Table of Changes- Form Form I-751, Petitions to Remove Conditions on Residence OMB No. 1615-0038 January 9, 2013

Reason for Revision: The current Form I-751 is expiring and has not been updated for some time. The revised form package was updated to improve readability and to make the form easier to understand and complete by USCIS customers.

Page No.	Current Text	Proposed Text
Page 1	To be completed by Attorney or Representative, if any	To be completed by an Attorney or BIA – accredited Representative, if any
	Fill in box if Form G-28 is attached to represent the applicant	Check the box if Form G-28 is attached to represent the petitioner
	ATTY State License #	Attorney State License Number
Page 1, Part 1. Information About	Part 1. Information About You	Part 1. Information About You, the Conditional Resident
You	Family Name (Last Name) Given Name (First Name) Full Middle Name	1.a. Family Name (Last Name)1.b. Given Name (First Name)1.c. Middle Name
	[See below, Part 3. Additional Information About You , <i>Item Number 1</i>]	Other Names Used (including maiden name) [new sub-section heading] 2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name
		3.a. Family Name (<i>Last Name</i>)3.b. Given Name (<i>First Name</i>)3.c. Middle Name
	Address (Street Number and Name) Apt. # C/O: (In care of) City State/Province Country Zip/Postal Code	[See sub-section below, <i>Physical Address</i>]
	Mailing Address, if different than above (Street Number and Name) Apt. # C/O: (In care of) City State/Province Country	[See sub-section below, <i>Mailing Address</i>]

Zip/Postal Code	
Date of Birth (mm/dd/yyyy) Country of Birth Country of Citizenship Alien Registration Number (A-Number) Social Security # (if any) Conditional Residence Expires on	Other Information [new sub-section heading]4. Date of Birth (mm/dd/yyyy)5. Country of Birth6. Country of Citizenship7. Alien Registration Number (A-number)8. U.S. Social Security Number (if any)[See below, Item Number 15]
(mm/dd/yyyy) Daytime Phone # (Area/Country Code)	<i>Contact Information</i> [new sub-section heading] 9. Daytime Phone Number 10. E-Mail Address (<i>if any</i>)
	Marital Status[new sub-section heading] 11. Marital Status Married Legally Separated Single Divorced Widowed
[See below, Part 3. Additional Information About You , <i>Item Numbers 2-4</i>]	 12. Date of Marriage (<i>mm/dd/yyyy</i>) 13. Place of Marriage 14. If the marriage through which you gained conditional residence has ended, give the date it ended (<i>date of divorce or date of death</i>) (<i>mm/dd/yyyy</i>)
[See above, after SSN]	15. Conditional Residence Expires On (<i>mm/dd/yyyy</i>)
[See above, Address]	Physical Address [new sub-section heading] 16.a. In Care Of Name 16.b. Street Number and Name 16.c. Apt Ste Flr 16.d. City or Town 16.e. State 16.f. Zip Code
[See above, Mailing Address]	Mailing Address (If different than Physical Address) [new sub-section heading] 17.a. In Care Of Name (if applicable) 17.b. Street Number and Name 17.c. Apt Ste Flr 17.d. City or Town 17.e. State 17.f. Zip Code

	[See below, Part 3. Additional Information About You , <i>Item Numbers 5-10</i>]	Additional Information About You
	About 100, nem Numbers 5-10]	18 . Are you in removal, deportation, or rescission proceedings? (insert check boxes)
		19 . Was a fee paid to anyone other than an attorney in connection with this petition?
		20. Have you ever been arrested, detained, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance (excluding traffic regulations), or committed any crime for which you were not arrested in the United States or abroad? (insert check boxes)
		21. If you are married, is this a different marriage than the one through which conditional residence status was obtained? (insert check boxes)
		22. Have you resided at any other address since you became a permanent resident? (<i>If Yes, attach a list of all addresses and dates</i>) (insert check boxes)
		23. Is your spouse or parent's spouse currently serving with or employed by the U.S. Government and serving outside the United States?
		If you answered "Yes" to Item Number 20. , provide a detailed explanation on a separate sheet of paper and refer to the section entitled " What Initial Evidence Is Required? " to determine what criminal history document to include with your petition.
Page 1, Part 2. Basis for Petition		Page 2, Part 2. Basis for Petition
Petition	(Check one)	Joint Filing
		My conditional residence is based on my marriage or my parent's marriage to a U.S. citizen or permanent resident and I am filing this joint petition together with:
	a. My conditional residence is based on my marriage to a U.S. citizen or permanent resident we are filing this petition together.	1.a. My spouse
	b. I am a child who entered as a conditional permanent resident, and I am unable to be included in a joint petition filed by my	1.b. My parent's spouse because I am unable to be included in a joint petition filed by my parent and my parent's spouse.

	parent(s).	
	OR	OR (check all that apply)
	My conditional residence is based on my marriage to a U.S. citizen or permanent resident, I am unable to file a joint petition, and I request a waiver because: (Check one)	<i>Waiver Request Filing</i> My conditional residence is based on my marriage or my parent's marriage to a U.S. citizen or permanent resident; I am unable to file a joint petition with my spouse or my parent's spouse and I request a hardship waiver because:
	c. My spouse is deceased.	1.c. My spouse or my parent's spouse is deceased.
	d. I entered the marriage in good faith, but the marriage was terminated through divorce or annulment.	1.d. I or my parent entered the marriage in good faith, but the marriage was terminated through divorce or annulment.
	e. I am a conditional resident spouse who entered the marriage in good faith, and, during the marriage, I was battered by, or was the subject of extreme cruelty, by my U.S. citizen or permanent resident spouse or parent.	1.e. I entered the marriage in good faith, and, during the marriage, I was battered, or was the subject of extreme cruelty, by my U.S. citizen or permanent resident spouse.
	f. I am a conditional resident child who was battered by, or was subjected to extreme cruelty, by my U.S. citizen or conditional resident paren(s).	1.f. My parent entered the marriage in good faith and, during the marriage, I was battered, or was subjected to extreme cruelty, by my parent's U.S. citizen or permanent resident spouse or by my conditional resident parent.
	g. The termination of my status and removal from the United States would result in an extreme hardship.	1.g. The termination of my status and removal from the United States would result in an extreme hardship.
Page 2, Part 3. Additional Information About You	 Other Names Used (including Maiden Name Date of Marriage Place of Marriage If your spouse is deceased, give the date of death (mm/dd/yyyy) Are you in removal, deportation, or rescission proceedings? Yes No Was a fee paid to anyone other than an attorney in connection with this petition? Yes No 	[Information relocated to Part 1. Information About You , <i>Item Numbers 2.a3.c, 1214., and</i> <i>1823.</i>]
	7 Have you ever been arrested, detained, charged, indicted, fined or imprisoned for	

		T
	 breaking or violating any law or ordinance (excluding traffic regulations), or committed any crime for which you were not arrested in the United States or abroad? Yes No 8. If you are married, is this a different marriage than the one through which conditional residence status was obtained? (insert check boxes) Yes No 9. Have you resided at any other address since you became a permanent resident? (<i>If Yes, attach a list of all addresses and dates</i>) (insert check boxes) Yes No 10. Is your spouse or parent's spouse currently serving with or employed by the U.S. Government and serving outside the United States? If you answered "Yes" to any of the above, provide a detailed explanation on a separate sheet of paper and refer to "What Initial Evidence Is Required?" to determine what criminal history document to include with 	
	your petition. Place your name and A-Number at the top of each sheet and give the number of the item that refers to your response.	
Page 2, Part 4. Information About the Spouse or Parent Through Whom You Gained Your Conditional		Page 3, Part 3. Information About the Petitioning Spouse or, If Filing as a Child Separately, Information About the U.S. Citizen or LPR Stepparent through Whom You Gained Your Conditional Residence
Residence		Relationship 1.a. Spouse or Former Spouse
		1.b. Parent's Spouse or Parent's Former Spouse
	Family Name First Name Middle Name	2.a. Family Name (Last Name)2.b. Given Name (First Name)2.c. Middle Name
	Address	[See below, Item Numbers 6.a6.h.]
	Date of Birth (<i>mm/dd/yyyy</i>) Social Security # (<i>if any</i>) A-Number (<i>if any</i>)	 3. Date of Birth (<i>mm/dd/yyyy</i>) 4. U.S. Social Security Number (<i>if any</i>) 5. Alien Registration Number (<i>A-number</i>)
	[See above, Address]	6.a Street Number and Name6.b. Apt Ste. Flr6.c. City or Town

		6.d. State6.e. Zip Code6.f. Postal Code6.g. Province6.h. Country
Page 2, Part 5. Information About		Page 3 Part 4. Information About Your Children
Your Children	List All Your Children (Attach other sheets if necessary)	List All Your Children (Attach other sheets if necessary)
	Name (First/Middle/Last)	 Child 1 [new sub-section heading] 1.a. Family Name (Last Name) 1.b. Given Name (First Name) 1.c. Middle Name
	Date of Birth (<i>mm/dd/yyyy</i>) A-Number (<i>if any</i>)	2. Date of Birth (<i>mm/dd/yyyy</i>)3. Alien Registration Number (A-number) (if any)
	If in U.S., give address/immigration status	 4.a Street Number and Name 4.b. Apt Ste Flr 4.c. City or Town 4.d. State or Province 4.e. Zip Code or Postal Code
	Living with you? Yes No	5. Is child living with you?6. Is this child applying with you?
	Name (First/Middle/Last)	Child 2[<i>new sub-section heading</i>] 7.a. Family Name (<i>Last Name</i>) 7.b. Given Name (<i>First Name</i>) 7.c. Middle Name
	Date of Birth (<i>mm/dd/yyyy</i>) A-Number (<i>if any</i>)	 Bate of Birth (<i>mm/dd/yyyy</i>) Alien Registration Number (A-number) (if any)
	If in U.S., give address/immigration status	 10.a Street Number and Name 10.b. Apt Ste Flr 10.c. City or Town 10.d. State or Province 10.e. Zip Code or Postal Code
	Living with you? Yes No	11. Is child living with you? 12. Is this child applying with you?
	Name (First/Middle/Last)	Child 3 <i>[new sub-section heading]</i> 13.a. Family Name <i>Last Name)</i> 13.b. Given Name <i>(First Name)</i> 13.c. Middle Name
	Date of Birth (<i>mm/dd/yyyy</i>)	14. Date of Birth (<i>mm/dd/yyyy</i>)

