Agency or Entity, write "N/A" in every field of **Part 2** and provide information in either **Part 1** or **Part 3**.

You must provide USCIS evidence that you are a program official who is an employee or officer of the agency or entity and that you have the authority to act on the agency's or entity's behalf in seeking reimbursement of means-tested public benefit(s). See 8 CFR 213a.1(n).

### Part 3. Requestor Who is a Sponsor or Household Member who Executed a Contract

Complete **Part 3** only if you are requesting a certified copy of an Affidavit that you executed or that relates to your support obligation or of a Contract that you executed. If you are not the Sponsor or Household Member who Executed a Contract, write "N/A" in every field of **Part 3** and provide information in either **Part 1** or **Part 2**.

You must provide a copy of a government-issued identity document, such as a passport (even if now expired), a driver's license, or military identification document, with your request.

### Part 4. Type of Document Requested

Select the box for the type of document of which you are requesting a certified copy.

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## **Part 5. Reason for Request**

Select the appropriate box for why you are requesting the document(s) selected in **Part 4**. If you select "Other," provide an explanation for your request. You must also provide evidence to support the basis for your request. Examples of evidence include, but are not limited to, written documentation that a sponsored alien received a means-tested public benefit and/or that an agency or entity requested reimbursement from the sponsor or household member.

USCIS will only provide a certified copy of an Affidavit or Contract if the requestor demonstrates that he or she is authorized to receive a certified copy of an Affidavit or Contract, such as when the certified copy is for use in any action to enforce an Affidavit or Contract, or for use in a reimbursement request for a sponsor or for a household member who executed a Contract. See 8 CFR 213a.4(a)(3).

## **Part 6. Sponsored Alien Requestor Statement, Contact Information, Certification, and Signature**

Select the appropriate box to indicate whether you read this form yourself or whether you had an interpreter assist you. If someone assisted you in completing the form, select the box indicating that you used a preparer. Further, you must sign and date your form and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every form **MUST** contain the signature of the requestor (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

## **Part 7. Requestor on behalf of Agency or Entity Contact Information, Certification, and Signature**

Select the appropriate box to indicate whether you read this form yourself or whether you had an interpreter assist you. If someone assisted you in completing the form, select the box indicating that you used a preparer. Further, you must sign and date your form and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every form **MUST** contain the signature of the requestor (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

## **Part 8. Sponsor or Household Member Who Executed Contract Between Sponsor and Household Member Requestor Statement, Contact Information, Certification and Signature**

Select the appropriate box to indicate whether you read this form yourself or whether you had an interpreter assist you. If someone assisted you in completing the form, select the box indicating that you used a preparer. Further, you must sign and date your form and provide your daytime telephone number, mobile telephone number (if any), and email address (if any). Every form **MUST** contain the signature of the requestor (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

## **Part 9. Interpreter's Contact Information, Certification, and Signature**

If you used anyone as an interpreter to read the Instructions and questions on this form to you in a language in which you are fluent, the interpreter must fill out this section; provide his or her name, the name and address of his or her business or organization (if any), his or her daytime telephone number, his or her mobile telephone number (if any), and his or her email address (if any). The interpreter must sign and date the form.

## **Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor**

This section must contain the signature of the person who completed your request, if other than you, the requestor. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 9** and **Part 10**. If the person who completed this request is associated with a business or organization, that person should complete the business or organization name and address information. Anyone who helped you complete this request **MUST** sign and date the request. A stamped or typewritten name in place of a signature is not acceptable. If the person who helped you prepare your request is an attorney or accredited representative, he or she may also need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, along with your request.

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## Part 11. Additional Information

If you need extra space to provide any additional information within this request, use the space provided in **Part 11. Additional Information**. If you need more space than what is provided in **Part 11.**, you may make copies of **Part 11.** to complete and file with your request, or attach a separate sheet of paper. Type or print your name and A-Number 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.

### Processing Information

Upon receipt, USCIS will review the form for completeness, including submission of any attached documents. If the form is not completely filled out, USCIS may reject the form or request that you provide more information or documentation. We may also request that you provide the originals of any copies you submit.

### USCIS Forms and Information

To ensure you are using the latest version of this [application/petition], visit the USCIS website at [www.uscis.gov](http://www.uscis.gov) where you can obtain the latest USCIS forms and immigration-related information. If you do not have internet access, you may call the USCIS Contact Center at **1-800-375-5283** and ask that we mail a form to you. The USCIS Contact Center provides information in English and Spanish. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

### DHS Privacy Notice

**USCIS AUTHORITIES:** The information requested on this form, and the associated evidence, is collected under INA section 213A and section 421(e) of Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) in accordance with 8 CFR section 103.2(b)(1).

**PURPOSE:** The primary purpose for providing the requested information on this form is to request a certified copy of an Affidavit or Contract. The U.S. Department of Homeland Security (DHS) uses the information you provide to determine if the requestor is authorized to receive a certified copy of an Affidavit or Contract executed on behalf of a specific alien.

**DISCLOSURE:** Failure to provide the requested information, and any requested evidence, may delay action being taken by USCIS.

**ROUTINE USES:** DHS may share the information you provide on this form with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS-001 - Alien File, Index, and National File Tracking System and DHS/USCIS-007 - Benefits Information System] and the published privacy impact assessments [DHS/USCIS/PIA-016a Computer Linked Application Information Management System and Associated Systems,] which you can find at [www.dhs.gov/privacy](http://www.dhs.gov/privacy). DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information, unless it displays a currently valid Office of Management and Budget (OMB) control number. The public reporting burden for this collection of information is estimated at 50 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Ave NW, Washington, DC 20529-2140; OMB No. 1615-NEW. **Do not mail your completed Form G-1563 to this address.**