I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter outlined in the Supporting Documents section of this form, understood, all of the responses and information contained in, and submitted with, my application (as explained to me by the interpreter), and that all of the responses and the information are complete, write, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

Here you can choose your type of request and provide information about yourself and about your ancestor. To request information, please pay the appropriate fee and upload any supporting documents.

As of May 17, 2024, all new requests for AR-2's must be submitted to NARA. The Genealogy Program will continue to process requests received prior to May 17, 2024.



#### Index Search Request

Start your search with an Index Search Request

Requests for searches of USCIS indices rewell whether any USCIS records enter for a specific individual. If records enter, our researches well capture the citation for each record and provide that information to you. You can use the citation(s) to submit a Record Request.

You'll have to provide certain information.

Read More about making Index Search Requests



#### Record Request with Case ID

Follow up on your index search by submitting the file number citation(s) in a Record Request with Case ID

Our researchers will retrieve the records and files indicated and send you capies by email or regular most (your choice).

Read More about submitting Record Requests 0

#### Check Case Status

If you have submitted a genealogy request and have the request Case ID, you can check your case status and upload supporting documents, such as proof of death documents if you have not provided one.

Forms for mailing can be printed or downloaded here.



#### Record Request without Search Case ID

Request a specific file by file number in a Record Request without Search Case ID

To do so, you must know the correct file number for the records requested.

Read about the Genealogy program process and instructions before choosing this option. If the immigrant is still alive, please submit your request through FOIA: uscis.gov/records/request-records-throughthe-freedom-of-information-act-or-privacy-act

#### About the Fees

- There are no refunds for a search request where no records are located, or when the file located falls under the purview of the USCIS Freedom of Information, Privacy Act program, or the National Archives.
- There are no refunds for a Records request where the file number provided is invalid, or where proof of death is required and is not received within 30 days of receipt of the request.
- We will process requests only after we receive full payment. Online: All fees are payable using a credit card or bank account (ACH) online.
- We will not honor refunds or returns for user errors or because of an application cancellation or withdrawal request.
- By Mail: All fees are payable by personal check, cashier's check, money order, or you can pay by credit card or debit card using Form G-1450,
   Authorization for Credit Card Transactions. Mail payment and proof of death (if applicable) along with the application form to the following address:

USCIS Genealogy Program P.O. Box 805925 Chicago, IL 60680-4120

#### Supporting Documents Information

If the immigrant's date of birth is less than 100 years before the date of this request, up unstap rovide documentary evidence showing the immigrant is decreased. Examples of acceptable documentary proof of death include: death certificates (uncertified copyl, printed obituaries, funeral programs or photographe of gravestones, Bible records, Social Security Death Index (individual records only, not lists), or records about payment of death benefits.



### Search for Immigrant Record by Case ID

Enter your request Case ID below to retrieve the customer profile and request information. The Case ID can be found on your Request Receipt or Fulfillment letter from DHS. The required fields are marked with an asterisk\*

Select your secret question from the list*	Enter the answer for your question*
- Select -   \$	



#### Search for Immigrant Record by Case ID

The required fields are marked with an asterisk\*

#### Requester Name

- Select - 0			
First Name*	Middle Name	Last Name*	Suffix
Jon		Doe	- Select - 0

#### Requester Address

Select a method by which a researcher may contact you if additional information is required. If you choose to be contacted by email, you will receive an email notification of the availability of documents and the email field will become a required field. If you choose to be contacted by phone, the phone field will become a required field.

	Apt/Unit#	Country*	
		USA	٥
	State*		Zip code *
	MISSOURI	MISSOURI 0	
Extension	Email Address	Contact By †	
	ex: abc@domain.com	By Mail	٥
	Extension	State*  MISSOURI  Extension Email Address	State*  State*  MISSOURI  Extension  Email Address  Contact By †

#### Supporting Documents

You can upload proof of death of family members who might be named in the file, petitions, information from Ancestry or any other documents that you believe might assist with processing your request. Anyone that is under 100 years in the file must have proof of death to release their information.

If you choose to send documentary proof of death through e-mail:

Write your Case ID on all documents (Your Case ID is GEN-XXXXXXXX).

