

**TABLE OF CHANGES, Form**  
**Form I-590, Registration for Classification as Refugee**  
**OMB No. 1615-0068**  
**9/05/2013**

**Reason For Revision:** Form expiring; revising form to include several new data collections, and new data collection format.

LOCATION	CURRENT VERSION (dated 06/08/11)	PROPOSED VERSION
		<b>Page 1,</b>  <b>For DHS Use Only</b> 4 quadrant box in top half of 1 <sup>st</sup> page of form  Photograph, Action Block, Action Block, Port of Entry
<b>Page 1</b>	A-Number  1. Name ( <i>First</i> ) ( <i>Middle</i> ) ( <i>Last</i> )          2. Present Address: ( <i>Street Number and Name/Town or City/State or Province/Country</i> )	<b>Alien Registration Number, Case Number, and U.S. Social Security Number</b> have been moved to be to be under and to the left and under the <b>For DHS Use Only</b> box:  <b>Part 1. Information About You</b>  <b>1. Family Name (Last Name)</b>  Given Name (First Name)  Middle Name ( <i>if applicable</i> )  <b>2. Other Names Used (<i>if any</i>)</b> Include maiden name, names by previous marriages, and all aliases.  <b>3. C/O (<i>In Care Of Name</i>)</b>  Street Number and Name (Present Location)  City  Province  Postal Code  Country

	<p>3. Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>Place of Birth (<i>Town or City\state or Province/Country</i>)</p> <p>Present Citizenship/Nationality</p> <p>4. Country from which I fled or was displaced.</p> <p>On or about (<i>mm/dd/yyyy</i>)</p> <p>5. Reasons (<i>State in detail</i>):</p> <p>6. My present immigration status in (<i>Country in which residing</i>)</p>	<p>4. Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>5. Gender</p> <p>6. Place of Birth (<i>Country, City/Town/Village</i>)</p> <p>7. Present Citizenship or Nationality</p> <p>8. Ethnicity and/or Tribal Group</p> <p>[See Part 8 of revised form]</p> <p>9. Religion (<i>if any</i>)</p> <p>10. Language (<i>native</i>)</p> <p>11. Other languages that you speak</p> <p>12. Identity documents, e.g., passport, national identification card and/or UNHCR identification card. <b>Please provide your complete name and date of birth as shown on each document listed.</b></p> <p>4 column table that includes 7 rows for data collection:</p> <p>Your Name As Shown on Document  Date of Birth on Document(<i>mm/dd/yyyy</i>)  Document Type  Document Number  Date of Issuance (<i>mm/dd/yyyy</i>)  Place of Issuance  Issuing Authority</p> <p><b>Part 2. Information About Your Parents</b>  Provide the following information about your parents. Include living, deceased, biological, step and adoptive parents. (<i>Please use continuation page if necessary.</i>)</p>
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		<p><b>1. Parent 1</b>  Family Name (<i>Last Name</i>)  Given Name (<i>First Name</i>)  Middle Name (<i>if applicable</i>)</p> <p>Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>Relationship to You</p> <p>Country of Birth</p> <p>Street Number and Name (Present Location. If deceased, write “deceased.”)</p> <p>City</p> <p>Province</p> <p>Postal Code</p> <p>Country</p> <p><b>2. Parent 2</b>  Family Name (<i>Last Name</i>)  Given Name (<i>First Name</i>)  Middle Name (<i>if applicable</i>)</p> <p>Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>Relationship to you</p> <p>Country of Birth</p> <p>Street Number and Name (Present Location. If deceased, write “deceased.”)</p> <p>City</p> <p>Province</p> <p>Postal Code</p> <p>Country</p>
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	<p><b>Part 3. Schooling or Education</b>  Provide information about the highest level of education that you completed, e.g., at university, college, trade or technical school, military academies, secondary or primary schools. <i>(Please use continuation page if necessary.)</i></p> <p>Name of School</p> <p>Location of School</p> <p>Type of School or Course of Study</p> <p>Dates Attended (<i>mm/dd/yyyy</i>)</p> <p>From</p> <p>To</p> <p>Title of Degree or Diploma (<i>if any</i>)</p> <p><b>Part 4. Military Service</b>  Provide in chronological order information about <b><i>all</i></b> your military service and/or military-type training <i>(Include additional information on continuation page if necessary).</i></p> <p><input type="checkbox"/> If none, check here and proceed to the section entitled “<b>Relatives In the United States</b>”.</p> <p><b>1. Military Service 1</b>  Military Branch or Organization that Trained You</p> <p>Country</p> <p>Unit</p> <p>Duty Location</p> <p>Specialty (<i>Example: Artillery, Infantry, Intelligence, etc.</i>)</p> <p>Highest Rank</p> <p>Dates of Service (<i>mm/dd/yyyy</i>)</p>
