

# 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.

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.

## 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: \_\_\_\_\_

## 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  
411 Fifth Avenue, Suite 1006  
New York, New York 10016-2203

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](mailto: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](https://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.