



# Registration for Classification as Refugee

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-590  
OMB No. 1615-0068  
Expires 10/31/2016

## For DHS Use Only

Port of Entry	Action Block	Photograph
<b>Alien Registration Number (A-Number)</b> A - <input type="text"/>		
<b>RSC Case Number</b> <input type="text"/>		
<b>U.S. Social Security Number (if any)</b> <input type="text"/>		
		<b>RE-</b>

## Part 1. Information About You

1. Family Name ( <i>Last Name</i> )	Given Name ( <i>First Name</i> )	Middle Name ( <i>if applicable</i> )
<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Other Names Used ( <i>if any</i> ). Include maiden name, names by previous marriages, and all aliases. <input type="text"/>		
3. C/O ( <i>In Care Of Name</i> ) <input type="text"/>		
Street Number and Name (Present Location) <input type="text"/>		
City <input type="text"/>		Province <input type="text"/>
Postal Code <input type="text"/>	Country <input type="text"/>	
4. Date of Birth ( <i>mm/dd/yyyy</i> )	5. Gender	
<input type="text"/>	<input type="text"/>	
6. Place of Birth ( <i>Country, City/Town/Village</i> )	7. Present Citizenship or Nationality	
<input type="text"/>	<input type="text"/>	
8. Ethnicity and/or Tribal Group	9. Religion ( <i>if any</i> )	
<input type="text"/>	<input type="text"/>	
10. Language ( <i>native</i> )	11. Other languages that you speak	
<input type="text"/>	<input type="text"/>	

## Part 1. Information About You (continued)

12. Identity documents, e.g., passport, national identification card and/or UNHCR identification card. Please provide your complete name and date of birth as shown on each document listed.

	Document 1	Document 2	Document 3
Your Name As Shown on Document			
Date of Birth on Document (mm/dd/yyyy)			
Document Type			
Document Number			
Date of Issuance (mm/dd/yyyy)			
Place of Issuance			
Issuing Authority			

## Part 2. Information About Your Parents

Provide the following information about your parents. Include living, deceased, biological, step and adoptive parents. (Please use continuation page if necessary.)

### 1. Parent 1

Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)

Date of Birth (mm/dd/yyyy)  Relationship to You  Country of Birth

Street Number and Name (Present Location. If deceased, write "deceased.")  City

Province  Postal Code  Country

### 2. Parent 2

Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)

Date of Birth (mm/dd/yyyy)  Relationship to You  Country of Birth

Street Number and Name (Present Location. If deceased, write "deceased.")  City

Province  Postal Code  Country

## Part 3. Schooling or Education

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. (Please use continuation page if necessary.)

Name of School  Location of School  Type of School or Course of Study

Dates Attended (mm/dd/yyyy) From  To  Title of Degree or Diploma (if any)

## Part 4. Military Service

Provide in chronological order information about **all** your military service and/or military-type training. (Include additional information on continuation page if necessary.)

☐ If none, check here and proceed to the section entitled "**Relative In the United States**".

### 1. Military Service 1

Military Branch or Organization that Trained You <input type="text"/>		Country <input type="text"/>
Unit <input type="text"/>	Duty Location <input type="text"/>	Specialty (Example: Artillery, Infantry, Intelligence, etc.) <input type="text"/>
Highest Rank <input type="text"/>	Dates of Service (mm/dd/yyyy) From <input type="text"/> To <input type="text"/>	

### 2. Military Service 2

Military Branch or Organization that Trained You <input type="text"/>		Country <input type="text"/>
Unit <input type="text"/>	Duty Location <input type="text"/>	Specialty (Example: Artillery, Infantry, Intelligence, etc.) <input type="text"/>
Highest Rank <input type="text"/>	Dates of Service (mm/dd/yyyy) From <input type="text"/> To <input type="text"/>	

## Part 5. Relative In The United States (I have the following close relative in the United States.)

### 1. Relative

Family Name (Last Name) <input type="text"/>	Given Name (First Name) <input type="text"/>	Middle Name (if applicable) <input type="text"/>
Relationship to You <input type="text"/>		
Street Number and Name <input type="text"/>		
City or Town <input type="text"/>	State <input type="text"/>	ZIP Code <input type="text"/>

