



Application for Family Unity Benefits

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-817
OMB No. 1615-0005
Expires 12/31/2023

For USCIS Use Only		Fee Stamp		Action Block		
Returned		DRAFT				
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Relocated	Received Sent					
Remarks		<input type="checkbox"/> Initial Application		<input type="checkbox"/> Request for Extension		
		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
		Valid	From	From	/	/
			To	To	/	/

To be completed by an attorney or BIA-accredited representative (if any).	<input type="checkbox"/> 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)
		<input type="text"/>	<input type="text"/>

▶ **START HERE - Type or print in black ink.**

NOTE: You must reside and file Form I-817 while in the United States.

Part 1. Information About You (Person Requesting Family Unity Benefits)

1. Alien Registration Number (A-Number) (if any)
▶ A-

Your Full Name

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 10.

Additional Information.

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

Other Information

5. Date of Birth (mm/dd/yyyy)

6. U.S. Social Security Number (if any)

7. USCIS Online Account Number (if any)

8. Sex Male Female

9. Country of Birth

10. Country of Citizenship or Nationality

U.S. Mailing Address

11.a. In Care Of Name (if any)

11.b. Street Number and Name

11.c. Apt. Ste. Flr.

11.d. City or Town

11.e. State 11.f. ZIP Code

Part 1. Information About You (Person Requesting Family Unity Benefits) (continued)

U.S. Physical Address

12.a. Street Number and Name

12.b. Apt. Ste. Flr.

12.c. City or Town

12.d. State 12.e. ZIP Code

Part 2. Biographic Information

1. Ethnicity (Select **only one** box)
 Hispanic or Latino
 Not Hispanic or Latino

2. Race (Select **all applicable** boxes)
 White
 Asian
 Black or African American
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander

3. Height Feet Inches

4. Weight Pounds

5. Eye Color (Select **only one** box)
 Black Blue Brown
 Gray Green Hazel
 Maroon Pink Unknown/Other

6. Hair Color (Select **only one** box)
 Bald (No hair) Black Blond
 Brown Gray Red
 Sandy White Unknown/Other

Part 3. Basis For Application

I am applying for Family Unity benefits because: (Select **only one** box)

1.a. **On May 5, 1988**, I was the spouse of an alien who was legalized under the Immigration and Nationality Act (INA) section 245A.

1.b. **On May 5, 1988**, I was the unmarried child under 21 years of age of an alien who was legalized under INA section 245A.

1.c. **On December 1, 1988**, I was the spouse of an alien who was legalized as a Special Agricultural Worker under INA section 210.

1.d. **On December 1, 1988**, I was the unmarried child under 21 years of age of an alien who was a legalized alien as a Special Agricultural Worker under INA section 210.

1.e. **On May 5, 1988**, I was the spouse of a legalized alien who adjusted status under section 202 of the Immigration Reform and Control Act of 1986 (Cuban/Haitian Adjustment).

1.f. **On May 5, 1988**, I was the unmarried child under 21 years of age of a person who adjusted status under section 202 of the Immigration Reform and Control Act of 1986 (Cuban/Haitian Adjustment).

1.g. I am the spouse of a person who is eligible for and has filed or adjusted status under section 1104 of Public Law (Pub. L.) 106-553, the Legal Immigration Family Equality (LIFE) Act. I entered the United States on or before December 1, 1988, and resided in the United States on that date.

1.h. I am the unmarried child under 21 years of age of a person who had filed an adjustment of status application or adjusted status under section 1104 of Pub. L. 106-553, the LIFE Act. I entered the United States on or before December 1, 1988, and resided in the United States on that date.

NOTE: To be eligible for Immigration Act of 1990 (IMMACT 90) Family Unity Program benefits, your qualifying spouse or parent must have maintained his or her status as a legalized alien or as a U.S. citizen, if he or she naturalized. If deceased, he or she must have maintained status until his or her death. For LIFE Act Family Unity, your spouse or parent must be eligible for adjustment or have adjusted status under section 1104 of the LIFE Act. If you previously qualified for LIFE Act Family Unity, you may be eligible to apply for IMMACT 90 Family Unity Program Benefits.

