



Alien's Change of Address Card

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

USCIS
Form AR-11
OMB No. 1615-0007
Expires 03/31/2021

NOTE: An asterisk (*) indicates a mandatory field that must be completed.

Information About You

*Family Name (Last Name)

*Given Name (First Name)

Middle Name (if applicable)

I am in the United States as a: ☐ Visitor ☐ Student ☐ Permanent Resident ☐ Other (Specify)

Country of Citizenship

*Date of Birth (mm/dd/yyyy)

Alien Registration Number (A-Number) (if any)

► A-

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Information About Your Address

*Present Physical Address (No PO Boxes)

*Street Number and Name

Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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*City or Town

*State

*ZIP Code

[\(USPS ZIP Code Lookup\)](#)

Previous Physical Address

Street Number and Name

Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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City or Town

State

ZIP Code

Mailing Address (optional)

Street Number and Name

Apt. Ste. Flr. Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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City or Town

State

ZIP Code

[\(USPS ZIP Code Lookup\)](#)

Your Signature

*Your Signature

Date of Signature (mm/dd/yyyy)