## Part 6. Information About Your Marital Status

Your Current Marital Status (check **all** that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Married (Go to section entitled "Current Spouse")                     | <input type="checkbox"/> Never married and not engaged (Go to Part 7)     | <input type="checkbox"/> Divorced (Go to section entitled "Former Spouse")        |
| <input type="checkbox"/> Unmarried but engaged to be married (Go to section entitled "Fiancé") | <input type="checkbox"/> Widowed (Go to section entitled "Former Spouse") | <input type="checkbox"/> Missing Spouse (Go to section entitled "Current Spouse") |

Date last seen (mm/dd/yyyy)

### 1. Current Spouse

Family Name (Last Name) <input type="text"/>	Given Name (First Name) <input type="text"/>	Middle Name (if applicable) <input type="text"/>
Other Names Used by Spouse <input type="text"/>		

## Part 6. Information About Your Marital Status *(continued)*

My spouse will ☐ will not ☐ accompany me to the United States.

Identity documents of spouse, e.g., passport, national identification card, UNHCR identification card. *(If more than one identity document, include additional information on continuation page.)*

Document Type  Document Number  Date of Issuance (mm/dd/yyyy)

Place of Issuance  Issuing Authority

Spouse's A-Number  RSC Case Number *(if different from yours)*  Date of Birth (mm/dd/yyyy)

Place of Birth *(Country, City/Town/Village)*  Present Citizenship or Nationality

Ethnicity and/or Tribal Group  Gender

Date of Marriage (mm/dd/yyyy)  Place of Marriage *(Country, City/Town/Village)*

Is your spouse's address the same as yours? ☐ Yes ☐ No

If you answered "No," provide your current spouse's present location/address. *If unknown, give last time/location seen.*

Street Number and Name

City  Province

Postal Code  Country

### 2. Former Spouse

Family Name *(Last Name)*  Given Name *(First Name)*  Middle Name *(If applicable)*

Other Names Used by Former Spouse

Date of Birth (mm/dd/yyyy)  Date of Marriage (mm/dd/yyyy)  Date Marriage Terminated (mm/dd/yyyy)

Check all that apply: ☐ Divorced ☐ Deceased ☐ Missing

### 3. Fiancé

Family Name *(Last Name)*  Given Name *(First Name)*  Middle Name *(If applicable)*

Date of Engagement (mm/dd/yyyy)  Other Names Used by Fiancé

## Part 7. Information About Your Children

- Check all of the boxes below that apply to you: ☐ I have \_\_\_\_ (number) children (include living, deceased, or missing)  
☐ I have no children (Go to **Part 8**)  
☐ I am currently pregnant

List **ALL** 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. (Include additional information on continuation page if necessary.)

### 1. Child 1

- This child is my (check one): ☐ Son ☐ Daughter  
This child is my (check one): ☐ Biological Child ☐ Legally Adopted Child ☐ Step-Child  
This child is (check one): ☐ Living ☐ Deceased ☐ Missing  
Will this child accompany you to the United States? ☐ Yes ☐ No

#### Child's Complete Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (If applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Place of Birth (City, Country)	
<input type="text"/>	<input type="text"/>	

Provide the following information **ONLY** if this child is **NOT** a case member.

Marital Status	If Married, Date of Marriage (mm/dd/yyyy)	Present Citizenship or Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Current Address** (if unknown, indicate date last seen and last known location of child)

Street Number and Name	
<input type="text"/>	
City	Province
<input type="text"/>	<input type="text"/>
Postal Code	Country
<input type="text"/>	<input type="text"/>

### 2. Child 2

- This child is my (check one): ☐ Son ☐ Daughter  
This child is my (check one): ☐ Biological Child ☐ Legally Adopted Child ☐ Step-Child  
This child is (check one): ☐ Living ☐ Deceased ☐ Missing  
Will this child accompany you to the United States? ☐ Yes ☐ No

#### Child's Complete Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (If applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Place of Birth (City, Country)	
<input type="text"/>	<input type="text"/>	

Provide the following information **ONLY** if this child is **NOT** a case member.

