

Alien's Change of Address Card

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

USCIS
Form AR-11

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

Information About You

*Family Name (Last Name) CHACAO	*Given Name (First Name) Christian	Middle Name (if applicable) N/A
*Date of Birth (mm/dd/yyyy) 09/19/1989	Alien Registration Number (A-Number) (if any) ▶ A- 2 3 4 6 7 8 7 5 1	

Information About Your Address

*Present Physical Address (No PO Boxes)

*Street Number and Name 600 Front Street	Apt. Ste. Flr. Number <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 143
*City or Town San Diego	*State ZIP Code CA 92101 <small>(USPS ZIP Code Lookup)</small>

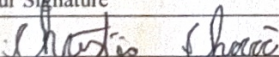
Previous Physical Address

Street Number and Name 600 Front Street	Apt. Ste. Flr. Number <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 134
City or Town San Diego	State ZIP Code CA 92101 <small>(USPS ZIP Code Lookup)</small>

Mailing Address (optional)

Street Number and Name P.O BOX 90487	Apt. Ste. Flr. Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> N/A
City or Town SAN DIEGO	State ZIP Code CA 92169 <small>(USPS ZIP Code Lookup)</small>

Your Signature

*Your Signature 	Date of Signature (mm/dd/yyyy) 02/07/26
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Address Change Information and Instructions

All aliens subject to registration requirements may use this form to report a change of address within 10 days of such change. For detailed instructions on how to update your address, please visit www.uscis.gov/addresschange. The collection of this information is required by Immigration and Nationality Act (INA) section 265 (8 U.S.C. 1305). U.S. Citizenship and Immigration Services (USCIS) uses the data collected on this form for statistical and record-keeping purposes, and may share this information with other Federal, state, local, and law enforcement officials. Failure to report a change of address is punishable by fine or imprisonment and/or removal from the United States.

NOTE: This form is not evidence of identity, age, or status claimed.

IMPORTANT: If you are in immigration proceedings, you must separately notify the Immigration Court of any address changes. Filing Form AR-11 with USCIS does not update your address with the Immigration Court.

Instructions

Complete all fields on this form, sign and date the form, and mail it to:

**U.S. Department of Homeland Security
Citizenship and Immigration Services
Attn: Change of Address
1344 Pleasants Drive
Harrisonburg, VA 22801**

DHS Privacy Notice

AUTHORITIES: The information requested on this form is collected under the Immigration and Nationality Act (INA) section 265.

PURPOSE: The primary purpose for providing the requested information on this form is to report a change of address. Except for those exempted, all aliens in the U.S. are required to report any change of address or new address. DHS uses the information you provide to contact you about the immigration benefit you are seeking.

DISCLOSURE: The information you provide is mandatory. Failure to report a change of address may result in a fine, imprisonment and/or removal (8 U.S.C. sections 1227(a)(3) and 1306). Failure to comply could also jeopardize your ability to obtain a future visa or other immigration benefits.

ROUTINE USES: DHS may share the information you provide on this form with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS-001 - Alien File, Index, and National File Tracking System and DHS/USCIS-007 - Benefits Information System] and the published privacy impact assessments [DHS/USCIS/PIA-018 Alien Change of Address Card (AR-11)] which you can find at www.dhs.gov/privacy. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

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Information About You

*Family Name (Last Name)

DE OLIVEIRA

*Given Name (First Name)

Carla

Middle Name (if applicable)

N/A

*Date of Birth (mm/dd/yyyy)

12/31/1990

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

▶ A- 2 3 4 6 7 8 7 5 3

Information About Your Address

*Present Physical Address (No PO Boxes)

*Street Number and Name

600 Front Street

Apt. Ste. Flr. Number

143

*City or Town

San Diego

*State

CA

*ZIP Code

92101

(USPS ZIP Code Lookup)

Previous Physical Address

Street Number and Name

600 Front Street

Apt. Ste. Flr. Number

134

City or Town

San Diego

State

CA

ZIP Code

92101

Mailing Address (optional)

Street Number and Name

P.O BOX 90487

Apt. Ste. Flr. Number

N/A

City or Town

San Diego

State

CA

ZIP Code

92169

(USPS ZIP Code Lookup)

Your Signature

*Your Signature

Carla de Oliveira

Date of Signature (mm/dd/yyyy)

02/07/26

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Information About You

*Family Name (Last Name)

DE OLIVEIRA CHACAO

*Given Name (First Name)

Henrique

Middle Name (if applicable)

N/A

*Date of Birth (mm/dd/yyyy)

05/31/2015

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

▶ A- 2 3 4 6 7 8 7 5 2

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*Present Physical Address (No PO Boxes)

*Street Number and Name

600 Front Street

Apt. Ste. Flr. Number

143

*City or Town

San Diego

*State

CA

*ZIP Code

92101

(USPS ZIP Code Lookup)

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600 Front Street

Apt. Ste. Flr. Number

134

City or Town

San Diego

State

CA

ZIP Code

92101

Mailing Address (optional)

Street Number and Name

PO BOX 90487

Apt. Ste. Flr. Number

N/A

City or Town

SAN DIEGO

State

CA

ZIP Code

92169

(USPS ZIP Code Lookup)

Your Signature

*Your Signature

Carla de Oliveira

Date of Signature (mm/dd/yyyy)

02/07/26

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