If you choose to submit your supporting documents after the online application is submitted, you must use one of the following methods:

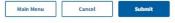
- . By Upload: Check Case Status Page
- By E-mail: Genealogy.USCIS@dhs.gov

To upload a copy of the proof of death document, perform the following:

- Scan the document and save the file on the hard drive of your computer.
- Click the Browse button below and locate the file on your hard drive.
   Highlight the file name and click the Open button. The file name
- displays in the Select File to Upload field.
- If the correct file name displays in the Select File to Upload field, click Upload File button to upload the file to the system.
- 5. The file size is limited to a maximum of 10 MB.

You can upload up to 10 supporting documents. If more than 10 supporting documents are uploaded, only the last 5 documents will be saved and shown in the document list. To remove an uploaded document, simply click the document row's Delete button.

<u>Choose</u> or drop files here to upload



Return to top

Home Index Search Request

Case ID Record Request

Record Request

Case Status

Review the information below. If you wish to make changes to the information you entered use the Make Changes button below, or else use the Submit button to continue.

Total Due: \$0.00

#### Requester Information:

Name: Jon Doe

Address: 123 Test Rd , Saint Louis, MO 63123 USA

Contact By: By Mail

#### \$30 Naturalization Certificate:

Certificate Only: No

Certificate Number: A1511232

Date of Naturalization: 12/23/1907

Court: Location:

Order Date: 08/06/2024

#### \$30 Registry File:

Registry File Number: 32223 Order Date: 08/06/2024

**Make Changes** 

Submit

#### Immigrant Information:

Name: Clyde Smith

Country of Birth: Democratic Yemen

Date of Birth: 11/15/1893

Birth Status: Actual Date of Birth

\$30 Visa File:

Visa Number: 7345422

Date of Entry: // Port of Entry:

Ship:

Order Date: 08/06/2024



### Online Payment

By submitting payment you acknowledge and agree to the Fee Payment Disclosure Statement for E-Filed Applications.

Online payment by credit card is recommended.

Your Request Case ID is: GEN-10109509

Write your Case ID GEN-10109509 on all items that will be e-mailed in.

#### Amount Due: \$60.00

Click the Submit button below to begin payment and complete your online application.

Once your payment is submitted, you will be prompted to set up your secret question and answer. The Case ID along with your secret question settings will be used for you to make record requests based on the search

Main Menu

Cancel Order

Submit

### Fee Payment Disclosure Statement for E-Filed Applications

Pursuant to Title 8 of the Code of Federal Regulations (CFR), Section 103.7 and Section 103.2 respectively, filing and other applicable fees associated with USCIS applications, where applicable, "are non-refundable and must be paid when the application is filed."

No refunds or returns will be honored for user errors or in the event of an application cancellation or withdrawal request. A charge in the amount of \$30.00 will be imposed on the Payer of this filed application if the total amount due cannot be honored on the bank or cardholder on which the funds are drawn. This charge is separate from any other bank or credit card penalty charges that may be imposed by the issuing Payor bank of credit card merchant.



#### Payment Information

Payment Amount \$60.00

#### I want to pay with my

Bank account (ACH)

O Debit or credit card

Continu

Cancel



Please provide the payment information below. Required fields are marke	ed with an *
---	--------------

Agency Tracking ID
10109509G5001300201
Payment Amount
\$60.00
* Cardholder Name
* Cardholder Billing Address
Billing Address 2
City
50% M
* Country
Select Country 0
State/Province
ZIP/Postal Code
* Card Number
(a) 1900 (1900) (1900)
WAR TO THE TOTAL TOTAL TO THE THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTA
VISA ⇒ 🔤 📆 🔞 🔞 🛈
* Expiration Date
Select 0   Select 0
Select   Select
* Security Code
What's this?
White a title:
Continue Previous Capre





Please review the payment information. Required fields are marked with an \*

Agency Tracking ID 10109509G5001300201 Payment Amount \$60.00 Payment Method Plastic Card Cardholder Name Jon Doe Card Type MASTERCARD Card Number \*\*\*\*\*\*\*\*5100 Cardholder Billing Address 123 Test Rd Billing Address 2 City Country Ethiopia State/Province ZIP/Postal Code

Continue Previous Cancel

\* I authorize a charge to my card account for the above amount in accordance with my card issuer agreement.