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	<p>Evidence of my immigration status is: (Describe):</p>	<p>From</p> <p>To</p> <p><b>2. Military Service 2</b> Military Branch or Organization that Trained You</p> <p>Country</p> <p>Unit</p> <p>Duty Location</p> <p>Specialty (<i>Example: Artillery, Infantry, Intelligence, etc.</i>)</p> <p>Highest Rank</p> <p>Dates of Service (<i>mm/dd/yyyy</i>)</p> <p>From</p> <p>To</p> <p><b>Part 5. Relative In The United States</b> (<i>I have the following close relative in the United States.</i>)</p> <p><b>1. Relative</b> Family Name (<i>Last Name</i>)</p> <p>Given Name (<i>First Name</i>)</p> <p>Middle Name (<i>if applicable</i>)</p> <p>Relationship to You</p> <p>Street Number and Name</p> <p>City or Town</p> <p>State</p> <p>ZIP Code</p> <p><b>Part 6. Information About Your Marital Status</b></p>
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		<p>Issuing Authority</p> <p>Spouse's A-Number</p> <p>RSC Case Number (<i>if different from yours</i>)</p> <p>Date of Birth(<i>mm/dd/yyyy</i>)</p> <p>Place of Birth (<i>Country, City/Town/Village</i>)</p> <p>Present Citizenship or Nationality</p> <p>Ethnicity and/or Tribal Group</p> <p>Gender</p> <p>Date of Marriage (<i>mm/dd/yyyy</i>)</p> <p>Place of Marriage (<i>Country, City/Town/Village</i>)</p> <p>Is your spouse's address the same as yours?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered "No," provide your current spouse's present location/address. <i>If unknown, give last time/location seen.</i></p> <p>Street Number and Name</p> <p>City</p> <p>State</p> <p>Province</p> <p>Postal Code</p> <p>Country</p> <p><b>2. Former Spouse</b></p> <p>Family Name (<i>Last Name</i>)</p> <p>Given Name (<i>First Name</i>)</p> <p>Middle Name (<i>If applicable</i>)</p>
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	<p>Place an (X) in front of name of each child who will accompany you to the United States.</p> <p>11. Name of Child(ren_)</p> <p>Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>Place of Birth</p> <p>Present Address (<i>if different</i>):</p>	<p>Other Names Used by Former Spouse</p> <p>Date of Birth (<i>mm/dd/yyyy</i>)</p> <p>Date of Marriage (<i>mm/dd/yyyy</i>)</p> <p>Date Marriage Terminated (<i>mm/dd/yyyy</i>)</p> <p>Check all that apply:</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Deceased</p> <p><input type="checkbox"/> Missing</p> <p><b>3. Fiancé</b></p> <p>Family Name (<i>Last Name</i>)</p> <p>Given Name (<i>First Name</i>)</p> <p>Middle Name (<i>If applicable</i>)</p> <p>Date of Engagement (<i>mm/dd/yyyy</i>)</p> <p>Other Names Used by Fiance</p> <p><b>Part 7. Information About Your Children</b></p> <p>Check all of the boxes below that apply to you.</p> <p><input type="checkbox"/> I have <input type="text"/> (<i>number</i>) children (<i>include living, deceased, or missing</i>)</p> <p><input type="checkbox"/> I have no children (<i>Go to <b>Part 8.</b></i>)</p> <p><input type="checkbox"/> I am currently pregnant</p> <p>List <b>ALL</b> children, from the oldest child to the youngest child. Include all biological, legally adopted, and step-children, regardless of age or marital status. Also include children who are now missing or deceased. (<i>Include additional information on continuation page if necessary.</i>)</p>
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		<p><b>1. Child 1</b></p> <p>This child is my (<i>check one</i>):</p> <p><input type="checkbox"/> son</p> <p><input type="checkbox"/> daughter</p> <p>This child is my (<i>check one</i>):</p> <p><input type="checkbox"/> Biological Child</p> <p><input type="checkbox"/> Legally Adopted Child</p> <p><input type="checkbox"/> Step-Child</p> <p>This child is (<i>Check one</i>):</p> <p><input type="checkbox"/> Living</p> <p><input type="checkbox"/> Deceased</p> <p><input type="checkbox"/> Missing</p> <p>Will this child accompany you to the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Child's Complete Name</b></p> <p>Family Name (<i>Last Name</i>)</p> <p>Given Name (<i>First Name</i>)</p> <p>Middle Name (<i>If applicable</i>)</p> <p>Date of Birth (<i>mmddyyyy</i>)</p> <p>Place of Birth (<i>City, Country</i>)</p> <p><b>Provide the following information ONLY if this child is NOT a case member.</b></p> <p>Marital Status</p> <p>If Married, Date of Marriage (<i>mm/dd/yyyy</i>)</p> <p>Present Citizenship or Nationality</p> <p><b>Current Address</b> (<i>if unknown, indicate date last seen and last known location of child.</i>)</p> <p>Street Number and Name</p> <p>City</p> <p>Province</p> <p>Postal Code</p> <p>Country</p>
