

IMMIGRANT RECORD SEARCH REQUEST



Date: _____

INFORMATION FOR THE RECORD SEARCH

First name at the time of arrival: _____

Last name at the time of arrival: _____

Other name (if changed): _____

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

Country and City of Origin: _____

Date of arrival to United States: _____

Head of Family: _____

Other Accompanying Family Members:

First / Last Name: _____

Date of Birth: _____

Relationship: _____

First / Last Name: _____

Date of Birth: _____

Relationship: _____

First / Last Name: _____

Date of Birth: _____

Relationship: _____

First / Last Name: _____

Date of Birth: _____

Relationship: _____

Additional information: _____

If you have more information please use additional paper.

YOUR INFORMATION

Name: _____

Address: _____

City: State: Zip: _____

Telephone: _____

Fax: _____

E-mail: _____

Relationship to a person whose records are requested: _____

Please specify what kind of a record needed (arrival card, medical records, etc.): _____

Purpose you need this record for: _____

Please return the completed form to HIAS with a check or money order for \$30.00 payable to HIAS. You may mail it to:

HIAS Location Service

333 Seventh Avenue

New York, New York 10001-5004

We replanted your family tree®