### **Record Request Confirmation**

The confirmation has been sent to your email address:

#### Record Request Case ID: GEN-10109509

Your payment of \$60.00 has been received. If your requested immigrant is less than 100 years old, your request will not be processed until USCIS has received the proof of the immigrant's death. If the documents are not received within 30 days, the case will be closed without refund and notice

You can use <u>Check Case Status Page</u> to upload proof of death documents or e-mail the documents to Genealogy:

#### Genealogy.USCIS@dhs.gov

Click the Main Menu button to search for another immigrant.

To close this application, click the Close (x) button on the browser's toolbar.

Below is a summary of your request. You can print this page as your confirmation.

#### Requester Information:

Name: Jon Doe

Address: 123 Test Rd , Saint Louis, MO 63123 USA

#### **Immigrant Information:**

Name: Clyde Smith Date of Birth: 11/15/1893

Country of Birth: Democratic Yemen

#### Selected Documents:

#### **Naturalization Certificate:**

Certificate Number: A1511232

Visa File:

Visa Number: 7345422 \$30

Case Opened Date: 8/6/2024, 10:38 AM

Main Menu

**Print this Window** 

\$30

## U.S. Citizenship and Immigration Services

### **USCIS Genealogy Program**

#### Record Request without Search Case ID

To submit a search for immigrant records, enter the information below.

The required	netus are	marked	with a	n asterisk
and the same of				

|--|

- Select - 0			
First Name*	Middle Name	Last Name*	Suffix
			- Select - 0
Requester Address			
		quired. If you choose to be contacted by email, you w required field. If you choose to be contacted by phon	
		N - 11 - 12	

			USA	٥
City*	State*		Zip code *	
	- Select -	٥	ex: 99999	
Phone	Extension Email Address		Contact By †	
ex: 999-999-9999	ex: abc@domain.com		By Mail.	٥

#### Immigrant Name and Origin

First Name*	Middle Name	Last Name*	
Immigrant's Country of Birth	1. +		

#### - Select -

Immigrant's Date of Birth

#### immigrant's Date of Birth should be between 1800 and 1951.

Manth*	Day*	Year*	Date of Birth Statu	IS"
MM	DD	YYYYY	- Select -	٥

	e select at least one document to ording, a fle number obtained from any source other thus the order you with a copy of the document. If this occurs, we will o	***			natch the identification you provided for the subject, we will be ed has a \$20.00 fee for processing	
	Naturalization Certificate File 1906-1956 or C File  If selected, Certificate Number is required with one of the following prefix codes: A, B, C, D, AA, OL, OM, OS, 129/ or 3904/.  (examples: C237654, OL3462, 129/43876). Date of Naturalization should be between 1906 and 1956.  Select the Certificate Only checkbox if you are requesting only the Naturalization Certificate.  Certificate Only					
	Certificate Number*	Month Da	te of Naturalizat Day	tion Year	Court	
		MM	DD	YYYY		
	(Up to 7 digits)					
	City or County	State				
		- Select -		٥		
	Visa File 1924-1944 If selected, Visa Number is required. Date	of Entry shou	ld be between 1	800 and 1951		
	Visa Number*	Month	Day	Year	Port of Entry	
		MM :	DD	YYYY		
	(Up to 7 digits)					
	Ship (if a seaport)					
	A-File numbered below 8 million					
	If selected, A Number is required					
	A Number*					
	(Must be 7 digits)					
	AR-2 Form 1940-1944					
	If selected, A or AR Number is required					
	A or AR Number*					
	(Must be 7 digits)					
	Registry File 1929-1944					
	If selected, Registry File Number is require	ed				
	Registry File Number*					
	(Up to 6 digits)					

#### Supporting Documents

You can upload proof of death of family members who might be named in the file, petitions, information from Ancestry or any other documents that you believe might assist with processing your request. Anyone that is under 100 years in the file must have proof of death to release their information.