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		<p><b>2. Child 2</b></p> <p>This child is my (<i>check one</i>):  <input type="checkbox"/> son  <input type="checkbox"/> daughter</p> <p>This child is my (<i>check one</i>):  <input type="checkbox"/> Biological Child  <input type="checkbox"/> Legally Adopted Child  <input type="checkbox"/> Step-Child</p> <p>This child is (<i>check one</i>):  <input type="checkbox"/> Living  <input type="checkbox"/> Deceased  <input type="checkbox"/> Missing</p> <p>Will this child accompany you to the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Child's Complete Name</b>  Family Name (<i>Last Name</i>)</p> <p>Given Name (<i>First Name</i>)</p> <p>Middle Name (<i>If applicable</i>)</p> <p>Date of Birth (<i>mmddyyyy</i>)</p> <p>Place of Birth (<i>City, Country</i>)</p> <p><b>Provide the following information ONLY if this child is NOT a case member.</b></p> <p>Marital Status</p> <p>If Married, Date of Marriage (<i>mm/dd/yyyy</i>)</p> <p>Country of Citizenship or Nationality</p> <p><b>Current Address</b> (<i>if unknown, indicate date last seen and last known location of child.</i>)</p> <p>Street Number and Name</p> <p>City</p> <p>Province</p>
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		Postal Code  Country  <b>3. Child 3</b>  This child is my ( <i>check all that apply</i> ): <input type="checkbox"/> son <input type="checkbox"/> daughter  This child is my ( <i>check all that apply</i> ): <input type="checkbox"/> Biological Child <input type="checkbox"/> Legally Adopted Child <input type="checkbox"/> Step-Child  This child is ( <i>Check one</i> ): <input type="checkbox"/> Living <input type="checkbox"/> Deceased <input type="checkbox"/> Missing  Will this child accompany you to the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Child's Complete Name</b> Family Name ( <i>Last Name</i> )  Given Name ( <i>First Name</i> )  Middle Name ( <i>If applicable</i> )  Date of Birth ( <i>mmddyyyy</i> )  Place of Birth ( <i>City, Country</i> )  <b>Provide the following information ONLY if this child is NOT a case member.</b>  Marital Status  If Married, Date of Marriage ( <i>mm/dd/yyyy</i> )  Country of Citizenship or Nationality  <b>Current Address</b> ( <i>if unknown, indicate date last seen and last known location of child.</i> )  Street Number and Name  City
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		<p>Province</p> <p>Postal Code</p> <p>Country</p> <p><b>4. Child 4</b></p> <p>This child is my (<i>check all that apply</i>):  <input type="checkbox"/> son  <input type="checkbox"/> daughter</p> <p>This child is my (<i>check all that apply</i>):  <input type="checkbox"/> Biological Child  <input type="checkbox"/> Legally Adopted Child  <input type="checkbox"/> Step-Child</p> <p>This child is (<i>Check one</i>):  <input type="checkbox"/> Living  <input type="checkbox"/> Deceased  <input type="checkbox"/> Missing</p> <p>Will this child accompany you to the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Child's Complete Name</b>  Family Name (<i>Last Name</i>)</p> <p>Given Name (<i>First Name</i>)</p> <p>Middle Name (<i>If applicable</i>)</p> <p>Date of Birth (<i>mmddyyyy</i>)</p> <p>Place of Birth (<i>City, Country</i>)</p> <p><b>Provide the following information ONLY if this child is NOT a case member.</b></p> <p>Marital Status</p> <p>If Married, Date of Marriage (<i>mm/dd/yyyy</i>)</p> <p>Country of Citizenship or Nationality</p> <p><b>Current Address</b> (<i>if unknown, indicate date last seen and last known location of child.</i>)</p> <p>Street Number and Name</p>
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	<p>City</p> <p>Province</p> <p>Postal Code</p> <p>Country</p> <p>[See Part 3 of revised form]</p> <p>12. Schooling or Education Name and Location of School Type Dates Attended Title of Degree or Diploma</p> <p>13. Military Service Country Branch and Organization Dates Serial No. Rank Attained</p> <p>[See Part 4 of revised form]</p> <p><b>Part 8. Information About Your Request For Refugee Status</b> <i>(Include additional information on continuation page if necessary.)</i></p> <p>1. What was your travel route when you first left your country of citizenship/nationality or country of last habitual residence?</p> <p>2. Why did you first flee your country of citizenship/nationality, or if you are stateless, the country of your last habitual residence? <i>(Include additional information on continuation page if necessary.)</i></p> <p>3. Have you ever returned to your country? ___ Yes ___ No</p> <p>If yes, when and why did you return?</p> <p><b>Part 9. Additional Information About Your Request for Refugee Status</b> <i>(Include additional information on continuation page if necessary to complete your responses to the</i></p>