I am requesting: (Select **only one** box)

2.a. Initial Family Unity benefits under section 301 of IMMACT 90.

2.b. An extension of Family Unity benefits under section 301 of IMMACT 90.

2.c. Initial Family Unity benefits under section 1504 of the LIFE Act Amendments.

2.d. An extension of Family Unity benefits under section 1504 of the LIFE Act Amendments.

Part 4. Information About Your Relationship

If you need extra space to complete **Part 4.**, use the space provided in **Part 10. Additional Information.**

Information About Your Spouse or Parent

Provide the following information about the legalized alien through whom you are claiming your eligibility.

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Other Names Used

Provide all other names the legalized alien has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name

- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name

4. Date of Birth (mm/dd/yyyy)

5. A-Number (if any) ▶ A-

6. USCIS Online Account Number (if any) ▶

7. U.S. Social Security Number (if any) ▶

8. Sex Male Female

9. Class of Admission (visitor, student, EWI, etc.)

U.S. Physical Address for Your Spouse or Parent

10.a. Street Number and Name

10.b. Apt. Ste. Flr.

10.c. City or Town

10.d. State 10.e. ZIP Code

11. Daytime Telephone Number (if any)

12. Email Address (if any)

Complete Only if You Are Applying Based on a Marital Relationship or You Were Previously Married

13. Marital Status Married Divorced Widowed Separated

Provide the following information about you and your spouse.

14.a. Number of times you have been married (including current marriage)

14.b. Number of times your spouse has been married (including spouse's current marriage)

If currently married, provide the following information about your marriage.

15.a. Date of Marriage (mm/dd/yyyy)

Place of Marriage

15.b. City or Town

15.c. State

15.d. Province

15.e. Country

15.f. Type of Ceremony: Religious Civil None

15.g. We are: Living together Not living together

15.h. If you selected "Not living together," (select **only one** box):
 My spouse has died We are divorced
 We are separated

Part 4. Information About Your Relationship
(continued)

Information About Your Prior Marriage

Provide the following information about your prior marriages (if any).

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

16.c. Middle Name

17.a. Date of Marriage (if any) (mm/dd/yyyy)

Place of Prior Marriage

17.b. City or Town

17.c. State

17.d. Province

17.e. Country

17.f. Date of Termination (mm/dd/yyyy)

Place of Termination

17.g. City or Town

17.h. State

17.i. Province

17.j. Country

17.k. Reason for Termination

Divorce Death Annulment

Other (Provide an explanation if there are any other reasons for termination. If you need extra space to provide an explanation, use the space provided in **Part 10. Additional Information.**)

Information About Your Spouse's Prior Spouse

Provide the following information about your current spouse's prior marriages (if any).

18.a. Family Name (Last Name)

18.b. Given Name (First Name)

18.c. Middle Name

19.a. Date of Marriage (if any) (mm/dd/yyyy)

Place of Marriage

19.b. City or Town

19.c. State

19.d. Province

19.e. Country

19.f. Date of Termination (mm/dd/yyyy)

Place of Termination

19.g. City or Town

19.h. State

19.i. Province

19.j. Country

19.k. Reason for Termination

Divorce Death Annulment

Other (Provide an explanation if there are any other reasons for termination. If you need extra space to provide an explanation, use the space provided in **Part 10. Additional Information.**)

NOTE: If you were previously married, you must complete **Part 4., Item Numbers 13. - 19.k.** of this application; complete all requested information about your prior marriages; and select the box in **Item Number 20.** indicating that it is complete.

20. I have completed **Part 4., Item Numbers 13. - 19.k.**, information about my prior marriages (if any).

Part 4. Information About Your Relationship
(continued)

Complete Only if You Are Applying Based on a Child/Parent Relationship

Indicate how your parent is related to you (Select **only one** box)

- 21.a. Biological mother
- 21.b. Biological father who was married to my mother when I was born
- 21.c. Biological father who was not married to my mother when I was born
- 21.d. Stepparent - based on marriage to my parent which occurred before my 18th birthday
- 21.e. Adoptive parent (select **only one** box):
 - A. The adoption occurred before my 16th birthday.
 Yes No
 - B. My adoptive parent had legal custody of me on May 5, 1988 or December 1, 1988, (as appropriate), and I resided with him or her for two years prior to that date.
 Yes No

Provide the following information about your marital status.

