

# IMMIGRANT CASE RECORD SEARCH REQUEST



Welcome the stranger.  
Protect the refugee.

*Thank you for reaching out to HIAS. We're honored that you have chosen to include us on your journey to discover your family history. Your privacy—and the privacy of all our clients—is important to us. We appreciate your taking the time to answer the questions below to the best of your ability.*

## **PART A: PRELIMINARY DEMOGRAPHIC INFORMATION**

**INSTRUCTIONS:** PART A consists of Preliminary Demographic Information which HIAS requires to fulfill an Immigrant Record Search Request.

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

Did HIAS help you, your family, or your ancestor come to the U.S.?    Yes             No

### INFORMATION ABOUT THE MAIN SUBJECT WHOSE FILE YOU ARE REQUESTING:

First Name at the time of arrival: \_\_\_\_\_

Last Name at the time of arrival: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Other Name (if changed): \_\_\_\_\_

Date of Birth (if unknown, approximate year): \_\_\_\_\_

Country and City of Birth: \_\_\_\_\_

Country of Departure: \_\_\_\_\_

Date of arrival to United States: \_\_\_\_\_

### OTHER ACCOMPANYING FAMILY MEMBERS (IF KNOWN TO YOU):

1. First / Last Name: \_\_\_\_\_

Date / Place of Birth: \_\_\_\_\_

Relationship to Subject: \_\_\_\_\_

2. First / Last Name: \_\_\_\_\_

Date / Place of Birth: \_\_\_\_\_

Relationship to Subject: \_\_\_\_\_

3. First / Last Name: \_\_\_\_\_

Date / Place of Birth: \_\_\_\_\_

Relationship to Subject: \_\_\_\_\_

**INQUIRER INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**NAME AND ADDRESS WHERE RECORD SHOULD BE SENT IF DIFFERENT FROM INQUIRER:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PART B: REQUIRED QUESTIONS**

The HIAS archives started from 1909 for Record of Special Inquiry and from 1911 for Record of Arrival. We assure you that we will do our best to get positive results. However, the outcome of an Immigrant Record Search Request cannot be guaranteed and as such, we are not liable to you for any failure on our part to obtain the requested record.

**INSTRUCTIONS:** PART B consists of Required Questions you must answer prior to submitting your request. Please answer all questions on this form to the best of your knowledge and ability.

1. Please specify what type of information you are looking for:

- (a) Date of arrival
- (b) Date and place of birth
- (c) Relationship to subject of the file
- (d) Marital status
- (e) Jewish identity
- (f) Case file (Please see **Part C**)
- (g) Other, please specify \_\_\_\_\_

2. What is the intended purpose for this information? \_\_\_\_\_

Please provide legible, clean and intact copies of your driver's license or other valid state or Federal government-issued ID. HIAS reserves the right to deny your request if any documents are ineligible for submission.

## PART C: REQUEST COPY OF HIAS CASE FILE

The request for a copy of the subject case file costs an additional fee of \$60.00.

Please be aware that we do not have files before 1940. Access to the files after 1945 is generally denied unless (a) the inquirer is the subject of the case file; or (b) a direct-line descendant (child or grandchild) of the subject and provides proof of his/her relationship to the case subject.

1. Are you the subject of this case file?      Yes                      No

If you checked **“Yes,”** please provide a legible, clean and intact copy of your driver’s license or other valid state or Federal government-issued ID. Relationship to the person whose records are requested:

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If you checked **“No,”** proceed to the next question.

2. Are you a direct-line descendant of the subject of this case file (i.e. child or grandchild)?  
Yes                      No

If you checked **“Yes,”** please provide a legible, clean and intact copy of your driver’s license or other valid state or Federal government-issued ID. You will also need to submit either (a) a letter of authorization from the subject; or (b) if the subject is deceased, proof of death of the subject and proof of your direct-line relationship. Acceptable documents for demonstrating proof of your relationship may include but are not limited to the following: birth or adoption certificate, court order, sworn affidavit by a third party, medical or school records, blood or DNA test results or a will or testamentary document.

Relationship to the person whose records are requested:

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If you checked **“No,”** proceed to the next question.

3. Are you a distant relative, researcher or genealogist?      Yes                      No

If you checked, **“Yes,”** please be aware that you have requested the records of only the specific subject named herein. As such, sensitive personal information pertaining to unrelated third party individuals listed in the file, including but not limited to: a) personal health information; b) personal identifying information; and c) anecdotal information, shall be redacted from the subject’s record when transferred to you.

To obtain a copy of the case file in this instance, you must provide us with a letter of authorization from the subject, or, if the subject is deceased, proof of death of the subject and a letter of authorization from an individual authorized by law to make decisions on behalf of the subject, which may include an administrator, executor, someone who has a Power of Attorney, or a direct-line descendant of the subject.

Relationship to the person whose records are requested:

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A letter of authorization could be provided through:

1. A verified email from the case subject or other applicable relative, with a copy of their identification in the attachment, or
2. By mail with notarized signature of the case subject or other applicable relative.

By signing this form, you hereby acknowledge and agree to all of the terms and conditions contained herein, and you certify that you are the person requesting this information.

Your signature: \_\_\_\_\_

## PART D: PAYMENT AND SIGNATURE

Please return this completed form with the appropriate check or money order in the amount of: (a) \$30.00 or (b) \$90.00 if you are requesting a copy of the case file, and payable to HIAS to the following address:

**HIAS Location Service**  
1359 Broadway, Suite 810  
New York, New York 10018

If you would like pay by credit card, please provide us with the following information and send this form by email to [sherly.postnikov@hias.org](mailto:sherly.postnikov@hias.org) or by fax at 212-967-4443.

I authorize the representatives of HIAS to charge a one-time payment on my credit card in the amount of

\$ Amount \_\_\_\_\_

Cardholder name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration date \_\_\_\_\_

Day Time Phone#: \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Signature required

\_\_\_\_\_  
Date

**HELP SUPPORT OUR WORK—PLEASE CONSIDER MAKING AN ADDITIONAL CONTRIBUTION** by entering credit card info below, or go to [HIAS.org/donate](https://HIAS.org/donate) to make an online contribution

I authorize the representatives of HIAS to charge a one-time payment on my credit card in the amount of

\$ Amount \_\_\_\_\_

Cardholder name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration date \_\_\_\_\_

Day Time Phone#: \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Signature required

\_\_\_\_\_  
Date

Should you have any questions regarding this form, kindly contact Sherly Postnikov at 212-613-1352.