OMB No. 1615-0102; Expires 01/31/2015

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

# Form G-639, Freedom of Information/Privacy Act Request

**NOTE:** Use of this form is optional. Any written format for a Freedom of Information or Privacy Act request is acceptable.

**START HERE - Type or print in black ink. Read instructions before completing this form.**

## 1. Type of Request *(Check appropriate box. **NOTE:** If you are filing this request for records on behalf of another individual, please respond to Number 1 as it would apply to that individual.)*

- ☐ Freedom of Information Act (FOIA): I am not a U.S. citizen/Lawful Permanent Resident and I am requesting my own records.
- ☐ Freedom of Information Act (FOIA): I am a U.S. citizen/Lawful Permanent Resident and I am requesting documents other than my own records.
- ☒ Privacy Act (PA): I am a U.S. citizen/Lawful Permanent Resident and I am requesting my own records.
- ☐ Amendment of Record (PA only): I am a U.S. citizen/Lawful Permanent Resident and I am requesting amendment of my own records.
- ☐ Other: _____

## 2. Description of Record(s) Requested:

**NOTE:** While you are not required to respond to all items in Number 2, failure to provide complete and specific information as requested may result in a delay in processing or an inability to locate the record(s) or information requested.

- ☒ Complete Alien File (A-File)
- ☐ Other *(please specify)*: copy of my entire DHS/USCIS complete alien file

**Purpose:** ***(Optional:** You are not required to state the purpose of your request. However, doing so may assist USCIS in locating the record(s) needed to respond to your request.)*

Search for my birth parents for medical history to aid my son's medical condition.

| Family Name *(Last Name)* | Given Name *(First Name)* | Middle Name |
|---|---|---|
| Caleca | Serge | Paul |

| Other Names Used *(if any)* | Name at time of entry into the U.S. | I-94 Admission # |
|---|---|---|
| | Sergio Malti | |

| Alien Registration Number *(A#)* | Petition or Claim Receipt # | Country of Birth | Date of Birth *(mm/dd/yyyy)* |
|---|---|---|---|
| | | Venice, Italy | 10/17/195 |

**Names of other family members that may appear on requested record(s) *(i.e., spouse, daughter, son):***

| **Family Member's Name:** Given Name *(First Name)* | Middle Name | Family Name *(Last Name)* | Relationship |
|---|---|---|---|
| | | | |

| **Father's Name:** Given Name *(First Name)* | Middle Name | Family Name *(Last Name)* |
|---|---|---|
| Vincent | | Caleca |

| **Mother's Name:** Given Name *(First Name)* | Middle Name | Family Name *(Last Name, including Maiden Name)* |
|---|---|---|
| Rose | Lucy | Caleca |

| Country of Origin *(Place of Departure)* | Port of Entry Into the U.S. | Date of Entry *(mm/dd/yyyy)* |
|---|---|---|
| Venice Italy | New York | May 16, 1959 |

| Manner of Entry *(Air, Sea, Land)* | Mode of Travel *(Name of Carrier)* |
|---|---|
| Air | |

## 3. Subject of Record Consent to Release Information *(Must be signed by the subject of record(s) requested.)*

***By my signature, I consent to allow USCIS to release to the requester named in Number 5*** *(Check applicable box)*:

☑ All of my records ☐ A portion of my records *(If a portion, specify below what part, i.e., copy of application.)*

Print Name of Subject of Record: Serge Paul Caleca

Signature of Subject of Record: Serge Caleca Date *(mm/dd/yyyy)*: 08/20/2013

☐ Deceased Subject - **Proof of death must be attached** *(Obituary, Death Certificate, or other proof of death required)*

## 4. Verification of Identity *(Required; Fill out all that apply.)*

| Name of Subject of Record *(First, Middle, Last)* | Daytime Telephone | E-mail Address |
|---|---|---|
| Serge, Paul, Caleca | 858-472-0966 | SCaleca@aol.com |

| Address *(Street Number and Name)* | Apt. Number |
|---|---|
| 2920 Cantegra Glen | |

| City | State | Zip Code |
|---|---|---|
| Escondido | CA | 92025 |

| Date of Birth *(mm/dd/yyyy)* | Place of Birth |
|---|---|
| 10/17/1958 | Venice, Italy |

**The Subject of Record must provide a signature under either a Notarized Affidavit of Identity or a Sworn Declaration Under Penalty of Perjury:**

☐ Notarized Affidavit of Identity

Signature of Subject of Record _____ Date *(mm/dd/yyyy)* _____

Subscribed and sworn to before me this _____ day of _____ Telephone No. _____

Signature of Notary _____ My Commission Expires on _____

**OR**

☑ Sworn Declaration Under Penalty of Perjury

### Executed outside the United States

If executed outside the United States: "I declare (certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct."

Signature of Subject of Record

### Executed in the United States

If executed within the United States, its territories, possessions, or commonwealths: "I declare (certify, verify, or state) under penalty of perjury that the foregoing is true and correct."

Signature of Subject of Record: Serge Caleca

## 5. Requester Information

**By my signature, I consent to pay all costs incurred for search, duplication and review of materials up to $25** *(See instructions)*

Signature of Requester: Serge Caleca

| Name of Requester *(Fill out if different from the Subject of Record.)* | Daytime Telephone | E-mail Address |
|---|---|---|
| | | |

| Address *(Street Number and Name)* | Apt. Number |
|---|---|
| | |

| City | State | Zip Code |
|---|---|---|
| | | |