If you choose to send documentary proof of death through e-mail:

Write your Case ID on all documents (Your Case ID is GEN-XXXXXXXXX).

If you choose to submit your proof of death after the online application is submitted, you must use one of the following methods:

- By Upload: Check Case Status Page
- By E-mail: Genealogy USCIS@dhs.gov

To upload a copy of the proof of death document, perform the following:

- 1. Scan the document and save the file on the hard drive of your computer.
- 2. Click the Browse button below and locate the file on your hard drive. 3. Highlight the file name and click the Open button. The file name
- 4. If the correct file name displays in the Select File to Upload field, click Upload File button to upload the file to the system.
- displays in the Select File to Upload field. 5. The file size is limited to a maximum of 10 MR.

You can upload up to 10 supporting documents. If more than 10 supporting documents are uploaded, only the last 5 documents will be saved and shown in the document list. To remove an uploaded document, simply click the document row's Delete button.

Choose or drop files here to upload



By

Hom

nt.



### Online Payment

By submitting payment you acknowledge and agree to the Fee Payment Disclosure Statement for E-Filed Applications.

Online payment by credit card is recommended.

Your Request Case ID is: GEN-10109509

Write your Case ID GEN-10109509 on all items that will be e-mailed in.

Amount Due: \$90.00

Click the Submit button below to begin payment and complete your online application.

Once your payment is submitted, you will be prompted to set up your secret question and answer. The Case ID along with your secret question settings will be used for you to make record requests based on the search

Main Menu

Cancel Order

Submit

### Fee Payment Disclosure Statement for E-Filed Applications

Pursuant to Title 8 of the Code of Federal Regulations (CFR), Section 103.7 and Section 103.2 respectively, filing and other applicable fees associated with USCIS applications, where applicable, "are non-refundable and must be paid when the application is filed."

No refunds or returns will be honored for user errors or in the event of an application cancellation or withdrawal request. A charge in the amount of \$30.00 will be imposed on the Payer of this filed application if the total amount due cannot be honored on the bank or cardholder on which the funds are drawn. This charge is separate from any other bank or credit card penalty charges that may be imposed by the issuing Payor bank of credit card merchant.



#### **Payment Information**

Payment Amount \$90.00

#### I want to pay with my

Bank account (ACH)

O Debit or credit card

Continu

Cancel





Please provide the payment information below. Required fields are marked with an \*