Marital Status	If Married, Date of Marriage (mm/dd/yyyy)	Present Citizenship or Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Part 7. Information About Your Children (continued)

**Current Address** (if unknown, indicate date last seen and last known location of child)

Street Number and Name

City

Province

Postal Code

Country

#### 3. Child 3

This child is my (check one): ☐ Son ☐ Daughter

This child is my (check one): ☐ Biological Child ☐ Legally Adopted Child ☐ Step-Child

This child is (check one): ☐ Living ☐ Deceased ☐ Missing

Will this child accompany you to the United States? ☐ Yes ☐ No

**Child's Complete Name**

Family Name (Last Name)

Given Name (First Name)

Middle Name (If applicable)

Date of Birth (mm/dd/yyyy)

Place of Birth (City, Country)

**Provide the following information ONLY if this child is NOT a case member.**

Marital Status

If Married, Date of Marriage (mm/dd/yyyy)

Present Citizenship or Nationality

**Current Address** (if unknown, indicate date last seen and last known location of child)

Street Number and Name

City

Province

Postal Code

Country

#### 4. Child 4

This child is my (check one): ☐ Son ☐ Daughter

This child is my (check one): ☐ Biological Child ☐ Legally Adopted Child ☐ Step-Child

This child is (check one): ☐ Living ☐ Deceased ☐ Missing

Will this child accompany you to the United States? ☐ Yes ☐ No

**Child's Complete Name**

Family Name (Last Name)

Given Name (First Name)

Middle Name (If applicable)

Date of Birth (mm/dd/yyyy)

Place of Birth (City, Country)

**Part 7. Information About Your Children** *(continued)*

Provide the following information **ONLY** if this child is **NOT** a case member.

Marital Status	If Married, Date of Marriage (mm/dd/yyyy)	Present Citizenship or Nationality
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Current Address** *(if unknown, indicate date last seen and last known location of child)*

Street Number and Name	
<input type="text"/>	
City	Province
<input type="text"/>	<input type="text"/>
Postal Code	Country
<input type="text"/>	<input type="text"/>

**Part 8. Information About Your Request For Refugee Status** *(Include additional information on continuation page if necessary.)*

- What was your travel route when you first left your country of citizenship/nationality or country of last habitual residence?
- Why did you first flee your country of citizenship/nationality, or if you are stateless, the country of your last habitual residence?  
*(Include additional information on continuation page if necessary.)*
- Have you ever returned to your country? ☐ Yes ☐ No  
If "Yes", when and why did you return? *(if necessary use continuation page)*

**Part 9. Additional Information About Your Request For Refugee Status** *(Include additional information on continuation page if necessary to complete your responses to the questions contained in Part 9)*

- Have you ever been fingerprinted by the U.S. government or the authorities of any other country?  
☐ Yes *(explain below)* ☐ No

**Part 9. Additional Information About Your Request For Refugee Status** *(Include additional information on continuation page if necessary to complete your responses to the questions contained in **Part 9**) (continued)*

2. Do you now hold, or have you ever held, or have you ever applied for, permanent residence, other permanent status, or citizenship/ nationality, in any country other than your country of citizenship *(or if you are stateless, the country of your last habitual residence)*?

☐ Yes *(explain below)* ☐ No

3. Have you ever been to the United States? ☐ Yes ☐ No

If "Yes", provide the information requested in the table below for each trip to the United States. *(Include additional information on continuation page if necessary.)*

	Trip 1	Trip 2	Trip 3
Date of Entry (mm/dd/yyyy)			
Place of Entry			
Status			
Visa Number			
A-Number			
Date of Exit (mm/dd/yyyy)			
Place of Exit			

4. List your present and past membership in - or affiliation with - all political, professional, or social organizations or groups, such as, but not limited to: student groups, labor unions, religious organizations, civil patrols, human rights groups, media organizations, funds, foundations, or societies. Include the name(s) of organization(s), location(s), dates of membership, as well as the purpose, character and nature of the organization(s). Include ranks held, promotions received, honors/recognitions given, regular duties, and dues paid.

☐ If none, check here.

**Part 10. Certification of the Registrant, Interpreter, and Preparer**

**Registrant (Applicant) Certification**

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

**1. Registrant's Statement Regarding Interpreter**

- A. ☐ I can read and understand English, and have read and understand every question and instruction on this form, as well as my answer to every question.
- B. ☐ The interpreter named below has read to me every question and instruction on this form, as well as my answer to every question, in , a language in which I am fluent. I understand every question and instruction on this form as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.



## Part 10. Certification of the Registrant, Interpreter, and Preparer *(continued)*

### 2. Registrant's Statement Regarding Preparer

☐ I have requested the services of and consented to ,  
who ☐ is ☐ is not an attorney or accredited representative, preparing this form for me.

### 3. Registrant (Applicant) Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that U.S. Citizenship and Immigration Services (USCIS) may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

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.

I certify, under penalty of perjury, that the information in my form and any document submitted with my form were provided by me and are complete, true, and correct.