- 22.a. Marital Status
- Single, Never Married
 - Married
 - Divorced
 - Widowed
 - Separated

Provide the following information.

23.a. Date of Marriage (mm/dd/yyyy)

Place of Marriage

23.b. City or Town

23.c. State

23.d. Province

23.e. Country

23.f. Type of ceremony: Religious Civil None

23.g. We are: Living together Not living together

23.h. If you selected "Not living together," (Select **only one** box):
 My spouse has died We are divorced
 We are separated

If divorced or widowed, provide the following information.

24.a. Date of Marriage (mm/dd/yyyy)

Place Marriage Ended

24.b. City or Town

24.c. State

24.d. Province

24.e. Country

Part 5. Other Information

1. Have you **EVER** applied before for the Family Unity Program? Yes No

If you answered "Yes," provide the following information.

Name Under Which You Applied

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Place Where Application Was Filed

2.d. City or Town

2.e. State

2.f. Date Filed (mm/dd/yyyy)

2.g. U.S. Citizenship and Immigration Services (USCIS) (or former Immigration and Naturalization Service (INS)) action taken on case Approved Denied

3.a. At the time of your last entry into the United States, you (Select **only one** box):

- Were inspected and admitted
- Were inspected and paroled
- Entered without inspection

3.b. Date of Last Arrival (mm/dd/yyyy)

3.c. Form I-94 Arrival-Departure Record Number

Part 5. Other Information (continued)

3.d. Passport Number

3.e. Travel Document Number

3.f. Country of Issuance for Passport or Travel Document

3.g. Expiration Date for Passport or Travel Document
(mm/dd/yyyy)

3.h. Current or Most Recent Immigration Status

3.i. Date Status Expires (mm/dd/yyyy)

3.j. Date Continuous U.S. Residence Began (mm/dd/yyyy)

Provide the U.S. address where you lived on May 5, 1988 (INA section 245A or Cuban Haitian Adjustment Act) or December 1, 1988 (INA section 210 or LIFE Act).

4.a. Street Number and Name

4.b. Apt. Ste. Flr.

4.c. City or Town

4.d. State 4.e. ZIP Code

If you are submitting separate applications for Family Unity benefits at this time for other relatives, provide the following information about those other relatives.

NOTE: If you need extra space to complete an answer in **Item Numbers 5.a. - 24.f.**, use the space provided in **Part 10. Additional Information.**

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

5.d. A-Number (if any) ► A-

5.e. Relationship to Applicant

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

6.d. A-Number (if any) ► A-

6.e. Relationship to Applicant

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

7.d. A-Number (if any) ► A-

7.e. Relationship to Applicant

8.a. Family Name (Last Name)

8.b. Given Name (First Name)

8.c. Middle Name

8.d. A-Number (if any) ► A-

8.e. Relationship to Applicant

9.a. Family Name (Last Name)

9.b. Given Name (First Name)

9.c. Middle Name

9.d. A-Number (if any) ► A-

9.e. Relationship to Applicant

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

10.d. A-Number (if any) ► A-

10.e. Relationship to Applicant

Part 5. Other Information (continued)

List all absences from the United States since May 5, 1988 or December 1, 1988, as appropriate to the section of law that applies to you, or since the approval of your last Form I-817, whichever date is later.

11.a. Departure Date (mm/dd/yyyy)

11.b. Return Date (mm/dd/yyyy)

12.a. Departure Date (mm/dd/yyyy)

12.b. Return Date (mm/dd/yyyy)

13.a. Departure Date (mm/dd/yyyy)

13.b. Return Date (mm/dd/yyyy)

14.a. Departure Date (mm/dd/yyyy)

14.b. Return Date (mm/dd/yyyy)

15.a. Departure Date (mm/dd/yyyy)

15.b. Return Date (mm/dd/yyyy)

16.a. Departure Date (mm/dd/yyyy)

16.b. Return Date (mm/dd/yyyy)

17.a. Departure Date (mm/dd/yyyy)

17.b. Return Date (mm/dd/yyyy)

List all residences in the United States since May 5, 1988 or December 1, 1988, as appropriate to the section of law that applies to you, or since the approval of your last Family Unity application (Form I-817), whichever date is later.