## Select   Se		
Payment Amount  590.00  * Cardholder Name  1  * Cardholder Billing Address  Billing Address 2  City  * Country  * Country  Select Country  \$ State/Province  ZIP/Postal Code  * Card Number  * Expiration Date  Select  \$ Select  \$ Select  \$ Select  \$ \$ Select  \$ \$ Select  \$ \$ Select  \$ \$ \$ Select  \$ \$ \$ Select  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Agency Tracking ID	
Cardholder Name  Cardholder Billing Address  Billing Address 2  City  Country  Select Country  \$ State/Province  Cip/Postal Code  Card Number  Expiration Date  Select  \$ Select	10109509G5001299502	
Cardholder Name  Cardholder Billing Address  Billing Address 2  City  Country  Select Country  \$ Select Country  \$ Card Number  Card Number  **Epiration Date  Select  \$ Select  \$ Select  \$ Select  \$ Select  \$ Select  \$ Select	Payment Amount	
* Cardholder Billing Address  Billing Address 2  City  Country  Select Country  \$ Select Country  \$ Country  \$ State/Province  **Card Number  **Expiration Date  Select  \$ Select  \$ Select  \$ Select  \$ \$ Security Code	90.00	
Cardholder Billing Address  Billing Address 2  City  Country  Select Country  Select Country  \$ State/Province  ZIP/Postal Code  Card Number  **Expiration Date  Select  \$ Select  \$ Select  \$ Select  \$ Select	Conflicted Name	
* Cardholder Billing Address  Billing Address 2  City  Country  Select Country  \$ Select Country  \$ Country  \$ State/Province  ZIP/Postal Code  * Card Number  * Expiration Date  Select  \$ Select  \$ Select  \$ \$ Select  \$ \$ Security Code		
*Country  *Country  Select Country  \$ State/Province  ZIP/Postal Code  *Card Number  *Expiration Date  Select  \$ Select  \$ Select  \$ Select	1	
*Country  *Country  Select Country  \$ State/Province  ZIP/Postal Code  *Card Number  *Expiration Date  Select  \$ Select  \$ Select  \$ Select		
City  * Country  Select Country  \$ State/Province  **Card Number  **Card Number  **Expiration Date  **Select  \$ Select  \$ Select  \$ \$ Security Code	* Cardholder Billing Address	
City  * Country  Select Country  \$ State/Province  **Card Number  **Card Number  **Expiration Date  **Select  \$ Select  \$ Select  \$ \$ Security Code		
City  * Country  Select Country  \$ State/Province  **Card Number  **Card Number  **Expiration Date  **Select  \$ Select  \$ Select  \$ \$ Security Code		
* Country  Select Country  \$ Select Country  \$ State/Province  **Card Number  **Card Number  **Expiration Date  Select  \$ Select  \$ Select  \$ \$ Select	Billing Address 2	
* Country  Select Country  \$ Select Country  \$ State/Province  **Card Number  **Card Number  **Expiration Date  Select  \$ Select  \$ Select  \$ \$ Select		
* Country  Select Country  \$ Select Country  \$ State/Province  **Card Number  **Card Number  **Expiration Date  Select  \$ Select  \$ Select  \$ \$ Select		
* Country  Select Country  \$ Select Country  \$ State/Province  **Card Number  **Card Number  **Expiration Date  Select  \$ Select  \$ Select  \$ \$ Select	City	
Select Country  State/Province  ZIH/Postal Code  * Card Number  * Expiration Date  Select   Select   Select   Select    Select   Select    Select   Select   Select   Select   Select   Select   Select   Select   Select   Select   Select   Select		
Select Country  State/Province  ZIH/Postal Code  * Card Number  * Expiration Date  Select   Select   Select   Select    Select   Select    Select   Select   Select   Select   Select   Select   Select   Select   Select   Select   Select   Select		
Select Country  State/Province  ZIH/Postal Code  * Card Number  * Expiration Date  Select   Select   Select   Select    Select   Select    Select   Select   Select   Select   Select   Select   Select   Select   Select   Select   Select   Select	Country	
State/Province  ZIP/Postal Code  ZIP/Postal Code  * Card Number  * Expiration Date  Select   Select   Select   Select    Select   Select    Select   Select   Select   Select   Select   Select   Select   Select   Select   Select   Select   Select   Select   Select	1/ W.C.((()))	
ZiPiPostal Code  * Card Number  * Expiration Date  * Select • Select •	Select Country	0
ZiPiPostal Code  * Card Number  * Expiration Date  * Select • Select •		
* Card Number  ** Card Number  ** Expiration Date  Select   Select   Select   ** Security Code	State/Province	
* Card Number  ** Card Number  ** Expiration Date  Select   Select   Select   ** Security Code		
* Card Number  ** Card Number  ** Expiration Date  Select   Select   Select   ** Security Code		
* Expiration Date  Select	ZIP/Postal Code	
* Expiration Date  Select		
* Expiration Date  Select		
* Expiration Date  Select	* Card Number	
* Expiration Date  Select		
* Expiration Date  Select	VISA CONTRACTOR CONTRA	
Select   0		
* Security Code	* Expiration Date	
* Security Code	Salara A Salara	
	Select 9 Select	٠
	* Security Code	
What's this?	accounty come	
What's this?		
	What's this?	
and the second s		



Please review the payment information. Required fields are marked with an \*

Agency Tracking ID 10109509G5001299502 Payment Amount \$90.00 Payment Method Plastic Card Cardholder Name Jon Doe Card Type MASTERCARD Card Number \*\*\*\*\*\*\*\*5100 Cardholder Billing Address 123 Test Rd Billing Address 2 City Country Gambia State/Province ZIP/Postal Code

Continue Previous <u>Cancel</u>

\* I authorize a charge to my card account for the above amount in accordance with my card issuer agreement.

