

IMMIGRANT RECORD SEARCH REQUEST



Welcome the stranger.
Protect the refugee.

Date: _____

INFORMATION FOR THE SEARCH

First Name at the time of arrival: _____

Last Name at the time of arrival: _____

Maiden Name: _____

Other Name (if changed): _____

Date of Birth (if unknown, approximate year): _____

Country and City of Birth: _____

Country of Departure: _____

Date of arrival to United States: _____

Other Accompanying Family Members:

1. Head of Family: _____

Date/ Place of Birth: _____

Relationship: _____

2. First / Last Name: _____

Date / Place of Birth: _____

Relationship: _____

3. First / Last Name: _____

Date / Place of Birth: _____

Relationship: _____

4. First / Last Name: _____

Date / Place of Birth: _____

Relationship: _____

If you need more space, please use additional paper.

INQUIRER INFORMATION

Name: _____

Address: _____

City / State / Zip: _____

Telephone: _____

Cell Phone: _____

Fax: _____

E-mail: _____

Relationship to the person whose records are requested: _____

Please specify what kind of record is needed (arrival card, work history, HIAS Registration Questionnaire, HIAS Letter, etc.): _____

Purpose you need this record for: _____

Did HIAS help you, your family, or your ancestor come to the U.S.?

Yes ___ No ___

Name and address where record should be sent if different from inquirer: _____

Address: _____

City / State / Zip: _____

Telephone: _____

Cell Phone: _____

Fax: _____

E-mail: _____

Relationship to the person whose records are requested: _____

By signing this form, you hereby acknowledge and agree to all of the terms and conditions contained herein, and you certify that you are the person requesting this information.

Your signature: _____

Date: _____

We assure you that we will do our best to get positive results, however, the outcome of a Location search cannot be guaranteed.

PAYMENT AND SIGNATURE

Please return this completed form with check or money order in the amount of: \$30.00 payable to HIAS to the following address:

HIAS Location Service
1359 Broadway, Suite 810
New York, New York 10018

If you would like pay by credit card, please provide us with the following information and send this form by email to sherly.postnikov@hias.org or by fax at 212-967-4443.

I authorize the representatives of HIAS to charge a one-time payment on my credit card in the amount of

\$ Amount _____

Cardholder name _____

Credit Card Number _____

Expiration date _____

Day Time Phone#: _____

Cardholder's Signature required

Date

HELP SUPPORT OUR WORK—PLEASE CONSIDER MAKING AN ADDITIONAL CONTRIBUTION

by entering credit card info below, or go to HIAS.org/donate to make an online contribution.

I authorize the representatives of HIAS to charge a one-time payment on my credit card in the amount of

\$ Amount _____

Cardholder name _____

Credit Card Number _____

Expiration date _____

Day Time Phone#: _____

Cardholder's Signature required

Date

Should you have any questions regarding this form, kindly contact Sherly Postnikov at 212-613-1352.