



Alien's Change of Address Card

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form AR-11
OMB No. 1615-0007
Expires 03/31/2021

NOTE: An asterisk (*) indicates a mandatory field that must be completed.

Information About You

*Family Name (Last Name)

*Given Name (First Name)

Middle Name (if applicable)

I am in the United States as a: ☐ Visitor ☐ Student ☐ Permanent Resident ☐ Other (Specify)

Country of Citizenship

*Date of Birth (mm/dd/yyyy)

Alien Registration Number (A-Number) (if any)

▶ A-

Information About Your Address

***Present Physical Address** (No PO Boxes)

*Street Number and Name

Apt. Ste. Flr. Number

*City or Town

*State

*ZIP Code

[\(USPS ZIP Code Lookup\)](#)

Previous Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Mailing Address (optional)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

[\(USPS ZIP Code Lookup\)](#)

Your Signature

*Your Signature

Date of Signature (mm/dd/yyyy)