#### Secret Question and Answer

#### The required fields are marked with an asterisk\*

Most USCIS Genealogy customers who receive positive Search results may submit a follow-up Record request for one or more of the files found. By setting a secret question below, you can save your Search request information and results. The secret question and answer make it easy to return and submit follow-up Record request by simply entering your Search Case ID number, secret answer, and then clicking the file(s) desired.

Enter secret question and answer:

Secret Question\*

- Select -		\$
our Answer*		
e-Enter Your Answer*		
Main Menu	Submit	

To enter your secret question and answer, perform the following:

- 1. Select on question from the Secret Question list.
- 2. Enter your answer in the Your Answer text box.
- Enter your answer again in the Re-enter your Answer text box.
- 4. Record your questions and answer.
- 5. Click the Submit button.

If you forget your secret question and answer, you will be unable to take advantage of this feature and will have to submit your follow-up request as a new request.

### Record Request Confirmation

The confirmation has been sent to your email address:

#### Record Request Case ID: GEN-10109509

Your payment of \$90.00 has been received. If your requested immigrant is less than 100 years old, your request will not be processed until USCIS has received the proof of the immigrant's death. If the documents are not received within 30 days, the case will be closed without refund and notice

You can use <u>Check Case Status Page</u> to upload proof of death documents or e-mail the documents to Genealogy: <u>Genealogy.USCIS@dhs.gov</u> Below is a summary of your request. You can print this page as your confirmation.

#### Requester Information:

Name: Jon Doe

Address: 123 Test Rd , Saint Louis, MO 63123 USA

#### **Immigrant Information:**

Name: Clyde Smith

Date of Birth: 11/15/1893

Country of Birth: Democratic Yemen

Case Opened Date: 8/6/2024, 9:45 AM

Click the Main Menu button to search for another immigrant. To close this application, click the Close (x) button on the browser's toolbar.

Main Menu

Change Q&A

**Print this Window** 

Retu

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter outlined in the Supporting Documents section of this form, understood, all of the responses and information contained in, and submitted with, my application (as explained to me by the interpreter), and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

Here you can choose your type of request and provide information about yourself and about your ancestor. To request information, please pay the appropriate fee and upload any supporting documents. Privacy Notice and Paperwork Reduction Act are available.

If the immigrant is still alive, please submit your request through FOIA: uscis.gov/records/request-recordsthrough-the-freedom-of-information-act-or-privacy-act

As of May 17, 2024, all new requests for AR-2's must be submitted to NARA. The Genealogy Program will continue to process requests received prior to May 17, 2024.

### Index Search Request

Start your search with an Index Search Request



### Check Case Status

If you have submitted a genealogy request and have the request Case ID you can check your case status

### About the Fees

- · There are no refunds for a search request where no records are located, or when the file located falls under the purview of the USCIS Freedom of Information, Privacy Act program, or the National Archives.
- · There are no refunds for a Records request where the file number provided is invalid, or where proof of death is required and is not received within 30 days of receipt of the request.

### **DHS Privacy Notice**

### G-1041/A

**AUTHORITIES:** The information requested on this historical records request, and the associated evidence, is collected under 8 CFR §§103.38 through 103.41.

**PURPOSE:** The primary purpose for providing the requested information on this request form is to assist USCIS with identifying and obtaining copies of the requested USCIS historical records.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, prevents USCIS from processing your request.

**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, as described in the associated published system of records notice [DHS-USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System of Records] and as described in the published privacy impact assessment [DHS/USCIS/PIA-017(a) Microfilm Digitization Application System], which you can find at www.dhs.gov/privacy. DHS may also share the information, as appropriate, for law enforcement purposes or in the interest of national security.

### USCIS Form G-1041 and G-1041A

### **Paperwork Reduction Act**

USCIS may not conduct or sponsor an information collection, and you are 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 0.3 hours per response, including the time for reviewing instructions, gathering the required documentation and information, completing the request, preparing statements, attaching necessary documentation, and submitting the request. 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, Office of Policy and Strategy, Regulatory Coordination Division, 5900 Capital Gateway Drive, Mail Stop #2140, Camp Springs, MD 20588-0009; OMB No. 1615-0096. **Do not mail your completed Form G-1041 to this address.**