A. Registrant's (Applicant's) Signature  Date of Signature (mm/dd/yyyy)   
B. Telephone Number (if any)  C. E-mail Address (if any)

### Interpreter Certification

Provide the following information concerning the interpreter:

### 4. Interpreter's Name and Contact Information

A. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)   
B. Interpreter's Business or Organization Name (if any)   
C. Street Number and Name   
City or Town   
Province  Postal Code  Country   
D. Telephone Number (if any)  E. E-mail Address (if any)

### 5. Interpreter's Certification and Signature

I certify that:

I am fluent in English and , which is the same language provided in **Part 10., Item B. in Item Number 1.**;

I have read to this registrant every question and instruction on this form, as well as the answer to every question, in the language provided in **Part 10., Item B. in Item Number 1.**; and

## Part 10. Certification of the Registrant, Interpreter, and Preparer *(continued)*

The registrant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the registrant verified the accuracy of every answer.

Interpreter's Signature

Date of Signature (mm/dd/yyyy)



### Preparer Certification

Provide the following information concerning the preparer:

#### 6. Preparer's Name and Contact Information

A. Preparer's Family Name *(Last Name)*

Preparer's Given Name *(First Name)*



B. Preparer's Business or Organization *(if any)*

C. Street Number and Name

City or Town

State

ZIP Code




Province

Postal Code

Country




D. Telephone Number *(if any)*

E. Fax Number



F. E-mail Address *(if any)*

#### 7. Preparer's Statement, Certification, and Signature

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 every answer on the form. If the registrant (applicant) supplied additional information concerning a question on the form, I recorded it on the form.

Preparer's Signature

Date of Signature (mm/dd/yyyy)



## Part 11. Admissibility *(Please provide explanations for answers marked "yes" on continuation page)*

1. Have you ever been arrested or have you ever committed, or helped someone else commit, any crimes? ☐ Yes ☐ No

If "Yes," have you ever:

A. Knowingly committed any crime *(excluding traffic violations)* for which you have not been arrested? ☐ Yes ☐ No

B. Been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? ☐ Yes ☐ No

C. Been the beneficiary of a pardon, amnesty, rehabilitation decree or other act of clemency or similar action? ☐ Yes ☐ No

**Part 11. Admissibility** *(Please provide explanations for answers marked "yes" on continuation page)*  
*(continued)*

- D.

Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States?

☐ Yes
☐ No

E.

Illegally trafficked (*illegally transported, traded, dealt, or sold*) in any illegal narcotic or other controlled substance, or knowingly assisted, abetted or conspired in the illicit trafficking of any such substance?

☐ Yes
☐ No

F.

Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?

☐ Yes
☐ No

G.

Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally?

☐ Yes
☐ No

H.

Within the past 10 years, been a prostitute or procured anyone for prostitution?

☐ Yes
☐ No
- Please provide details of all violations of law on continuation page, including: date; place; nature of charges; and final disposition for each incident.
2.

Have you EVER:

A.

Been subject to deportation or removal from the United States?

☐ Yes
☐ No

B.

Voted illegally in the United States?

☐ Yes
☐ No

C.

Been a citizen of the United States who has renounced that citizenship to avoid taxation?

☐ Yes
☐ No

D.

Left the United States to avoid being drafted into the U.S. armed forces?

☐ Yes
☐ No

E.

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
3.

Have you ever applied for a U.S. immigration benefit, such as a visa, refugee status, or asylum?

☐ Yes
☐ No

If "Yes", were you on your parents' or spouse's application? *(Provide details below)*

Date (mm/dd/yyyy)

Location

Type of Immigration Benefit

Status (*status granted or denied*)
4.

Are you now withholding custody of a United States citizen child from a person granted custody of the child?

☐ Yes
☐ No
5.

Have you EVER:

A.

Engaged in, conspired to engage in, or incited, sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity?

☐ Yes
☐ No

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?

☐ Yes
☐ No

C.

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?

☐ Yes
☐ No

D.

Been a representative or member of any terrorist organization or a member of a group that endorses terrorist activity?

☐ Yes
☐ No
6.

If married, has your spouse ever engaged in terrorist activity or been a member of a terrorist organization?

☐ Yes
☐ No
☐ N/A
7.

If you are under 21 years of age, has your parent ever engaged in terrorist activity or been a member of a terrorist organization?

