

Request for the Return of Original Documents

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form G-884OMB No. 1615-0100
Expires 09/30/2018

SCIS Use Only	Date								
STAF	RT 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.									
Famil	y Name (Last Name)	Giver	Name (First Name)		Mid	dle Name			
	•								
Street Number and Name					Ste. I	Flr. Number			
City or Town				State		ZIP Code			
						▼			
		4. City	/Town/Village of Birth						
Count	ry of Birth	6.	Date of Birth (mm/dd/yy	yy)	7. <u>D</u>	Daytime Telephone Number			
		record(s)	(For example, marriage lie	cense, bir	th cer	tificate,			
	STAF rt 1. PORT will autory form y ressing Your Famil City of Alien Count Specification Specificati	START HERE - Type or print in black ink. rt 1. Information About You (Person reaction Portant Note: You do not need to file this fewill automatically return original documents that we form you filed to determine whether non-requested ressing. Your Full Name Family Name (Last Name) Mailing Address Street Number and Name City or Town Alien Registration Number (A-Number) (if any) A- Country of Birth	START HERE - Type or print in black ink. rt 1. Information About You (Person requesting PORTANT NOTE: You do not need to file this form if you will automatically return original documents that we request form you filed to determine whether non-requested original desired. Your Full Name Family Name (Last Name) Mailing Address Street Number and Name City or Town Alien Registration Number (A-Number) (if any) 4. City A- Country of Birth 6. Specific information about desired document(s) or record(s)	START HERE - Type or print in black ink. rt 1. Information About You (Person requesting the return of original ocuments) PORTANT NOTE: You do not need to file this form if you submitted original documents ill automatically return original documents that we requested once we no longer need form you filed to determine whether non-requested original documents are available for ressing. Your Full Name Family Name (Last Name) Given Name (First Name) Mailing Address Street Number and Name City or Town Alien Registration Number (A-Number) (if any) A- Country of Birth 6. Date of Birth (mm/dd/yy) Specific information about desired document(s) or record(s) (For example, marriage lie	START HERE - Type or print in black ink. rt 1. Information About You (Person requesting the return of original documents becawill automatically return original documents that we requested once we no longer need them. Promy out filed to determine whether non-requested original documents are available for return or dessing. Your Full Name Family Name (Last Name) Given Name (First Name) Mailing Address Street Number and Name Apt. State City or Town State Alien Registration Number (A-Number) (if any) A- Country of Birth 6. Date of Birth (mm/dd/yyyy) Specific information about desired document(s) or record(s) (For example, marriage license, bin	START HERE - Type or print in black ink. rt 1. Information About You (Person requesting the return of original documents) PORTANT NOTE: You do not need to file this form if you submitted original documents because U will automatically return original documents that we requested once we no longer need them. Please to ressing. Your Full Name Family Name (Last Name) Given Name (First Name) Mailing Address Street Number and Name Apt. Ste. I City or Town State City or Town State Country of Birth 6. Date of Birth (mm/dd/yyyy) 7. If Specific information about desired document(s) or record(s) (For example, marriage license, birth cere			

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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				
3.	Date of Birth (mm/dd/yyyy)						
4.	Place of Birth						
	City or Town	State or Province					
	Country						
Ent	ry Into the United States						
5.	Date of Entry (mm/dd/yyyy) 6. Port-of-Entr	у					
7.	Type of Entry (for example, visitor, student, etc.)	8. A-Number (if any)					
		► A-					
ПS	. Citizenship Information						
	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 Da	te				
	1	(mm/dd/yyyy)					
15.	Naturalization Court/USCIS Office and Location						
16.	Verification of Requester's Identity						
	☐ In Person With Identification ☐ Legal Photo	copies					

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Pa	rt 3. Signature of Requester - Affidavit of	f Identity				
NO	TE: Read the Penalties section of the Form G-884 In	structions before completing this part.				
and	rtify, under penalty of perjury under the laws of the U correct. I authorize the release of any information fr ond to my request.					
1.	I swear Affirm that I am the person name statements on this form, I may be punished by fine of	d in Part 1. on Page 1 of this form. I under r imprisonment (18 U.S.C. 1101).	stand th	at if I willfully make false		
2.	Print Your Full Name					
	Family Name (Last Name) Given Name (First Name)			Middle Name		
3.	Signature (Your signature must be notarized. Do not s	ign until you are before the Certifying Official)	4.	Date (mm/dd/yyyy)		
=						
Affi	hereby certify that the requester named in Part 1. or davit of Identity.	Page 1 of this form personally appeared be	fore me	and executed the		
5.	Signature of USCIS Official (sign in ink)		٦			
6.	Title		7. □	Date (mm/dd/yyyy)		
8.	Printed Name of USCIS Official					
	Family Name (Last Name)	Given Name (First Name)	Middle	e Name		
	tifying Official					
	hereby certify that the requester named in Part 1. or davit of Identity.	Page 1 of this form personally appeared be	fore me	and executed the		
9.	Printed Name of Certifying Official					
	Family Name (Last Name)	Given Name (First Name)	Middle	e Name		
10.	Signature of Certifying Official (sign in ink)					
11.	In and for the:		12.	Date (mm/dd/yyyy)		
	Circon III	ador my hand and official scal	_			
	Given ui	nder my hand and official seal		1		

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