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<p>seaman, etc.).)</p> <p>File or Alien Registration Number:</p> <p>17. I have the following close relatives in the United States:  Name  Relationship  Present Address</p> <p>18. I am being sponsored by (Name and address of sponsor in United States):  Date:  Signature of Registrant:</p> <p><b>Do not write below this line. For Government Use Only.</b></p> <p>I _____, do swear (affirm) that I know the contents of this registration subscribed by me...</p> <p><i>(Complete and true signature of registrant)</i></p> <p>Subscribed and sworn to before me by the above-named registrant at _____ on _____ <i>(Signature and Title of Officer)</i></p> <p><b>Interview</b>  <b>Date</b>  <b>At</b>  Immigration Officer</p> <p><b>Approved</b>  <b>Date</b>  Officer in Charge</p> <p><b>Action Block</b></p>	<p>[See Part 5, Relatives In The United States, of the revised form]</p> <p>[See end of revised form]</p> <p style="text-align: center;"><b>Trip 1, Trip 2, Trip 3</b></p> <p>Date of Entry (<i>mm/dd/yyyy</i>)  Place of Entry  Status  <b>Visa Number</b>  <b>A-Number</b>  Date of Exit (<i>mm/dd/yyyy</i>)  Place of Exit</p> <p><b>3. Have you EVER :</b></p> <p><b>A.</b> Been subject to deportation or removal from the United States? __ Yes __ No</p> <p><b>B.</b> Voted illegally in the United States? __Yes __No</p> <p><b>C.</b> Been a citizen of the United States who has renounced that citizenship to avoid taxation? __Yes __No</p> <p><b>D.</b> Left the United States to avoid being drafted into the U.S. armed forces? __Yes __No</p> <p><b>E.</b> Been subject to a civil document fraud final order for violating section 274C of the Immigration and Nationality Act of the United States? __Yes __ No</p> <p>4. Have you ever applied for a U.S.</p>
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	<p>immigration benefit, such as a visa, refugee status, or asylum?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If “Yes,” were you on your parents’ or spouse’s application? (<i>Provide details below</i>)</p> <p>Date (<i>mm/dd/yyyy</i>)</p> <p>Location</p> <p>Type of Immigration Benefit</p> <p>Status (<i>status granted or denied</i>)</p> <p><b>5.</b> Are you now withholding custody of a United States citizen child from a person granted custody of the child?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>6.</b> Have you EVER :</p> <p><b>A.</b> Engaged in, conspired to engage in, or incited sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>B.</b> Solicited membership or funds for, or ever voluntarily assisted or provided any type of material support to, any person or organization that has ever engaged in or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>C.</b> Provided support, including housing, transportation, communications, funds, documents, weapons or training for any person or organization that has ever engaged in or conspired to engage in sabotage, kidnapping, assassination, hijacking or any other form of terrorist activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>D.</b> Been a representative or member of any terrorist organization or a member of a group that endorses terrorist activity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>7.</b> If married, has your spouse ever engaged in</p>
