

TABLE OF CHANGES – FORM
Form I-360, Petition for Amerasian, Widow(er), or Special Immigrant
OMB Number: 1615-0020
Date 07/28/2020

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-360.

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	<p>[Page 1]</p> <p>To be completed by an Attorney or Accredited Representative (if any).</p> <p>...</p> <p>Attorney State Bar Number (if applicable)</p> <p>Attorney or Accredited Representative USCIS Online Account Number (if any)</p>	<p>[Page 1]</p> <p>To be completed by an Attorney or Accredited Representative.</p> <p>...</p> <p>Attorney State Bar Number</p> <p>Attorney or Accredited Representative USCIS Online Account Number</p>
Pages 1-2, Part 1. Information About Person or Organization Filing This Petition	<p>[Page 1]</p> <p>...</p> <p>2. USCIS Online Account Number (if any)</p> <p>3. U.S. Social Security Number (if any)</p> <p>4. Alien Registration Number (A-Number) (if any)</p> <p>5. Individual IRS Tax Number (if any)</p> <p>6. Mailing Address In Care Of Name (if any) Organization Name (if applicable) Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code</p>	<p>[Page 1]</p> <p>...</p> <p>2. USCIS Online Account Number</p> <p>3. U.S. Social Security Number</p> <p>4. Alien Registration Number (A-Number)</p> <p>5. Individual IRS Tax Number</p> <p>6. Mailing Address In Care Of Name Organization Name Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country</p>

	<p>Country</p> <p>[Page 2]</p> <p>...</p> <p>In Care Of Name (if any) Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country</p>	<p>[Page 2]</p> <p>...</p> <p>In Care Of Name Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country</p>
<p>Page 3, Part 3. Information About the Person for Whom This Petition Is Being Filed</p>	<p>[Page 3]</p> <p>...</p> <p>2. Mailing Address In Care Of Name (if any) Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>...</p> <p>5. U.S. Social Security Number (if any)</p> <p>6. A-Number (if any)</p> <p>...</p>	<p>[Page 3]</p> <p>...</p> <p>2. Mailing Address In Care Of Name Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>...</p> <p>5. U.S. Social Security Number</p> <p>6. A-Number</p> <p>...</p>
<p>Pages 4-6, Part 5. Information About the Spouse and Children of the Person for Whom This Petition Is Being Filed</p>	<p>[Page 4]</p> <p>...</p> <p>2. Person 1 ... A-Number (if any)</p> <p>[Page 5]</p> <p>3. Person 2 ... A-Number (if any)</p> <p>4. Person 3 ... A-Number (if any)</p> <p>5. Person 4 ... A-Number (if any)</p> <p>6. Person 5</p>	<p>[Page 4]</p> <p>...</p> <p>2. Person 1 ... A-Number</p> <p>[Page 5]</p> <p>3. Person 2 ... A-Number</p> <p>4. Person 3 ... A-Number</p> <p>5. Person 4 ... A-Number</p> <p>6. Person 5</p>

	<p>... A-Number (if any)</p> <p>7. Person 6</p> <p>... A-Number (if any)</p> <p>[Page 6]</p> <p>8. Person 7</p> <p>... A-Number (if any)</p> <p>9. Person 8</p> <p>... A-Number (if any)</p> <p>10. Person 9</p> <p>... A-Number (if any)</p>	<p>... A-Number</p> <p>7. Person 6</p> <p>... A-Number</p> <p>[Page 6]</p> <p>8. Person 7</p> <p>... A-Number</p> <p>9. Person 8</p> <p>... A-Number</p> <p>10. Person 9</p> <p>... A-Number</p>
<p>Pages 6-7, Part 6. Complete Only If Filing for an Amerasian</p>	<p>[Page 6]</p> <p>...</p> <p>2. A. Is the mother still alive? Unknown/Y/N</p> <p>B. If you answered "Yes" to Item A. in Item Number 2., provide her address below. In Care Of Name (if any) Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country ...</p> <p>[Page 7]</p> <p>6. A. Is the father still alive? Unknown/Y/N</p> <p>B. If you answered "Yes" to Item A. in Item Number 6., provide his address below. In Care Of Name (if any) Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>C. If you answered "No" to Item A. in Item Number 6., provide his date of death (mm/dd/yyyy).</p>	<p>[Page 6]</p> <p>...</p> <p>2. A. Is the mother still alive? Unknown/Y/N</p> <p>B. If you answered "Yes" to Item A. in Item Number 2., provide her address below. In Care Of Name Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country ...</p> <p>[Page 7]</p> <p>6. A. Is the father still alive? Unknown/Y/N</p> <p>B. If you answered "Yes" to Item A. in Item Number 6., provide his address below. In Care Of Name Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country</p> <p>C. If you answered "No" to Item A. in Item Number 6., provide his date of death (mm/dd/yyyy).</p>

	<p>D. Daytime Telephone Number (if any) E. Work Telephone Number (if any) ...</p>	<p>D. Daytime Telephone Number E. Work Telephone Number ...</p>
<p>Pages 7-8, Part 7. Complete Only If Filing as a Widow/Widower</p>	<p>[Page 8] ... 5. At time of death, your spouse was a (Select only one): A. U.S. citizen born in the United States B. U.S. citizen born abroad to U.S. citizen parents C. U.S. citizen through naturalization (1) Provide A-Number (if any) ...</p>	<p>[Page 8] ... 5. At time of death, your spouse was a (Select only one): A. U.S. citizen born in the United States B. U.S. citizen born abroad to U.S. citizen parents C. U.S. citizen through naturalization (1) Provide A-Number ...</p>
<p>Pages 9-13, Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition</p>	<p>[Page 10] ... 5. Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the beneficiary is a member. ... [Page 12] 19. Fax Number (if any) 20. Email Address (if any) ... [Page 13] 27. Fax Number (if any) 28. Email Address (if any) ...</p>	<p>[Page 10] ... 5. Describe the relationship between the religious organization in the United States and the organization abroad of which the beneficiary is a member. ... [Page 12] 19. Fax Number 20. Email Address ... [Page 13] 27. Fax Number 28. Email Address ...</p>
<p>Pages 13-14, Part 10. Complete Only If Filing as a VAWA Self-Petitioning Spouse or Child of a U.S. Citizen or Lawful Permanent Resident or a VAWA Self-Petitioning Parent of a U.S. Citizen Son or Daughter</p>	<p>[Page 13] ... C. U.S. citizen through naturalization (1) Provide A-Number (if any) ... D. U.S. Lawful Permanent Resident (1) Provide A-Number (if any)</p>	<p>[Page 13] ... C. U.S. citizen through naturalization (1) Provide A-Number ... D. U.S. Lawful Permanent Resident (1) Provide A-Number</p>
<p>Page 19, Part 15. Additional Information</p>	<p>[Page 19] ... If you need extra space to provide any additional information within this petition, use the space below. If you need more space than</p>	<p>[Page 19] ... If you need extra space to provide any additional information within this petition, use the space below. If you need more space than</p>

	<p>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 (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.</p> <p>...</p> <p>2. A-Number (if any)</p> <p>...</p>	<p>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 answer refers; and sign and date each sheet.</p> <p>...</p> <p>2. A-Number</p> <p>...</p>
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