

Please wait at least 60 days after entry or 90 days after adjustment before inquiring. If this form is folded at the lines in the margins, the address of the Card Facility, or the address of the applicant, will show through a standard letter size (Number 20) window envelope. All information should be typed or clearly printed, using ball point pen.

All inquiries should be forwarded to:

**Immigration and Naturalization Service  
California Service Center  
P.O. Box 10765  
Laguna Niguel, CA 92607-0765**

1. All blocks in Section A must be printed neatly.
2. Enclose stamped, self-addressed envelope.

**A. The person named below has not received his or her Alien Registration Card as of *this date* \_\_\_\_\_**

(Please print all information.)

1. Alien's Registration Number (Stamped in Passport)	2. Alien's Name (Last in CAPS)		(First)	(Middle)
3. Port of Entry/Office	4. Date of Birth	5. Date Entry of Adjustment	6. Alien's Inquiry Concerns: <input type="checkbox"/> Initial Card <input type="checkbox"/> Replacement Card	

**B. This is for reply by the California Service Center.**

The status of your alien Registration Card is indicated by the block checked below as of **this date** \_\_\_\_\_

- |   |   |
|---|---|
| <p><input type="checkbox"/> 1. We regret to inform you that this office has no record of having received the necessary card application. Please contact the INS office that services the area where you reside for assistance.</p> <p><input type="checkbox"/> 2. Your card is <b>in production</b> and should be mailed soon. If the card is <b>not received within 45 days</b> of the above date, please contact the immigration Card Facility again. Include a copy of this reply with you next inquiry.</p> <p><input type="checkbox"/> 3. Your card application (Form I-89) was returned to the immigration office in: _____ on _____ for corrective actions, and has not been returned to us. Please direct any further inquiries to the immigration office that services the area where you now reside and include a copy of this reply.</p> <p><input type="checkbox"/> 4. Your card was mailed _____ and <b>has not</b> been returned to this office. If you <b>did not</b> receive your card, you must go to the immigration office that services the area where you now reside to apply for a replacement Card. Take this correspondence with you when you apply.</p> <p><input type="checkbox"/> 5. Your card was returned to this office and remailed to a new address on _____. If you <b>did not</b> receive your card, you must go to the immigration office that services the area where you now reside to apply for a replacement card. Take this correspondence with you when you apply.</p> | <p><input type="checkbox"/> 6. Please complete <b>all</b> items in Section A and return this correspondence to the <b>California Service Center</b> at the Address provided above. (Your Alien Registration Number is an 8 digit number which may be found in your passport or other documents provided to you as proof of legal permanent residence.) All of the information is needed to conduct a complete search of our records.</p> <p><input type="checkbox"/> 7. You must complete a new application for a card at the immigration office that services the area where you now reside before the <b>California Service Center</b> can make the requested changes. That immigration office will then submit your application to this facility. When you apply, please take this correspondence with you.</p> <p><input type="checkbox"/> 8. Please contact your Immigration office for assistance. This facility is responsible only for the production and issuance of Alien Registration Cards <b>after receiving an approved application from the Immigration and Naturalization Service office servicing your area.</b></p> <p><input type="checkbox"/> 9. Other: _____<br/>_____<br/>_____<br/>_____<br/>_____</p> |
|---|---|

**C. Please print or type applicant's name and complete address where the reply is to be sent.**

Applicant's Name		
C/O		
Street	Apt Number	
City	State	Zip Code

**Reminder:** If you move, please make arrangements with the U.S. Postal Service to send your mail to your new address. Your card is automatically mailed to the address shown on your application.

Is this a new address? Yes  No

U.S. Department of Justice  
Immigration and Naturalization Service

California Service Center  
P.O. Box 10765  
Laguna Nigel 92607-0765

**USE EITHER PAGE 1 (General Inquiry) OR PAGE 2 (Permanent Resident Card Inquiry) OF THIS FORM**

**Please use this letter to make a written INQUIRY with the California Service Center (CSC)  
Include no fees/money when using this form.**

Please print your name and mailing address in this box:

Date: \_\_\_\_\_

Your Phone: \_\_\_\_\_

Your Fax: \_\_\_\_\_

Your E-mail: \_\_\_\_\_

Please provide as much of the following information as possible (App/Pet = Applicant or Petitioner):

Form Type \_\_\_\_\_

Receipt Number \_\_\_\_\_

Date Filed \_\_\_\_\_

Where filed if other than CSC \_\_\_\_\_

App/Pet Name \_\_\_\_\_

App/Pet Alien Number A \_\_\_\_\_

App/Pet Date of Birth \_\_\_\_\_

Beneficiary Name \_\_\_\_\_

Beneficiary Alien Number A \_\_\_\_\_

Beneficiary Date of Birth \_\_\_\_\_

Type of Inquiry: (please check one and describe on separate sheet if needed)

Change of Address (Is new address listed above? Yes \_\_\_\_\_ No \_\_\_\_\_ )

Notice Correction - Attach copy of the notice with the requested corrections noted

Expedite Request - Please explain why expedited processing is needed

Status of I-551 Alien Registration Card (see other side)

Other

Service Response:

Date of Response: