## $\ \, \textbf{TABLE OF CHANGES-FORM} \\$

## Form I-130, Petition for Alien Relative OMB Number: 1615-0012 Date 06/02/2020

Reason for Revision: Fee Rule Project Phase: Post G-1056

• Please note – all instances of "if any" and "if applicable" have been removed from Form I-130.

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 02/28/2021 Edition Date 2/13/2019

Current Page Number and Section	Current Text	Proposed Text
Page 1	[Page 1]	[Page 1]
	To be completed by an attorney or accredited representative (if any). Select this box if Form G-28 is attached. Volag Number (if any) Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)	To be completed by an attorney or accredited representative. Select this box if Form G-28 is attached. Volag Number Attorney State Bar Number Attorney or Accredited Representative USCIS Online Account Number
Pages 2-4,	[Page 1]	[Page 1]
Part 2. Information		
<b>About You</b> (Petitioner)	<b>1.</b> Alien Registration Number (A-Number) (if any)	1. Alien Registration Number (A-Number)
	2. USCIS Online Account Number (if any)	2. USCIS Online Account Number
	3. U.S. Social Security Number (if any)	3. U.S. Social Security Number
	[Page 2]	[Page 2]
	Other Names Used (if any)	Other Names Used
	Names of All Your Spouses (if any)	Names of All Your Spouses
	Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any)	Provide information on your current spouse (if currently married) first and then list all your prior spouses

any)  2. USCIS Online  3. U.S. Social Sec  Other Names Use  14. Daytime Telept  [Page 6]  15. Mobile Telept  16. Email Address  Names of Benefic  Provide informatic (if currently marri	cion Number (A-Number) (if Account Number (if any) Curity Number (if any)  d (if any) Ohone Number (if any)	<ol> <li>Alien Registration Number (A-Number)</li> <li>USCIS Online Account Number</li> <li>U.S. Social Security Number</li> <li>Other Names Used</li> </ol>
2. USCIS Online 3. U.S. Social Sec  Other Names Use  14. Daytime Telep  [Page 6]  15. Mobile Teleph  16. Email Address  Names of Benefic  Provide information (if currently marris)	Account Number (if any) curity Number (if any)  d (if any)	<ul><li>2. USCIS Online Account Number</li><li>3. U.S. Social Security Number</li><li></li></ul>
3. U.S. Social Secondary  Other Names Use  14. Daytime Telept  [Page 6]  15. Mobile Telept  16. Email Address   Names of Benefic  Provide information (if currently marris)	curity Number (if any)  d (if any)	3. U.S. Social Security Number
Other Names Use  14. Daytime Telep  [Page 6]  15. Mobile Teleph  16. Email Address  Names of Benefic  Provide information (if currently marris)	<b>d</b> (if any)	
14. Daytime Telept  [Page 6]  15. Mobile Telept  16. Email Address  Names of Benefic  Provide information (if currently marri		Other Names Used
[Page 6]  15. Mobile Teleph  16. Email Address  Names of Benefic  Provide informatio (if currently marri	phone Number (if any)	•••
15. Mobile Teleph  16. Email Address  Names of Benefic  Provide informatio (if currently marri		<b>14.</b> Daytime Telephone Number
16. Email Address  Names of Benefic  Provide informatio (if currently marri		[Page 6]
Names of Benefic  Provide informatio (if currently marri	one Number (if any)	<b>15.</b> Mobile Telephone Number
Provide information (if currently marri	s (if any)	16. Email Address
(if currently marri	iary's Spouses (if any)	Names of Beneficiary's Spouses
beneficiary's prior	on on the beneficiary's spouse ed) first and then list all the r spouses (if any).	Provide information on the beneficiary's spouse (if currently married) first and then list all the beneficiary's prior spouses
[Page 7]		[Page 7]
information (if appending employed outside beneficiary is curr	ciary's current employment plicable), even if they are of the United States. If the ently unemployed, type or d" in Item Number 51.a.	Provide the beneficiary's current employment information, even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in Item Number 51.a.
<b>51.a.</b> Name of Cu	nrrent Employer (if applicable)	<b>51.a.</b> Name of Current Employer
Page 12, [Page 12]		[Page 12]
additional informathe space below. what is provided, page to complete attach a separate syour name and A-	space to provide any attion within this petition, use If you need more space than you may make copies of this and file with this petition or heet of paper. Type or print Number (if any) at the top of the the <b>Page Number</b> , <b>Part</b>	If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your

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