☐ Yes
☐ No
☐ N/A

**Part 11. Admissibility** *(Please provide explanations for answers marked "yes" on continuation page)*  
(continued)

8. While in the United States, do you intend to engage in:

- A. Espionage? ☐ Yes ☐ No
- 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 unlawful means? ☐ Yes ☐ No
- C. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information? ☐ Yes ☐ No
- D. Polygamy (simultaneous marriage to more than one spouse)? ☐ Yes ☐ No
- E. Prostitution? ☐ Yes ☐ No

9. Have you EVER been a member of, or in any way affiliated with, the Communist party or any other totalitarian party? ☐ Yes ☐ No

If "Yes":

Your affiliation/level of membership

Beginning Date (mm/dd/yyyy)

Ending Date (mm/dd/yyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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10. Have you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

- A. Acts involving torture or genocide? ☐ Yes ☐ No
- B. Killing any person? ☐ Yes ☐ No
- C. Intentionally and severely injuring any person? ☐ Yes ☐ No
- D. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? ☐ Yes ☐ No
- E. Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☐ No

11. Have you EVER:

- 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, guerrilla group, militia or insurgent organization? ☐ Yes ☐ No
- B. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- E. Received any type of military, paramilitary, or weapons training? ☐ Yes ☐ No

12. Have you EVER:

- A. Recruited, enlisted, conscripted, or used any person under age 15 to serve in or help an armed force or group? ☐ Yes ☐ No
- B. Used any person under age 15 to take part in hostilities, or to help or provide services to people in combat? ☐ Yes ☐ No

13. 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

**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 U.S. Government via the Resettlement Support Center.

\_\_\_\_\_  
(True and Complete Signature of Registrant)

OPTIONAL: 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 of the country from which I am seeking refuge. I understand that I am not required to sign this waiver, and I do so voluntarily.

\_\_\_\_\_  
(True and Complete Signature of Registrant)

Subscribed and sworn to before me by the above named registrant at \_\_\_\_\_ on \_\_\_\_\_  
(Location) (Date) (mm/dd/yyyy)

**Interpreter's Certification and Signature****I certify that:**

I am fluent in English and \_\_\_\_\_, which is the same language provided in **Part 10., Item B. in Item Number 1.**;

I have read to this registrant every question and instruction on this form, as well as the answer to every question, in the language provided in **Part 10., Item B. in Item Number 1.**; and

The registrant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the registrant verified the accuracy of every answer.

- |   |  |  |
|---|--|--|
| <p><b>1.</b> Name, Title, and Signature of Interviewing Officer</p> <div style="border: 1px solid black; height: 110px; width: 100%;"></div>                | <p><b>2.</b> Interview Location</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>4.</b> Name of Interpreter</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>5.</b> Signature of Interpreter</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>   | <p><b>3.</b> Date (mm/dd/yyyy)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| <p><b>6.</b> Name, Title, and Signature of Interviewing Officer (Re-interview)</p> <div style="border: 1px solid black; height: 110px; width: 100%;"></div> | <p><b>7.</b> Interview Location (Re-interview)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>9.</b> Name of Interpreter (Re-interview)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>10.</b> Signature of Interpreter (Re-interview)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <p><b>8.</b> Date (mm/dd/yyyy)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |

## Part 12. Additional Information About Your Registration for Classification as Refugee

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies to complete and file with this form or attach a separate sheet of paper. Include your name, your Alien Registration Number (A-Number) (if any) and Case Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

**1.a.** Page Number

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### 1.b. Part Number

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**1.c. Item Number**

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**1.d.**

DRAFT

**2.a.** Page Number

\_\_\_\_\_

## 2.b. Part Number

11/17

**2.c. Item Number**

\_\_\_\_\_

**2.d.**

NOT FOR  
PRODUCTION

**3.a. Page Number**

\_\_\_\_\_

### 3.b. Part Number

\_\_\_\_\_

### 3.c. Item Number

\_\_\_\_\_

**3.d.**

07/06/2016

**4.a.** Page Number

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#### 4.b. Part Number

\_\_\_\_\_

#### 4.c. Item Number

\_\_\_\_\_

**4.d.**


Registrant's (Applicant's) Signature

\_\_\_\_\_

Date of Signature (mm/dd/yyyy)

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### Part 13. Additional Certifications of the Interpreter and Preparer

## Interpreter Certification

Provide the following information concerning the interpreter:

- |  |                      |
|--|----------------------|
| 1. The interpreter named below provided his or her services during the | part of the process. |
|--|----------------------|

