

TABLE OF CHANGES – FORM
Form I-824, Application for Action on an Approved Application or Petition
OMB Number: 1615-0044
08/15/2013

Reason for Revision: USCIS is revising the Form I-824 and instructions to better serve the customers, eliminate confusion among customers and increase customer service.

The Form I-824 is being amended to include additional information required by the Department of State (DOS) to process follow-to-join immigrant visa applications for certain dependent family members abroad. This will enhance communication with DOS and allow the following-to-join process to be more efficient.

Current Location	Current Text	Location and Proposed Text
General	<p>[Form is in full page format.]</p> <p>[For USCIS Use Only Section sits vertically down right side of page 1]</p> <p>[Bottom of page 1] To Be Completed by <i>Attorney or Representative</i>, if any.</p> <p>ATTY State License #</p>	<p>[Form has been reformatted to be in 2 column format, with standard design revisions.]</p> <p>[For USCIS Use Only Section has been revised to sit horizontally across top of page 1]</p> <p>[Moved to the top of the page 1] To be completed by an attorney or BIA Accredited Representative, if any.</p> <p>Fill in box if G-28 is attached to represent the applicant.</p> <p>Attorney License Number</p>
<p>Page 1, Part 1. Information About You <i>(Person filing this application)</i></p>	<p>Family Name <i>(Last name)</i> Given Name <i>(First name)</i> Middle Name</p> <p>Company or Organization Name</p>	<p>Page 1,</p> <p>1. I am the (select only one.): Applicant Petitioner on the previously approved application or petition.</p> <p>2.a. Family Name <i>(Last name)</i> 2.b. Given Name <i>(First name)</i> 2.c. Middle Name</p> <p>3. Company or Organization Name</p>

	<p>[Next 5 items are currently after “Daytime Phone #”]</p> <p>Country of Birth Date of Birth (<i>mm/dd/yyyy</i>) IRS Tax # (<i>If any</i>) A# (<i>If any</i>) U.S. Social Security # (<i>If any</i>)</p> <p>Home or Business Address Street Number and Name Apt./Suite # City State or Province Zip/Postal Code Country</p> <p>Mailing Address Street Number and Name Apt./Suite# C/O (<i>In care of</i>): City State or Province Zip/Postal Code Country</p> <p>Daytime Phone # (<i>Area/country codes</i>)</p> <p>Country of Citizenship</p>	<p>Provide the following information about the petitioner or applicant for the previous application or petition.</p> <p>4. Current/Recent Immigration Status 5. Certificate of Naturalization or Citizenship Number 6. Alien Registration Number (A-Number) 7. Date of Birth (<i>mm/dd/yyyy</i>) 8. Country of Birth 9. IRS Tax Number (if any) 10. U.S. Social Security Number (if any)</p> <p>Physical Address 11.a. Street Number and Name 11.b. Apt. Ste. Flr. 11.c. City or Town 11.d. State 11.e. Zip Code 11.f. Postal Code 11.g. Province 11.h. Country</p> <p>Mailing Address 12.a.In Care Of Name 12.b. Street Number and Name 12.c. Apt. Ste. Flr. 12.d. City or Town 12.e. State 12.f. Zip Code 12.g. Postal Code 12.h. Province 12.i. Country</p> <p>Contact Information 13. Daytime Phone Number (<i>if any</i>) Extension 14. Mobile Phone number (<i>if any</i>) 15. E-mail Address (<i>if any</i>)</p> <p>[Deleted]</p>
<p>Page 1, Part 2. Reason for Request I am requesting (Check one box):</p>	<p>...C. USCIS to notify a U.S. Consulate through the National Visa Center that my status has been adjusted to permanent resident based on an approved I-485 application. Please notify the U.S.</p>	<p>Page 2,</p> <p>...c. USCIS to notify a U.S. Consulate through the National Visa Center that my status has been adjusted to permanent resident based on an approved Form I-485 application. The approved Form I-485 was</p>

	<p>Consulate at:</p> <p>...E. USCIS to notify the U.S. Department of State of my U.S. citizenship status</p>	<p>based on a Form I-130/I-140/I-360, of which I was the principal applicant. Please notify the U.S. Consulate at:</p> <p>so that my qualifying family members may follow-to- join.</p> <p>...e. USCIS to notify the U.S. Department of State that I have become a U.S. citizen through naturalization.</p>
<p>Page 2, Part 3. Additional Information</p>	<p>1. Give the following information about the original petition or application. Type of Petition or Application (<i>Form number</i>)</p> <p>Receipt Number (On Form I-797, Notice of Action) Filing Date of Petition or Application (<i>mm/dd/yyyy</i>) Approval Date (<i>mm/dd/yyyy</i>)</p> <p>2. Give the following information about the petitioner or applicant for the original petition or application.</p> <p>Current/Most Recent Immigration Status Naturalization/Citizenship Certificate Number</p> <p>3. Give the following information about the principal beneficiary of the original petition or application.</p> <p>Family Name (<i>Last Name</i>) Given Name (<i>First Name</i>) Middle Name Date of Birth (<i>mm/dd/yyyy</i>) Country of Birth A-Number (<i>If any</i>) Daytime Phone (<i>Area/country code and number</i>)[Moved from “Mailing Address”]</p> <p>Home Address Street Number and Name Apt. #</p>	<p>Page 2,</p> <p>Provide the following information about the previously approved application or petition.</p> <p>1.a. Form Number of Application or Petition 1.b. Receipt Number (<i>On Form I-797, Notice of Action</i>) 1.c. Filing Date of Application or Petition (<i>mm/dd/yyyy</i>) 1.d. Approval Date (<i>mm/dd/yyyy</i>)</p> <p>[Deleted]</p> <p>Provide the following information about the principal beneficiary of the previous application or petition.</p> <p>2.a. Family Name (<i>Last Name</i>) 2.b. Given Name (<i>First Name</i>) 2.c. Middle Name 2.d. Date of Birth (<i>mm/dd/yyyy</i>) 2.e. Country of Birth 2.f. Alien Registration Number (A-Number) 2.g. Daytime Phone Number (if any) Extension</p> <p>Physical Address 3.a. Street Number and Name 3.b. Apt. Ste. Flr.</p>

