

Request for a Certificate of Non-Existence

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form G-1566

OMB No. 1615-0156 Expires 03/31/2027

> START HERE - Type or print in black ink. You may request information for one subject of record per form

| Pai | rt 1. Certificate Request | | | | | | |
|------|--|---|---------------------------------|--|--|--|--|
| 1. | Certificate Type (select only one): | | | | | | |
| | Certificate of Non-Existence of Naturalization | | | | | | |
| | Certificate of Non-Existence of any U.S. Citizenship and Immigration Services (USCIS) records | | | | | | |
| | Other (provide an explanation about the type of r | records about which you seek a Certifica | ate of Non-Existence): | | | | |
| | | | | | | | |
| 2. | Number of Certificates Requested: ▶ | | | | | | |
| Pai | rt 2. Information About Subject of Record | | | | | | |
| Prov | vide the following information about the person for who | om you are requesting a Certificate of No | on-Existence. | | | | |
| 1. | Name | | | | | | |
| | Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) | | | | |
| | | | | | | | |
| 2. | Other Names Used (including maiden name, aliases, and nicknames). Providing other names or alternate spellings of the subject of record's name may assist USCIS's search for relevant records. | | | | | | |
| | Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) | | | | |
| | | | | | | | |
| | | | | | | | |
| 3. | Date of Birth (mm/dd/yyyy) | | | | | | |
| | A. Is this an approximate date? Yes N | No | | | | | |
| | B. If applicable, provide any additional dates of birt search for relevant records. | th the subject of record may have used. | This information may assist our | | | | |
| | Date 1 (mm/dd/yyyy) | Date 2 (mm/dd/yyyy) | | | | | |
| 4. | Country of Birth | | | | | | |
| 5. | A. Date of Entry into the United States (mm/dd/yyy | y) | | | | | |
| | B. Is this an approximate date? Yes Yes | No | | | | | |
| 6. | Provide any Alien Registration Numbers (A-Number also be called a USCIS Number. |) that may be associated with the subject | t of record. An A-Number may | | | | |
| | ► A- | | | | | | |
| 7. | Provide any other identifying or reference numbers for Naturalization Service (INS). | ound on documents issued by USCIS or | the former Immigration and | | | | |

| Pai | rt 2. Information About Subject of Reco | ord (continued) | | | | | |
|-----|--|-------------------------|-------------------------------------|--|--|--|--|
| 8. | Spouse's Name(s): | | | | | | |
| | Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) | | | | |
| | | | | | | | |
| | | | | | | | |
| 9. | Children's Name(s): | | | | | | |
| | Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
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| _ | | | | | | | |
| Pai | rt 3. Requestor Information | | | | | | |
| 1. | Requestor's Full Name | | | | | | |
| | Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) | | | | |
| | | | | | | | |
| 2. | Email Address: | | | | | | |
| | | | | | | | |
| 3. | Mailing Address | | | | | | |
| | Street Number and Name | | Apt. Ste. Flr. Number | | | | |
| | | | | | | | |
| | City or Town | | State ZIP Code | | | | |
| | | D . 10 1 | | | | | |
| | Province | Postal Code Country | | | | | |
| 4 | Is a self addressed associated as | : 4-1: A C 15669 | | | | | |
| 4. | Is a self-addressed, prepaid return envelope submitted with your Form G-1566? NOTE: USCIS will send Certificates to an international address only if a prepaid envelope with sufficient postage for | | | | | | |
| | international shipping is submitted with Form G-1 | | ivelope with sufficient postage for | | | | |
| | Yes, a return envelope is included | | | | | | |
| | ☐ No, a return envelope is not included | | | | | | |
| | | | | | | | |

Part 4. Verification of Identity and Subject of Record Consent

- If the Subject of Record named in Part 2. is alive, they must sign in either Item Number 1. or 2.
- If you are both the Subject of Record and the requestor, you must sign in either Item Number 1. or 2.
- If the Subject of Record was born less than 100 years ago **and** is deceased, you must attach an obituary, death certificate, or other proof of death. The requestor named in **Part 3.** must provide a signature in **Item Number 8.**
- If the Subject of Record listed in **Part 2.** was born 100 years ago or more **and** is deceased, proof of death is not required. The requestor named in **Part 3.** must provide a signature in **Item Number 8.**

Form G-1566 Edition 04/01/24 Page 2 of 4

| Par | t 4. Verification of Identity and Subject of Record Consent (continued) |
|----------------|--|
| Dec | claration Under Penalty of Perjury |
| certi | ny signature, I consent to USCIS providing a Certificate of Non-Existence or a response to the requestor named in Part 3. I fy, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is blete, true, and correct. |
| 1. → | Signature Date of Signature (mm/dd/yyyy) |
| Not | arized Affidavit of Identity |
| | ORTANT: Do NOT sign and date below until the notary public provides instructions to you. In signature, I consent to USCIS providing a Certificate of Non-Existence or a response to the requestor named in Part 3. Signature Date of Signature (mm/dd/yyyy) Subscribed and sworn to before me on this day of in the year Daytime Telephone Number Daytime Telephone Number |
| 5. | Signature of Notary 6. My Commission Expires on (mm/dd/yyyy) |
| Sub | eject of Record Deceased |
| 7. | Subject of Record is deceased |
| Sign | nature of Requestor |
| By n | ny signature, I certify that I understand all of the information contained in this request is complete, true, and correct. |
| 8. | Signature Date of Signature (mm/dd/yyyy) |

Form G-1566 Edition 04/01/24 Page 3 of 4

Part 5. Additional Information

If you need extra space to provide any additional information within this request, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this request or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

| Family Name (Last Name) | | | Name (First Name) | Middle Name (if applicable) | |
|-------------------------|----------------|-------------|-------------------|-----------------------------|--|
| A-Number (if a | | | | Itan Nambar | |
| A. Page Nur D. | mber B. | Part Number | C. | Item Number | |
| A. Page Nui | mber B. | Part Number | С. | Item Number | |
| A. Page Nur D. | mber B. | Part Number | С. | Item Number | |
| A. Page Nur D. | mber B. | Part Number | С. | Item Number | |
| A. Page Nui | nber B. | Part Number | С. | Item Number | |

Form G-1566 Edition 04/01/24 Page 4 of 4