

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

| U | For SCIS Use Only | File No Date | Remarks | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|
| P | ► 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 | | | | | | | | | | |
| 1. | | y Name (Last Name) | Given Name (First Name) Middle Name | | | | | | | |
| | T WITH | J. T. WILLY | The first time (first time) | | | | | | | |
| 2. | Mailir | ng Address | | | | | | | | |
| | | Number and Name | Apt. Ste. Flr. Number | | | | | | | |
| | | | | | | | | | | |
| | City o | or Town | State ZIP Code | | | | | | | |
| | | | | | | | | | | |
| 3. | Alien | Alien Registration Number (A-Number) (if any) 4. City/Town/Village of Birth | | | | | | | | |
| | ▶ A | A - | | | | | | | | |
| 5. | Count | ry of Birth | 6. Date of Birth (mm/dd/yyyy) 7. Daytime Telephone Number | | | | | | | |
| | | | | | | | | | | |
| 8. | | fic information about desired document(s) or certificate, etc.) | record(s) (For example, marriage license, birth certificate, | | | | | | | |

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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 | Entry 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) | Middle | 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 | _ | | | |
| | Given ui | nder my hand and official seal | | 1 | |
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