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	<p>terrorist activity or been a member of a terrorist organization? __Yes __No __N/A</p> <p><b>8.</b> If between the ages of 14 and 21, has your parent ever engaged in terrorist activity or been a member of a terrorist organization? __Yes __No __N/A</p> <p><b>9.</b> While in the United States do you intend to engage in:</p> <p><b>A.</b> Espionage? __Yes __No</p> <p><b>B.</b> Terrorism or any activity, a purpose of which is opposition to, or the control or overthrow of, the Government of the United States by force, violence, or any other lawful means? __Yes __No</p> <p><b>C.</b> Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? __Yes __No</p> <p><b>D.</b> Polygamy (simultaneous marriage to more than one spouse)? __Yes __No</p> <p><b>E.</b> Prostitution? __Yes __No</p> <p><b>10.</b> Have you EVER been a member of, or in any way affiliated with, the Communist party or any other totalitarian party? __Yes __No</p> <p>If “Yes”,</p> <p>Your affiliation/level of membership:</p> <p>Beginning Date (<i>mm/dd/yyyy</i>)</p> <p>Ending Date (<i>mm/dd/yyyy</i>)</p> <p><b>11.</b> Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following on account of someone’s race, religion, nationality, membership in a particular social group or political opinion:</p> <p><b>A.</b> Acts involving torture or genocide? __Yes</p>
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		<p>__No</p> <p><b>B. Killing any person?</b> __Yes __No</p> <p><b>C. Intentionally and severely injuring any person?</b> __Yes __No</p> <p><b>D. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?</b> __ Yes __No</p> <p><b>E. Limiting or denying any person's ability to exercise religious beliefs?</b> __Yes __No</p> <p><b>12. Have you EVER:</b></p> <p><b>A. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia or insurgent organization?</b> __Yes __No</p> <p><b>B. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?</b> __Yes __No</p> <p><b>C. Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?</b> __Yes __No</p> <p><b>D. Assisted or participated in selling or providing weapons to any person who, to your knowledge, used them against another person, or in transporting weapons to any person who, to your knowledge, used them against another person?</b> __Yes __No</p> <p><b>E. Received any type of military, paramilitary, or weapons training?</b> __Yes __No</p> <p><b>13. Have you EVER:</b></p> <p><b>A. Recruited, enlisted, conscripted, or used any person under age 15 to serve in or help an armed force or group?</b></p>
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		<p><b>B. Used any person under age 15 to take part in hostilities, or to help or provide services to people in combat?</b></p> <p><b>14. Have you, by fraud, or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, or entry into the United States, or any other immigration benefit? __Yes __No</b></p> <p><b>15. Are you a narcotics abuser or addict? __Yes __No</b></p> <p><b>Part 11. Certification of Registrant, Interpreter, and Preparer</b></p> <p><b>NOTE: Check the box for either Item A. or B. in Item Number 1. If applicable, check the box for Item Number 2.</b></p> <p><b>1. Registrant's Statement Regarding Interpreter</b></p> <p><b>A. [Check Box]</b> I can read and understand English, and have read and understand each and every question and instruction on this form, as well as my answer to each question.</p> <p><b>B. [Check Box]</b> The interpreter named below has read to me each and every question and instruction on this form, as well as my answer to each question, in [Fillable Field], a language in which I am fluent. I understand each and every question and instruction on this form as translated to me by my interpreter, and have provided true and correct responses in the language indicated above.</p> <p><b>2. Registrant's Statement Regarding Preparer</b></p> <p>[Check Box] I have requested the services of and consented to [Fillable Field], who is [Check Box] is not [Check Box] an attorney or accredited representative, preparing this form for me.</p> <p><b>Registrant (Applicant) Certification: [Sub-header]</b></p> <p>I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is</p>
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	<p>true and correct. Copies of documents submitted are exact photocopies of unaltered original documents, and I understand that I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date. Furthermore, I authorize the release of any information from my records that USCIS may need to determine my eligibility for the benefit that I seek.</p> <p>I furthermore authorize release of information contained in this form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.</p> <p><b>D. Registrant's (Applicant's) Signature</b></p> <p><b>Date of Signature</b> (<i>mm/dd/yyyy</i>)</p> <p><b>E.</b> Telephone Number (<i>if any</i>)</p> <p><b>F.</b> E-mail Address (<i>if any</i>)</p> <p><b>2. Interpreter</b></p> <p>Provide the following information concerning the interpreter:</p> <p><b>A.</b> Interpreter's Family Name (Last Name)</p> <p>Interpreter's Given Name (First Name)</p> <p><b>B.</b> Interpreter's Business or Organization Name (<i>if any</i>)</p> <p><b>C.</b> Street Number and Name</p> <p>City or Town</p> <p>Province</p> <p>Postal Code</p> <p>Country</p> <p><b>D.</b> Telephone Number (<i>if any</i>)</p> <p><b>E.</b> E-mail Address (<i>if any</i>)</p> <p><b>I certify that:</b></p>