	A-Number (<i>if any</i>)	15. Alien Registration Number (A-number) (if any)
	If in U.S., give address/immigration status	 16.a Street Number and Name 16.b. AptSte Flr 16.c. City or Town 16.d. State or Province 16.e. Zip Code or Postal Code
	Living with you? Yes No	17. Is child living with you?18. Is this child applying with you?
	Name (First/Middle/Last)	Child 4 [new sub-section heading] 19.a. Family Name (Last Name) 19.b. Given Name (First Name) 19.c. Middle Name
	Date of Birth (<i>mm/dd/yyyy</i>) A-Number (<i>if any</i>)	20. Date of Birth (<i>mm/dd/yyyy</i>)21. Alien Registration Number (A-number) (if any)
	If in U.S., give address/immigration status	 22.a Street Number and Name 22.b. AptSte Flr 22.c. City or Town 22.d. State or Province 22.e. Zip Code or Postal Code
	Living with you? Yes No	23. Is child living with you?24. Is this child applying with you?
	Name (First/Middle/Last)	Child 5 [new sub-section heading] 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name
	Date of Birth (<i>mm/dd/yyyy</i>) A-Number (<i>if any</i>)	26. Date of Birth (<i>mm/dd/yyyy</i>)27. Alien Registration Number (A-number) (if any)
	If in U.S., give address/immigration status	 28.a Street Number and Name 28.b. Apt Ste Flr 28.c. City or Town 28.d. State or Province 28.e. Zip Code or Postal Code
	Living with you? Yes No	29. Is child living with you?30. Is this child applying with you?
Page 2 Part 6. Accommodations for Individuals With Disabilities and Impairments	(Read the information in the instructions before completing this section.)	Page 4, Part 5. Accommodations for Individuals With Disabilities and Impairments (Read the information in the instructions before completing this section.)

	I am requesting an accommodation:	I am requesting an accommodation:
Page 3	 *** If you answered "Yes," check any applicable box. Provide Deaf or hard of hearing Blind or sight-impaired Other type of disability Part 7. Signature (Read the information on penalties on Page xx of the instructions before completing this section. If you checked Block 1.a. in Part 2, your spouse must also sign below) 	 *** If you answered "Yes," check any applicable box. Provide 4.a. Deaf or hard of hearing 4.b. Blind or sight-impaired 4.c. Other type of disability Page 5, Part 6. Signature (Read the information on penalties in the instructions before completing this section. If you checked Block 1.a. in Part 2, your spouse must also sign below. Signature of a
	I certify, under penalty of perjury Signature	<i>conditional resident child under the age of 14 is not required; a parent may sign for the child).</i>I certify under penalty of perjury
	Print Name	Signature of Conditional Resident
	Date (<i>mm/dd/yyyy</i>)	1.a. Signature of Conditional Resident
	Signature of Spouse	1.b. Printed Name of Conditional Resident
	Print Name	2. Date of Signature (<i>mm/dd/yyyy</i>)
	Date (<i>mm/dd/yyyy</i>)	Signature of Spouse or Individual Listed in Part (if applicable)
		<mark>3.a.</mark> Signature of Spouse
		3.b. Printed Name of Spouse
		4. Date of Signature (<i>mm/dd/yyyy</i>)
Page 3, Signature of Person Preparing Form, If Other than Above	Signature of Person Preparing Form, If Other than Above I declare Signature	Page 5, Part 7. Signature and Contact Information of Person Preparing Form, If Other Than Above I declare
	Print Name Date (<i>mm/dd/yyyy</i>) Firm Name and Address	 1.Signature of Preparer 2.Date of Signature (<i>mm/dd/yyyy</i>) <i>Preparer's Full Name</i> (in screened box)
	Daytime Phone Number (Area/Country Code)	3.a. Preparer's Family Name (<i>Last Name</i>)3.b. Preparer's Given Name (<i>First Name</i>)

E-Mail Address (if any)	4. Preparer's Business or Organization Name
	Preparer's Mailing Address
	5.a. Street Number and Name
	5.b. Apt Ste Flr
	5.c. City or Town
	5.d. State
	5.e. Zip Code
	Preparer's Contact Information
	6. Daytime Phone Number
	7. E-mail Address (<i>if any</i>)