## IMMIGRANT RECORD SEARCH REQUEST



Information for the Record Search	Inquirer Information
First Name at the time of arrival:	Name:
Last Name at the time of arrival:	Address:
Maiden Name:	City / State / Zip:
Other Name (if changed):	Telephone:
Date of Birth (if unknown, approximate year):	Cell Phone:
Country and City of Birth:	Fax:
Country of Departure:	
Date of arrival to United States:	
Other Accompanying Family Members:	
1. Head of Family:	Please specify what kind of record is needed (arrival card, work
Date/ Place of Birth:	
Relationship:	
	Purpose you need this record for:
2. First / Last Name:	
Date / Place of Birth:	
Relationship:	Yes No
3. First / Last Name:	Name and address where record should be sent if different
Date / Place of Birth:	from inquirer:
Relationship:	- 11
	City / State / Zip:
4. First / Last Name:	Telephone:
Date / Place of Birth:	
Relationship:	Fax:
	E-mail:
If you need more space, please use additional paper.	Relationship to the person whose records are requested:
By signing this form, you hereby acknowledge and you certify that you are the person requesting this i	l agree to all of the terms and conditions contained herein, and information.
Your signature:	Date:
We assure you that we will do our heet to get positive re-	sults, however, the outcome of a Location search cannot be

guaranteed.