

CONGRESSMAN RUBÉN HINOJOSA
15th Congressional District Office
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107 South Saint Mary's • Beeville, Texas 78102 • (361) 358-8400 / (361) 358-8407 fax

Date: _____ People ID No.: _____

Full Name of Constituent: _____

Mailing Address: _____

City, State, Zip: _____

Phone No.: _____ Other No: _____

Date of Birth: _____ Social Security #: _____

SOCIAL SECURITY ADMINISTRATION: _____ Retirement Benefits _____ SSI
Appeal Claim # _____

VETERANS ADMINISTRATION - VA Claim #: _____
Military Branch: _____ Date of Entry: _____
Type of Discharge: _____ Date of Separation: _____

IMMIGRATION
Name of Petitioner: _____
Beneficiary Information:
Name: _____
Other Names Used: _____
Date of Birth: _____ Social Security #: _____
Immigration Alien #: _____ Expiration Date: _____
Date of Entry: _____ Port of Entry: _____
SRC #: _____

Immigration Form Filed (*specify where applicable*):
_____ I-129: *petition for a fiancé(e)*
_____ I-130: *petition for alien relatives*
_____ I-140: *petition for foreign workers, i.e., employment-based immigration*
_____ I-751: *petition for removal of conditional residence, e.g., married individuals and children*
_____ N-400: *application for naturalization*
_____ Other BCIS form (*specify where applicable*): _____
Where Filed: _____

OTHER TYPE OF CASE: (specify) _____

This will authorize Congressman Rubén Hinojosa to act on my behalf in accordance with the provisions of the Privacy Act.

Constituent (Print Name)

Constituent (Signature)

