U.S. Department of Justice

Immigration and Naturalization Service



Freedom of Information/Privacy Act Request

		he completion of this					
~ ~ ~ ~ ~ ~ ~	Any written format for				-		
	RT HERE – Please type or print and re	ad instructions on th	e reverse bef	ore completing th	is form.		
1. 1	Type of Request: (Check appropriate box) Freedom of Information Act (FOIA) (Complete all items except 7)						
L	Privacy Act (PA) (Item 7 must be com						
	Amendment (PA only, Item 7 must be	completed in addition	i to all other a	pplicable items)			
2. Re	equester Information:						
N	lame of Requester:		Daytime Te	lephone:			
	Carol Piac	Ke	661-		533-0918		
A	Address (Street Number and Name): 37656 Ruby Lane		Apt. No				
6	1°2		7:- C-1				
	Palmdale	State: CA		Zip Code:	93552		
$B_{ m J}$	y my signature, I consent to the following	g:					
Pa	ay all costs incurred for search, duplication	n, and review of mate	rials up to \$25	.00, when applical	ole. (See Instructions)		
Pay all costs incurred for search, duplication, and review of materials up to \$25.00, when applicable. (See Instructions) Signature of requester:							
	Deceased Subject - Proof of death m	ust be attached (Oh	ituary Death	Certificate or othe	er moof of death required)		
. 0	pa - 4						
3. Consent to Release Information. (Complete if name is different from Requester)(It							
P	rint Name of Person Giving Consent:		Signature of	Person Giving Cons	ent:		
P.	were signature I consent to the following	re (about ambout)	_L				
By my signature, I consent to the following: (check applicable boxes) ☐ Allow the Requester named in item 2 to see ☐ all of my records or ☐ a portion of my record. If a portion, specify							
L.J	what part (i.e. copy of application)	w see [] an or my re	cords or	a portion of my rec	xord. If a portion, specify		
	viame pane (not copy of apprication)						
	(Consent is required for records for U	nited States Citizens	(USC) and La	wful Permanent Re	esidents (LPR)		
4. A	ction Requested (Check One):	Сору		☐ In-Person I	Review		
	. Information needed to search for records:						
Sp	pecific information, document(s), or recor	d(s) desired: (Identif)			and location of information)		
	naturatezation V	record f	0, 1	imes 4. 9	ahn		
	(Vaclow Ofalin 1	non Pleus	nack).	4 minis	ater 1900/1902,		
Purpose: (Optional: you are not required to state the purpose for your request; however, doing so may assist the INS in							
locating the records needed to respond to your request.)							
	Jamely h	/ proton	Jenla	rosch -			
î. De	nta NEEDED on SUBJECT of Record: (I)	data marked with as	terisk (*) is no	t provided records	s may not be located)		
-	Family Name	Given Name: \		I	Middle Initial:		
	Jahn	00	umes		John		
*	Other names used, if any:	* Name at time of a	nty into the 11	e .:	1-94 Admissions #:		
	kicky J. Jahn;	Vaclav	Jahn		unknown		
*	Alien Registration #:	* Petition or Claim R	. 10:	Country of Birth:	*Date of Birth or Appx. Year		
-	UNKNOWN	unknown		shemia 1	April 20,1883		
Names of other family members that may appear on requested record(s) (i.e., Spouse, Daughter, Son):							
C	Country of Origin (Place of Departure):	Port of Entry into the	e U.S.	11	Date of Entry:		
	Bohemia	Part of Entry into the	New	York	15 Aug 1900		
N	Manner of Entry: (Air, Sea, Land)	Mode of Travel: (No			SSN:		
	Dea		n'Luis		unknown		
1	Jame of Naturalization Certifications:	C (0)		illinee .i.	Naturalization Date:		
	James John Jahn	Cprobable	17		Detween 1910-191		
P	Address at the time of Naturalization:	+ \ (1, \ Co	ourt and Location:	wooder NE		

7.	Verification of Subject's Identity: (See Instructions for Explanation)(Check One Box)							
	☐ In-Person with ID ☐ Notarized Affidavit of Id	lentity	Other (Specify)					
	Signature of Subject of Record:		Date:					
			Telephone No.: (
NOTARY (Normally needed from individuals who are the subject of the records sought) (See below) or a sworn declaration under penalty of perjury. Subscribed and sworn to before me this day of in the Year								
	OR							
	If a declaration is provided in lieu of a notarized signature, it must state, at a minimum, the following: (Include Notary Seal or Stamp in this Spac							
	f executed outside the United States: "I declare (certify, or state) under penalty of perjury under the laws of or commonwealths: "I declare (certify, verify, or state) use United States of America that the foregoing is true and orrect.							
	Signature:	Signature:						