	<p>City State or Province Zip/Postal Code Country</p> <p>Mailing Address- If different from home address Street Number and Name/P.O. Box Number C/O (<i>In care of</i>) City State or Province Zip/Postal Code Country</p> <p>4. If you have checked box C in Part 2, give the following information about the dependent (s) for whom you are requesting following-to-join. If you need additional space, attach a separate sheet(s) of paper.</p> <p>Family Name (<i>Last name</i>) Given Name (<i>First name</i>) Middle Name Relationship to the Principal Alien</p> <p>Foreign Address</p>	<p>3.c. City or Town 3.d. State 3.e. Zip Code [Deleted Province, Postal Code, and Country]</p> <p>Mailing Address</p> <p>4.a. In Care Of Name 4.b. Street Number and Name 4.c. Apt. Ste. Flr. 4.d. City or Town 4.e. State 4.f. Zip Code 4.g. Postal Code 4.h. Province 4.i. Country</p> <p>Dependents If you selected box “c” in Part 2. Reason for Request, provide the following information about the dependent (s) for whom you are requesting follow-to-join. If you need additional space for your dependents, attach a separate sheet(s) of paper and include all the information collected in Items Number 5.a.- 10.</p> <p>5.a. Family Name (<i>Last name</i>) 5.b. Given Name (<i>First name</i>) 5.c. Middle Name 5.d. Date of Birth (<i>mm/dd/yyyy</i>) 5.e. Country of Birth 5.f. Country of Citizenship 5.g. Relationship to the Principal Alien</p> <p>[Above ata collections repeated for Item Numbers 6.a-8.g.]</p> <p>Foreign Address of Dependent <i>[Data collection broken out into individual items]</i></p> <p>9.a. In Care Of Name 9.b. Street Number and Name 9.c. Apt Ste. Flr. 9.d. City or Town 9.e. Postal Code 9.f. Province 9.g. Country</p>
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	Foreign Telephone Number	<p>Contact Information of Dependents 10. Foreign Telephone Number Extension</p>
<p>Page 3, Part 4. Signature (<i>Read the information on penalties in the instructions before completing this part.</i>)</p>	<p>I certify, under penalty of perjury under the laws of the United States of America, that this information and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit sought.</p> <p>Signature Daytime Phone Number Date (mm/dd/yyyy)</p> <p><i>NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit and this application may be denied.</i></p>	<p>Page 4,</p> <p>I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct to the best of my knowledge and abilities. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine my eligibility for this benefit.</p> <p>I furthermore authorize release of information contained in this form, supporting documents, and my USCIS records to other entities and persons where necessary for the administration of U.S. immigration laws.</p> <p>1.a. Signature of Applicant or Petitioner [Deleted] 1.b. Date of Signature (mm/dd/yyyy)</p> <p>NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.</p>
<p>Page 3, Part 5. Signature of Person Preparing Form, if Other than Above <i>(Sign below)</i></p>	<p>Signature Print or Type Your Name</p>	<p>Page 4 <i>[Data collection broken out into individual items]</i></p> <p>NOTE: If you are an attorney or BIA Accredited Representative, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, along with this application.</p> <p>Preparer's Information Provide the following information concerning the preparer:</p> <p>1.a. Preparer's Family Name (Last Name) 1.b. Preparer's Given Name (First Name)</p>

	<p>Firm Name and Address Date (<i>mm/dd/yyyy</i>) E-Mail Address (If any) Daytime Phone Number (<i>With area code</i>)</p>	<p>2. Preparer's Business or Organization Name</p> <p>Preparer's Mailing Address 3.a. Street Number and Name 3.b. Apt. Ste. Flr. 3.c. City or Town 3.d. State 3.e. Zip Code 3.f. Postal Code 3.g. Province 3.h. Country</p> <p>Preparer's Contact Information 4. Preparer's Daytime Phone Number Extension 5. Preparer's E-Mail Address (<i>if any</i>)</p> <p>Declaration</p> <p>I declare that this document was prepared by me at the request of the applicant or other individual authorized by the form instructions to sign this application (see the instructions), and it is based on all information of which I have knowledge and/or was provided to me by the above named person in response to the exact questions contained on this form. I have not knowingly withheld any information.</p> <p>6.a. Signature of Preparer 6.b. Date of Signature (<i>mm/dd/yyyy</i>)</p>
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