

Application or
Petition Form No. _____

File No. _____

**DATA COLLECTION FOR ALIEN DOCUMENTATION,
IDENTIFICATION & TELECOMMUNICATION SYSTEM (ADIT)**

Please print or type information requested below:

COMPLETE NAME _____

COMPLETE MAILING ADDRESS (Include zip code) _____

MOTHER'S FIRST NAME _____

FATHER'S FIRST NAME _____

CITY/TOWN/VILLAGE OF BIRTH _____

CITY OF RESIDENCE WHEN APPLYING
FOR A VISA OR IMMIGRANT STATUS _____

CITY OF DESTINATION AT
TIME OF ORIGINAL ADMISSION _____

LOCATION OF CONSULATE WHERE IMMIGRANT VISA
OBTAINED (OR IMMIGRATION OFFICE WHERE ADJUSTED) _____

DATE OF BIRTH _____

PORT OF ENTRY WHEN ADMITTED AS IMMIGRANT OR
OFFICE WHERE ADJUSTED TO LAWFUL PERMANENT RESIDENT _____

SYMBOL ADMITTED UNDER (CLASSIFICATION) _____

DATE ADMITTED OR ADJUSTED TO LAWFUL PERMANENT RESIDENT _____

COUNTRY OF BIRTH _____

CARD NUMBER _____

TRANSACTION NUMBER _____