

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

I-102, Application for Replacement/Initial Nonimmigrant Arrival - Departure Document

START HERE - Please type or print in black ink.

Part 1. Information About You

Family Name	Given Name	Middle Name
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Address - In care of -		
<input style="width: 98%;" type="text"/>		
Street Number and Name		Apt./Suite #
In care of -		
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
City	State	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Zip/Postal Code	Country	Date of Birth (mm/dd/yyyy)
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Country of Birth	Country of Citizenship/Nationality	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
A-Number (If any)	U.S. Social Security # (If any)	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Date (mm/dd/yyyy) and Place of Last Admission		Current Nonimmigrant Status
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Status Expires on (mm/dd/yyyy)	I-94, I-94W, or I-95 Arrival/Departure Document #	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

For USCIS Use Only

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	
<input type="checkbox"/> Applicant Interviewed on _____	
New I-94 #	
Remarks	
Action Block	
To Be Completed by <i>Attorney or Representative, if any.</i>	
<input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.	
ATTY State License #	

Part 2. Reason for Application

Check the box that best describes your reason for requesting a replacement document (Check one box).

- a. I am applying to replace my lost or stolen Form I-94 (or I-94W).
- b. I am applying to replace my lost or stolen Form I-95.
- c. I am applying to replace Form I-94 (or I-94W) because it is mutilated. I have attached my original I-94 (or I-94W).
- d. I am applying to replace Form I-95 because it is mutilated. I have attached my original Form I-95.
- e. I was not issued Form I-94 when I entered as a nonimmigrant, and I am filing this application together with an application for an extension of stay/change of status.
- f. I was issued Form I-94, I-94W, or I-95 with incorrect information, and I am requesting USCIS to correct the document. I have attached my original Form I-94, I-94W, or I-95.
- g. I was not issued Form I-94 when I entered as a nonimmigrant member of the military, and I am filing this application for an initial Form I-94.



Part 3. Processing Information

1. Are you filing this application with any other petition or application?

No

Yes - Form #

2. Are you now in removal proceedings?

No

Yes (Give detailed information regarding the proceedings. If you need more space to complete the answer, use a separate sheet(s) of paper. Write your name and A #, if any, and "Part 3, Number 2" at the top of each sheet.)

3. If you are unable to provide the original of your Form I-94, I-94W, or I-95, give the following information:

Your name exactly as it appears on Form I-94, I-94W, or I-95, if known (*Print clearly*)

Class of Admission

Place of Admission

Part 4. Signature (*Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.*)

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature

Daytime Telephone Number (*With area code*)

Date (*mm/dd/yyyy*)

Part 5. Signature of Person Preparing Form, if Other Than Above (*Sign below*)

I declare that I prepared this application at the request of the above person, and it is based on all information of which I have knowledge.

Signature

Print or Type Your Name

Firm Name

Firm Address (*Street Number and Name or P.O. Box, City, State, Zip Code*)

Daytime Telephone Number (*With area code*)

E-Mail Address (*If any*)

Date (*mm/dd/yyyy*)

