TABLE OF CHANGES – FORM

Form I-751, Petition to Remove Conditions on Residence OMB Number: 1615-0038 Date 06/15/2020

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-751.

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 06/30/2022 Edition Date 06/09/2020

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. 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. Attorney State Bar Number Attorney or Accredited Representative USCIS Online Account Number
Pages 1-2,	[Page 1]	[Page 1]
Part 1. Information About You, the		
Conditional Permanent Resident	8. Alien Registration Number (A-Number) (if any)	8. Alien Registration Number (A-Number)
	9. USCIS Online Account Number (if any)	9. USCIS Online Account Number
	10. U.S. Social Security Number (if any)	10. U.S. Social Security Number
	[Page 2]	[Page 2]
	17.a. In Care Of Name (if any)17.b. Street Number and Name17.c. [] Apt. [] Ste. [] Flr.17.d. City or Town17.e. State17.f. ZIP Code	17.a. In Care Of Name 17.b. Street Number and Name 17.c. [] Apt. [] Ste. [] Flr. 17.d. City or Town 17.e. State 17.f. ZIP Code
Pages 3-5,	[Page 4]	[Page 4]

Part 3. Additional	•••	
Information About You	•••	•••
Information About You	8. A-Number (if any)	8. A-Number
	Information About Prior Marriages (if any)	Information About Prior Marriages
	14. A-Number (if any)	14. A-Number
Pages 5-7,	[Page 6]	[Page 6]
Part 5. Information		
About the U.S. Citizen or	•••	
Lawful Permanent	4. U.S. Social Security Number (if any)	4. U.S. Social Security Number
Resident Spouse or	4. O.S. Social Security Number (II ally)	4. O.S. Social Security Number
Stepparent Through Whom You Gained Your	5. A-Number (if any)	5. A-Number
Conditional Permanent		
Residence		
Pages 7-11,	[Page 8]	[Page 8]
Part 6. Information	[rage o]	[Luge o]
About Your Children		
About Tour Cimuren	15.a. In Care of Name (if any) 15.b. Street Number and Name 15.c. [] Apt. [] Ste. [] Flr. 15.d. City or Town 15.e. State 15.f. ZIP Code 17.a In Care Of Name (if any) 17.b. Street Number and Name 17.c. Apt. Ste. Flr. 17.d. City or Town 17.e. State 17.f. ZIP Code [Page 9] 30.a. In Care of Name (if any) 30.b. Street Number and Name 30.c. [] Apt. [] Ste. [] Flr. 30.d. City or Town 30.e. State 30.f. ZIP Code	15.a. In Care of Name 15.b. Street Number and Name 15.c. [] Apt. [] Ste. [] Flr. 15.d. City or Town 15.e. State 15.f. ZIP Code 17.a. In Care Of Name 17.b. Street Number and Name 17.c. Apt. Ste. Flr. 17.d. City or Town 17.e. State 17.f. ZIP Code [Page 9] 30.a. In Care of Name 30.b. Street Number and Name 30.c. [] Apt. [] Ste. [] Flr. 30.d. City or Town 30.e. State 30.f. ZIP Code

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	32.a. In Care Of Name (if any)	32.a. In Care Of Name
	32.b. Street Number and Name	32.b. Street Number and Name
	32.c. Apt. Ste. Flr.	32.c. Apt. Ste. Flr.
	32.d. City or Town	32.d. City or Town
	32.e. State	32.e. State
	32.f. ZIP Code	32.f. ZIP Code
	[Page 10]	[Page 10]
	45.a. In Care of Name (if any) 45.b. Street Number and Name	45.a. In Care of Name 45.b. Street Number and Name
	45.c. [] Apt. [] Ste. [] Flr.	45.c. [] Apt. [] Ste. [] Flr.
	45.d. City or Town	45.d. City or Town
	45.e. State	45.e. State
	45.f. ZIP Code	45.f. ZIP Code
	45.1. Zii Gode	45.1. Zii Gode
	47.a. In Care Of Name (if any)	47.a. In Care Of Name
	47.b. Street Number and Name	47.b. Street Number and Name
	47.c. Apt. Ste. Flr.	47.c. Apt. Ste. Flr.
	47.d. City or Town	47.d. City or Town
	47.e. State	47.e. State
	47.f. ZIP Code	47.f. ZIP Code
	47.1. Zli Couc	47.1. 211 Couc
	[Page 11]	[Page 11]
	53. A-Number (if any)	53. A-Number
	60. A-Number (if any)	60. A-Number
	67. A-Number (if any)	67. A-Number
Page 16, Part 11. Additional	[Page 16]	[Page 16]
Information		
	If you need extra space to provide any	If you need extra space to provide any
	additional information within this petition, use	additional information within this petition, use
	the space below. If you need more space than	the space below. If you need more space than
	what is provided, you may make copies of this	what is provided, you may make copies of this
	page to complete and file with this petition or	page to complete and file with this petition or
	attach a separate sheet of paper. Type or print	attach a separate sheet of paper. Type or print
	your name and A-Number (if any) at the top of	your name and A-Number at the top of each
	each sheet; indicate the Page Number , Part	sheet; indicate the Page Number , Part
	Number , and Item Number to which your	Number , and Item Number to which your
	answer refers; and sign and date each sheet.	answer refers; and sign and date each sheet.
	2. A-Number (if any)	2. A-Number

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