		File Number:	
		Date:	
Your assistance in providing additional Please fill in the necessary information of the providing additional provi		quested so that we may act upon or reply to you attached material to this office.	our communication.
Type of application (Form number,	if known)		
Date application was filed			
Address of USCIS office where app	lication or correspondence was	filed	
Name of applicant or petitioner			
Complete present address			
Address as shown on application			
Other names, if any			
Date of Birth	Place of birth		
(mm/dd/yyyy) Alien number (if known) A#		(country/province/city-town)	
Date and place of naturalization			
Type of entry: (Temporary Visitor,	Student, Permanent Resident Vi	sa, Reentry Permit, etc.)	
Destination in U.S. as shown on enti	ry document		
If immigrant visa petition, al	so complete the following	<b>;:</b>	
Name of person you desire to bring	to the U. S.		
0.1			
His or her date of birth	His or her place of birth		
(mm/dd/yyy	• *	(country/province/city-town)	
		If yes, date of admission into U.S.	(mm/dd/yyyy)