U.S. Department of Justice Immigration and Naturalization Service

OMB NO.1115-0162 Request for the Return of Original Document(s)

		FOR ING WATER ON INC.
Your assistance in furnishing the following identifying information is requested so that we may respond to your request. Please fill in the necessary information and return this form and any additional material to your local Immigration and Naturalization Service office.		File No Date
1. Name of requester:	2. Telephone No. (include area code)	3. Alien registration number:
•		
4. Complete mailing address:		
Specific information, document(s), or recor	d(s) desired (Examples include Marriage Licen	se, Birth Certificate, or Death Certificate, etc.)
6. Data for identification of Personal Record	Records may not be located unless the following	ng information is provided). Leave blank
if not applicable.		
Family Name First Name	Middle Name	Alien registration number (if known)
Other names used (If any)	Date of birth	
omer names used (1/ dny)	Date of birth	Place of birth
Date of entry	Port of entry	Type of entry (i.e. temporary visitor, student, etc.)
		Type of the semporary distant, statent, etc.)
Name on Certificate of Naturalization	Certificate of Naturalization number	Naturalization certificate date
Name on Certificate of Citizenship	Certificate of Citizenship number	Citizenship certificate date
Naturalization Court and location		
Naturalization Court and location		
7. Verification of identity		
☐ In person w	ith ID Notarized affidavit of identity	- Other (On 16)
		Uther (Specify)
examples of acceptable forms of identiver's licenses, employment world United States or foreign passports. a copy of your supporting document	ntification are alien registration card identification cards, marriage cert To minimize the retention of original tation. If a copy is submitted, it mu	forms of identification must be submitted in the submitte
between you and the subject. In case	cument(s) from a file other than your or es where the subject is either deceased t you are <u>executor</u> of the subject's esta	own, you must submit proof of relationship for incapacitated, you must provide te.
ldentification documents in a foreig translator must certify that he or sh	n language must be accompanied by a e is competent to translate and the tra	complete translation in English. The inslation is accurate.
Signature of requester		Date
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Form G-884 (Rev. 5/5/92)Y		