Request for a Certificate of Non-Existence

One immigrant search per form. Complete with blue or black ink in legible print. No cursive please.

Section 1: Immigrant Information

Name  □ Mr. □ Ms. □ Mrs. □ Undeclared ________________________________

Maiden Name (if applicable) _________________________________________

Date of Birth ______________________________________________________

☐ Is this an approximate date? 

☐ Additional Date(s) of Birth ________________________ and ________________________

Country of Birth __________________________________________________

Date of Entry into the United States ___________________________________

Alien Number A_____________________

Spouse’s Name(s) ____________________________________________________

Children’s Name(s) __________________________________________________

Section 2: Requestor Information

Name  □ Mr. □ Ms. □ Mrs. □ Undeclared ________________________________

Relation to the immigrant: 

☐ self  ☐ spouse  ☐ child  ☐ grandchild  ☐ great grandchild

☐ other: ______________________________

Number of Copies Requested:  □ 1  □ 2  □ Other: ________

Phone Number (_____ ) ______________________________

e-Mail Address ________________________________@___________COM

Address _________________________________________________________

___________________________________________________________

☐ Provided return envelope

☐ FedEx prepaid envelope required for International mail

☐ Mail to different location

Address: ________________________________

___________________________________________________________

G-1566, Request for Certificate of Non-Existence  October 2020
Section 3: Verification of Identity and Subject of Consent

NOTE: The Subject of Record MUST provide a signature in item number 3.a. or item number 3.b. If the Subject of Record is deceased, attach an obituary, death certificate, or other proof of death.

3.a. Declaration Under Penalty of Perjury

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable). I certify, swear, or affirm, under penalty of perjury under the laws of the United States of America, that the information in this request is complete, true, and correct.

_______________________________________  __________________________________________
(signature)  (date)

3.b. Notarized Affidavit of Identity

IMPORTANT: Do NOT sign and date below until the notary public provides instructions to you.

By my signature, I consent to USCIS releasing the requested records to the requestor (if applicable) named in Section 2.

_______________________________________  __________________________________________
(signature)  (date)

Subscribed and sworn to before me on this _____ day of _____________ in the year _________.

(_____)  ___________________________
Daytime Telephone Number

____________________________________
(signature of Notary )

___________________
My Commission Expires on (mm/dd/yyyy)

Once complete, mail to:

USCIS/NRC/IMLS
150 Space Center Loop
Lee’s Summit, MO 64064