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		<p>I am fluent in English and <i>[Fillable Field]</i> which is the same language provided in <b>Part 11., Item Number 1.B.</b>;</p> <p>I have read to this registrant each and every question and instruction on this form, as well as the answer to each question, in the language provided in <b>Part 11., Item Number 1.B.</b>; and</p> <p>The registrant has informed me that he or she understands each and every instruction and question on the form, as well as the answer to each question.</p> <p><b>F. Interpreter's Signature</b></p> <p>Date of Signature (<i>mm/dd/yyyy</i>)</p> <p><b>3. Preparer</b></p> <p><b>A. Preparer's Family Name (Last Name)</b></p> <p>Preparer's Given Name (First Name)</p> <p><b>B. Preparer's Business or Organization</b></p> <p><b>C. Street Number and Name</b></p> <p>City or Town</p> <p>State</p> <p>ZIP Code</p> <p>Province</p> <p>Postal Code</p> <p>Country</p> <p><b>D. Telephone Number (<i>if any</i>)</b></p> <p><b>E. Fax Number</b></p> <p><b>F. E-mail Address (<i>if any</i>)</b></p> <p><b>G. Preparer's Statement</b></p> <p><b>1. <i>[Check Box]</i> I am not an attorney or accredited representative but have prepared this form on behalf of the applicant and with the applicant's consent.</b></p>
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2. [Check Box] I am an attorney or accredited representative and my representation of the applicant in this case (choose one) extends [Check Box] does not extend [Check Box] beyond the preparation of this form.

***Preparer's Declaration [Sub-header]***

By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of, the registrant (applicant). I completed the form based only on responses the registrant (applicant) provided to me. After completing the form, I reviewed it and all of the registrant's (applicant's) responses with the registrant (applicant), who agreed with **each and every answer provided for** each question on the form and, when required, supplied additional information to respond to a question on the form.

**H. Preparer's Signature**

**Date of Signature (mm/dd/yyyy)**

**Do not write below this line. For Government use only.**

**THIS SECTION IS TO BE COMPLETED ONLY IN THE PRESENCE OF THE U.S. GOVERNMENT OFFICIAL RESPONSIBLE FOR ADJUDICATING THIS REGISTRATION.**

I, the undersigned, do swear or affirm that I know the contents of this registration subscribed by me, including any attached documents, and that they are true to the best of my knowledge, and that corrections numbered \_\_\_\_ to \_\_\_\_ were made by me or at my request. Each and every question and instruction on this form was read to me in \_\_\_\_\_, a language in which I am fluent. I understand each and every question and instruction on this form, as well as my answer to each question. I agree to report any changes in family composition, such as births, deaths, marriages, divorces and engagements, to the

		<p>U.S. Government via the Resettlement Support Center.</p> <p>_____</p> <p><i>(True and Complete Signature of Registrant)</i></p> <p>I authorize USCIS to release information contained in or pertaining to my application for refugee status to the U.N. High Commissioner for Refugees, other U.S. Government agencies, and other resettlement countries. I understand that no information regarding my refugee claim will be shared with the government from which I am seeking refuge. I understand that I am not required to sign this waiver, and I do so voluntarily.</p> <p>_____</p> <p><i>(True and Complete Signature of Registrant)</i></p> <p>Subscribed and sworn to before me by the above named registrant at _____ on _____</p> <p style="text-align: right;"><i>(Location)</i></p> <p>_____</p> <p><i>(Date) ( mm/dd/yyyy)</i></p> <p><b>1. Name, Title, and Signature of Interviewing Officer</b></p> <p><b>2 Interview Location</b></p> <p><b>3. Date (mm/dd/yyyy)</b></p> <p><b>4. Name of Interpreter</b></p> <p><b>5. Signature of Interpreter</b></p> <p><b>6. Name of Interviewing Officer (Re-interview)</b></p> <p><b>7. Interview Location (Re-interview)</b></p> <p><b>8. Date (mm/dd/yyyy)</b></p> <p><b>9. Name of Interpreter (Re-interview)</b></p> <p><b>10. Signature of Interpreter (Re-interview)</b></p>
