



# 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-xxxx  
Expires xx/xx/20xx

▶ **START HERE - Type or print in black ink.**

Answer all questions fully and accurately. If a question does not apply to you, type or print "N/A" unless otherwise directed. If the answer to a question which requires a numeric response is zero or none, type or print "None" unless otherwise directed.

**Part 1. Requestor is the Sponsored Alien**

Complete this Part if you are a sponsored alien requesting a certified copy of the Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) ("Affidavit") or the Contract Between Sponsor and Household Member (Form I-864A) ("Contract") executed on your behalf.

**1. Your Full Legal Name (Do not provide a nickname)**

Family Name (Last Name)	Given Name (First Name)	Middle Name
-------------------------	-------------------------	-------------

**2. Date of Birth (mm/dd/yyyy)**

**3. Gender**

Male  Female

**4. Alien Registration Number (A-Number)**

▶ **A-**

**5. Country of Birth**

**6. Country of Citizenship or Nationality**

**7. Current Mailing Address**

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

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

Complete this Part if you are requesting a certified copy of the Affidavit or Contract on behalf of a Federal, State, or local government agency, or other entity that administers a means-tested public benefit program.

**1. Agency Contact's Full Name**

Family Name (Last Name)

Given Name (First Name)

**2. Name of Benefit Granting Agency**

**Part 2. Requestor on behalf of Agency or Entity (continued)**

**3. Agency Contact's Mailing Address**

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

**4. Full Legal Name of Sponsored Alien Who Received Means-tested Public Benefits**

Family Name (Last Name)

Given Name (First Name)

Middle Name

**5. Sponsored Alien's Date of Birth (mm/dd/yyyy)**

**6. Sponsored Alien's Gender**  Male  Female

**7. Sponsored Alien's Alien Registration Number (A-Number)** ▶ **A-**

**Part 3. Requestor is a Sponsor or Household Member**

Complete this Part if you are a sponsor, or a household member who executed a Contract, who is requesting a certified copy of the Affidavit that you executed or that relates to your support obligation, or of a Contract that you executed on behalf of a sponsored alien.

**1. Your Full Legal Name (Do not provide a nickname)**

Family Name (Last Name)

Given Name (First Name)

Middle Name

**2. Date of Birth (mm/dd/yyyy)**

**3. Current Mailing Address**

In Care Of Name

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

**4. Full Legal Name of Sponsored Alien**

Family Name (Last Name)

Given Name (First Name)

Middle Name

**5. Sponsored Alien's Date of Birth (mm/dd/yyyy)**

**6. Sponsored Alien's Gender**  Male  Female

**7. Sponsored Alien's Alien Registration Number (A-Number)** ▶ **A-**

**Part 4. Type of Document Requested**

Select which type of document you are requesting:

- Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ)
- Contract Between Sponsor and Household Member (Form I-864A)
- Both

**Part 5. Reason for Request**

Select a reason for why you are requesting the document(s) selected in **Part 4**.

- For use in any action to enforce an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) or Contract Between Sponsor and Household Member (Form I-864A)
- For use in a reimbursement request for a sponsor and/or household member
- Other (explain):

---



---



---



---



---

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

Complete this Part if you filled out **Part 1. Requestor is the Sponsored Alien**.

**Sponsored Alien's Statement**

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Sponsored Alien's Statement Regarding the Interpreter
  - A.  I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.
  - B.  The interpreter named in **Part 9**, read to me every question and instruction on this form and my answer to every question in , a language in which I am fluent, and I understood everything.
2.  At my request, the preparer named in **Part 10**., , prepared this form for me based only upon information I provided or authorized.

**Sponsored Alien's Contact Information**

3. Daytime Telephone Number
4. Mobile Telephone Number (if any)
5. Email Address (if any)

**Part 6. Sponsored Alien Requestor Statement, Contact Information, Certification and Signature**  
(continued)

***Sponsored Alien's Certification***

I certify, under penalty of perjury, that to the best of my knowledge and belief, all of the information contained in, and submitted with this form, is complete, true, and correct.

6. Signature Date of Signature (mm/dd/yyyy)  
➔

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

Complete this Part if you filled out **Part 2. Requestor on behalf of Agency or Entity**.

***Statement***

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Requestor's Statement Regarding the Interpreter
- A.  I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.
- B.  The interpreter named in **Part 9.** read to me every question and instruction on this form and my answer to every question in , a language in which I am fluent, and I understood everything.
2.  At my request, the preparer named in **Part 10.**, , prepared this form for me based only upon information I provided or authorized.

***Contact Information***

3. Requestor's Contact's Daytime Telephone Number
4. Requestor's Contact's Mobile Telephone Number
5. Requestor's Contact's Email Address

***Certification***

I certify, under penalty of perjury, that to the best of my knowledge and belief, all of the information contained in, and submitted with this form, is complete, true, and correct.

I am filing this form on behalf of a benefit agency or entity and certify that I am authorized to do so by the agency or entity.

6. Agency or Entity Contact Signature Date of Signature (mm/dd/yyyy)

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

Complete this Part if you filled out **Part 3. Requestor is a Sponsor or Household Member**.

***Sponsor or Household Member Who Executed Contract Between Sponsor and Household Member Statement***

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Sponsor or Household Member's Statement Regarding the Interpreter
  - A.  I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.
  - B.  The interpreter named in **Part 9.** read to me every question and instruction on this form and my answer to every question in , a language in which I am fluent, and I understood everything.
2.  At my request, the preparer named in **Part 10.**, , prepared this form for me based only upon information I provided or authorized.

***Sponsor or Household Member Who Executed Contract Between Sponsor and Household Member Contact Information***

3. Daytime Telephone Number
4. Mobile Telephone Number (if any)
5. Email Address (if any)

***Sponsor or Household Member Who Executed Contract Between Sponsor and Household Member Certification***

I certify, under penalty of perjury, that to the best of my knowledge and belief, all of the information contained in, and submitted with this form, is complete, true, and correct.

6. Signature  Date of Signature (mm/dd/yyyy)

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

Provide the following information about the interpreter.

***Interpreter's Full Name***

1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name

**Part 9. Interpreter's Contact Information, Certification, and Signature (continued)**

**Interpreter's Mailing Address**

3. Street Number and Name  Apt. Ste. Fl.    Number   
City or Town  State  ZIP Code   
Province  Postal Code  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 , which is the same language specified in **Part 6., Item B.** in **Item Number 1., Part 7., Item B.** in **Item Number 1., or Part 8., Item B.** in **Item Number 1.** and I have read to the requestor in the identified language every question and instruction on this declaration and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the form and has verified the accuracy of every answer.

**Interpreter's Signature**

7. Interpreter's Signature (sign in ink)  Date of Signature (mm/dd/yyyy)

**Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Form**

Provide the following information about the interpreter.

**Preparer's Full Name**

1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)   
2. Preparer's Business or Organization Name (if any)

**Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Form (continued)**

**Preparer's Mailing Address**

3. Street Number and Name Apt. Ste. Fl. Number  
      
City or Town State ZIP Code  
    
Province Postal Code 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)

**Preparer's Statement**

7. A.  I am not an attorney or accredited representative but have prepared this form on behalf of the requestor submitting this form.
- B.  I am an attorney or accredited representative and my representation of the requestor in this case  
 extends  does not extend beyond the preparation of this form.

**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 application.

**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 form 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**

8. Preparer's Signature  Date of Signature (mm/dd/yyyy)