## 2. Interpreter's Name and Contact Information

- A.** Interpreter's Family Name (*Last Name*)      Interpreter's Given Name (*First Name*)

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- B. Interpreter's Business or Organization Name (if any)**

10

- ### C. Street Number and Name

--

City or Town

NOT FOR

Province

INC

Postal Code



Country

OK

- D. Telephone Number** (*if any*)

- E.** E-mail Address (*if any*)

### 3. Interpreter's Certification and Signature

**I certify that:**

I am fluent in English and \_\_\_\_\_, which is the same

language provided in **Part 10., Item B.** in **Item Number 1.**;

I have read to this registrant every question and instruction on this form, as well as the answer to every question, in the language provided in **Part 10., Item B. in Item Number 1.**; and

The registrant has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the registrant verified the accuracy of every answer.

Interpreter's Signature \_\_\_\_\_

--

Date of Signature (mm/dd/yyyy)

\_\_\_\_\_

### Part 13. Additional Certifications of the Interpreter and Preparer

#### Preparer Certification

Provide the following information concerning the preparer:

4. The preparer named below provided his or her services during the  part of the process.

5. Preparer's Name and Contact Information

A. Preparer's Family Name (*Last Name*) Preparer's Given Name (*First Name*)

B. Preparer's Business or Organization (*if any*)

C. Street Number and Name

City or Town

State

ZIP Code

Province

Postal Code

Country

D. Telephone Number (*if any*)

E. Fax Number

F. E-mail Address (*if any*)

6. Preparer's Statement, Certification, and Signature

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 every answer on the form. If the registrant (applicant) supplied additional information concerning a question on the form, I recorded it on the form.

Preparer's Signature

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



## Instructions

### How To Fill Out Form I-590

1. Type or print legibly in black ink.
2. If you need extra space to complete any item within this form, use the space provided in **Part 12. Additional Information About Your Registration for Classification as Refugee Continuation Sheet**. Type or print the registrant's name and Alien Registration Number (A-Number) (if any) and Case Number (if any) at the top of each continuation sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which the answer refers.
3. Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A," unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None," unless otherwise directed.
4. If you do not completely fill out this form or fail to submit required documents listed in the Instructions and your biometrics, if required, processing of your request will be delayed, and USCIS may reject, close, or deny your form.
5. **Signature.** Each form must be properly signed. For all signatures on this form, USCIS will not accept a stamped or typewritten name in place of a signature. If you are under 14 years of age, your parent or legal guardian may sign the form on your behalf. A legal guardian may also sign for a mentally incompetent person.
6. **Biometrics.** You may be required, if you are 13 1/2 years of age or older to provide fingerprints, photograph, and/or additional signature to verify your identity, obtain additional information, and conduct background and security checks, including a check of criminal history records. You will be informed in writing when and where you need to attend a biometric services appointment. If you fail to attend your biometric services appointment, USCIS may reject, close, or deny your form.
7. **Requests for More Information.** We may request that you provide more information or evidence to support your form. You may submit legible photocopies of documents requested, unless the Instructions specifically state that you must submit an original document. USCIS may request an original document at the time of filing or at any time during processing of your form. If you submit original documents when not required, the documents may be destroyed or remain a part of the record, and USCIS will not automatically return them to you.
8. **Translations.** If you submit a document with information in a foreign language, you must also submit a full English translation. The translator must sign a certification that the English language translation is complete and accurate, and that he or she is competent to translate from the foreign language into English. The certification must include the translator's signature. DHS recommends the certification contain the translator's printed name and the date and the translator's contact information. Translations prepared and signed by a Resettlement Support Center employee working for the U.S. Department of State or under contract will be considered as complete and accurate.

**Submission of Form** - 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.

**Registration** - 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.

## USCIS Privacy Act Statement

**AUTHORITIES:** 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.

**PURPOSE:** The primary purpose for providing the requested information on this form is to determine eligibility for refugee classification and resettlement in the United States.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay a final decision or result in the denial of your benefit request.

**ROUTINE USES:** 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 [www.dhs.gov/privacy](http://www.dhs.gov/privacy) and [www.state.gov](http://www.state.gov)]. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

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**Paperwork Reduction Act**

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 for gathering information; 20 minutes (.33 hours) for submitting biometric information; 1 hour for review the request; and 2 hours for collecting DNA evidence. 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 Ave NW, Washington, DC 20529-2140; OMB No 1615-0068. **Do not mail your completed Form I-590 to this address.**

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