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		<p><b>Part 12. Additional Information About Your Registration for Classification as Refugee Continuation Sheet</b></p> <p>If you need additional space to provide required information, please use the spaces below. If you require more space than what is provided below, you may make a copy of <b>Part 12</b>, and file the additional pages with this form. You must indicate your Alien Registration Number if you have one, and your full name at the top of each continuation sheet. Indicate the <b>Page Number</b>, <b>Part Number</b>, and <b>Item Number</b> to which the additional information refers in the spaces provided.</p> <p><b>1.a.</b> Page Number</p> <p><b>1.b.</b> Part Number</p> <p><b>1.c.</b> Item Number</p> <p><b>1.d.</b></p> <p><b>2.a.</b> Page Number</p> <p><b>2.b.</b> Part Number</p> <p><b>2.c.</b> Item Number</p> <p><b>2.d.</b></p> <p><b>3.a.</b> Page Number</p> <p><b>3.b.</b> Part Number</p> <p><b>3.c.</b> Item Number</p> <p><b>3.d.</b></p> <p><b>4.a.</b> Page Number</p> <p><b>4.b.</b> Part Number</p> <p><b>4.c.</b> Item Number</p> <p><b>4.d.</b></p>
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<p><b>Page 2</b></p>	<p>Instructions... USCIS Privacy Act Statement...</p>	<p><b>Instructions</b></p> <p><b>How To Fill Out the Form</b></p> <ol style="list-style-type: none"> <li>1. Type or print legibly in black ink.</li> <li>2. If extra space is needed to complete any item, write the additional information on the continuation sheet. Indicate the registrant's name and Alien Registration Number (A-Number) and Case Number (if any), at the top of the continuation sheet(s), and the page number, part number and item number to which the answer refers in the correlating data collection boxes.</li> <li>3. Answer all questions fully and accurately. If an item is not applicable or the answer is "none," write "N/A" or "None."</li> <li>4. Each application must be properly signed. A photocopy of a signed form or a typewritten name in place of a signature is not acceptable.</li> </ol> <p><b>Submission of Form-</b> The Resettlement Support Center (RSC) with jurisdiction in the registrant's region shall assist the registrant in the completion and submission of Form I-590, Registration for Classification as Refugee.</p> <p><b>Registration-</b> A separate Form I-590 is required for each registrant. Form I-590 on behalf of a child under 14 years of age may be submitted by the parent or guardian.</p> <p><b>USCIS Privacy Act Statement</b></p> <p><b>AUTHORITIES:</b> The information requested on this form, and the associated evidence, is collected pursuant to 8 U.S.C. section 1522(b) and 8 U.S.C. section 1157.</p> <p><b>PURPOSE:</b> The primary purpose for providing the requested information on this form is to determine eligibility for refugee classification and resettlement in the United States.</p> <p><b>DISCLOSURE:</b> The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence,</p>
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		<p>may delay a final decision or result in denial of your benefit request.</p> <p><b>ROUTINE USES:</b> The information you provide on this form may be shared with other Federal, State, local, and foreign government agencies and authorized organizations following approved routine uses described in the associated published system of records notices [DHS-USCIS-001 – – Alien File, Index, and National File Tracking System of Records, and the STATE-60- Refugee Case Records, which can be found at <a href="http://www.dhs.gov/privacy">www.dhs.gov/privacy</a> and <a href="http://www.state.gov">www.state.gov</a>]. The information may also be made available, as appropriate, for law enforcement purposes or in the interest of national security.</p> <p><b>Paperwork Reduction Act</b>  An agency may not conduct or sponsor an information collection, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for Form I-590 is estimated at 3 hours and 20 minutes per response. The public reporting burden includes the time for USCIS interview, biometrics collections, reviewing instructions, and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No 1615-0068. <b>Do not mail your completed Form I-590 to this address.</b></p>
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