



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)
<input type="text"/>	<input type="text"/>	<input type="text"/>
I am in the United States as a: <input type="checkbox"/> Visitor <input type="checkbox"/> Student <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other (Specify) <input type="text"/>		
Country of Citizenship	*Date of Birth (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	
Alien Registration Number (A-Number) (if any)		
▶ A- <input type="text"/>		

Information About Your Address

*Present Physical Address (No PO Boxes)			
*Street Number and Name	Apt.	Ste.	Flr. Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*City or Town	*State	*ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
(USPS ZIP Code Lookup)			
Previous Physical Address			
Street Number and Name	Apt.	Ste.	Flr. Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City or Town	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address (optional)			
Street Number and Name	Apt.	Ste.	Flr. Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City or Town	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
(USPS ZIP Code Lookup)			

Your Signature

*Your Signature	Date of Signature (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>