

Important Information for Your Biometric Services Appointment

USCIS Application Support Centers (ASC) are open with additional precautions to prevent the spread of the coronavirus disease (COVID-19). For the most updated visitor guidance and facility entrance requirements, on the day of your appointment please visit: www.uscis.gov/about-us/uscis-response-to-covid-19.

Appointments

- You must have a scheduled appointment before arriving at a USCIS office. Only appear on your scheduled date and time at the designated location.
- Do not appear more than 15 minutes before your appointment. Military members may appear without an appointment.
- Only interpreters, attorneys or those providing needed assistance if you are disabled will be permitted to accompany you if capacity restrictions are in place. Do not bring additional individuals or family members with you to your appointment.
- Fill out the Applicant Information Worksheet below and bring it to your appointment to complete the biometric collection process.
- If you are ill, you should reschedule your appointment. Please call the USCIS Contact Center at 800-375-5283 (TTY 800-767-1833) to reschedule.
- On the day of your appointment, please check for office closures or other important information here: www.uscis.gov/about-us/uscis-office-closings.

Entrance to USCIS Facilities (Application Support Centers)

- In offices with low and medium COVID-19 transmission levels (cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html), masking is not required; however, individuals may choose to wear a mask at any time. When levels are high, all federal employees, contractors, and visitors two years old or older must wear a mask inside federal buildings regardless of vaccination status.
- You may not enter a USCIS facility if you have:
 - COVID-19 or any symptoms of COVID-19 (according to the CDC) including, but not limited to, recently developed cough, fever, difficulty breathing, new loss of smell or taste, fatigue, muscle aches, headache, congestion, sore throat, or vomiting (this list does not include all symptoms);
 - Been in close contact (within 6 feet for a total of 15 minutes or more) with anyone known to have COVID-19 in the past 10 days (unless you are up to date on your COVID-19 vaccination or you are a health careworker and consistently wear an N-95 respirator and proper personal protective equipment (PPE) or equivalent when in contact with COVID-19 positive individuals);
 - Returned from domestic, international, or cruise ship travel in the past 5 days (unless you are up to date on your COVID-19 vaccination);
 - Been instructed by a health care provider, public health authority, or government entity to self-isolate or self-quarantine in the past 10 days (unless you have been cleared to end isolation or quarantine);
- For more information for visiting USCIS facilities, please visit: www.uscis.gov/about-us/uscis-visitor-policy.

APPLICANT'S INFORMATION WORKSHEET (AIW)

NAME:

FIRST

MIDDLE

LAST

LIST ANY OTHER NAMES USED (MAIDEN NAME, PREVIOUS MARRIAGE, ALIAS, ETC.):

1)

FIRST

MIDDLE

LAST

2)

FIRST

MIDDLE

LAST

DATE OF BIRTH:

MONTH

DAY

YEAR

COUNTRY OF BIRTH:

COUNTRY OF CITIZENSHIP:

GENDER: (CHECK ONE)

- ☐ MALE
☐ FEMALE
☐ OTHER

RACE: (CHECK ONE)

- ☐ ASIAN
☐ BLACK
☐ CAUCASIAN/LATINO

- ☐ NATIVE AMERICAN
☐ UNKNOWN

EYE COLOR: (CHECK ONE)

- ☐ BLACK
☐ BLUE
☐ BROWN
☐ GRAY
☐ GREEN

- ☐ HAZEL
☐ MAROON
☐ MULTICOLOR
☐ PINK
☐ UNKNOWN

HAIR COLOR: (CHECK ONE)

- ☐ BALD
☐ BLACK
☐ BLOND OR STRAWBERRY
☐ BLUE
☐ BROWN
☐ GRAY
☐ GREEN

- ☐ ORANGE
☐ PINK
☐ PURPLE
☐ RED OR AUBURN
☐ SANDY
☐ WHITE
☐ UNKNOWN

HEIGHT:

FEET/INCHES

OR

CENTIMETERS

WEIGHT:

POUNDS

OR

KILOGRAMS

When you provide your digital signature, you will be attesting to the following:

I declare under penalty of perjury that I have reviewed and understand the document(s) identified by the receipt number displayed on the screen above, and that all the information in these materials is complete, true, and correct. This includes any:

- application, petition, or request that I submitted;
- application, petition, or request that I provided on behalf of my derivative beneficiary;
- application, petition, or request that was submitted on my behalf; and
- supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, or that was filed on my behalf.

RETURN "AIW" TO APPLICANT