Current Residence

18.a. Street Number and Name

18.b. Apt. Ste. Flr.

18.c. City or Town

18.d. State **18.e.** ZIP Code

18.f. Dates of Residence (mm/dd/yyyy)
From To **Present**

Previous Residence 1

19.a. Street Number and Name

19.b. Apt. Ste. Flr.

19.c. City or Town

19.d. State **19.e.** ZIP Code

19.f. Dates of Residence (mm/dd/yyyy)
From To

Previous Residence 2

20.a. Street Number and Name

20.b. Apt. Ste. Flr.

20.c. City or Town

20.d. State **20.e.** ZIP Code

20.f. Dates of Residence (mm/dd/yyyy)
From To

Previous Residence 3

21.a. Street Number and Name

21.b. Apt. Ste. Flr.

21.c. City or Town

21.d. State **21.e.** ZIP Code

21.f. Dates of Residence (mm/dd/yyyy)
From To

Previous Residence 4

22.a. Street Number and Name

22.b. Apt. Ste. Flr.

22.c. City or Town

22.d. State **22.e.** ZIP Code

22.f. Dates of Residence (mm/dd/yyyy)
From To

Part 5. Other Information (continued)

Previous Residence 5

23.a. Street Number and Name

23.b. Apt. Ste. Flr.

23.c. City or Town

23.d. State **23.e.** ZIP Code

23.f. Dates of Residence (mm/dd/yyyy)
From To

Previous Residence 6

24.a. Street Number and Name

24.b. Apt. Ste. Flr.

24.c. City or Town

24.d. State **24.e.** ZIP Code

24.f. Dates of Residence (mm/dd/yyyy)
From To

NOTE: If you need extra space to complete an answer in **Item Numbers 5.a. - 24.f.**, use the space provided in **Part 10.**

Additional Information.

Answer **Item Numbers 25.a. - 38.** If you answer "Yes" to ANY of the questions, use the space provided in **Part 10. Additional Information** to provide an explanation.

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

- 25.a.** Acts involving torture or genocide? Yes No
- 25.b.** Killing any person? Yes No
- 25.c.** Intentionally and severely injuring any person?
 Yes No
- 25.d.** Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?
 Yes No
- 25.e.** Limiting or denying any person's ability to exercise religious beliefs? Yes No

Have you **EVER**:

- 26.a.** Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or insurgent organization? Yes No
- 26.b.** Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No
- 27.** Have you **EVER** been a member of, assisted in, or participated in any group, unit or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?
 Yes No
- 28.** Have you **EVER** assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes No
- 29.** Have you **EVER** received any type of military, paramilitary, or weapons training? Yes No

Have you **EVER** in the United States or Abroad:

- 30.a.** Engaged in, conspired to engage in, or intended to engage in a terrorist activity with intent to cause death or serious bodily harm? Yes No
- 30.b.** Been a representative of a terrorist organization or a member of an organization which you knew or should have known is a terrorist organization? Yes No
- 31.** Have you **EVER** engaged in any activity to violate any law of the United States related to espionage or sabotage or to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No

Have you **EVER**:

- 32.a.** Been convicted by a final judgment of a particularly serious crime? Yes No
- 32.b.** Participated in any other criminal activity which endangers public safety or national security of the United States? Yes No
- 33.** Have you **EVER** been convicted of any offenses for which the aggregate sentences were five or more years of confinement? Yes No

Part 5. Other Information (continued)

- 34. Have you **EVER** been ordered deported, excluded, or removed from the United States as you were inadmissible at the time of entry or of adjustment of status, or violated status? Yes No
- 35. Have you **EVER** been convicted of a felony crime of violence that has an element of or attempted use of physical force against another individual in the course of committing the offense? Yes No
- 36. Have you **EVER** engaged in genocide, or ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? Yes No
- 37. Have you **EVER** committed a serious nonpolitical crime outside the United States before you arrived in the United States? Yes No
- 38. Have you **EVER** been convicted of a felony or three or more misdemeanors in the United States? Yes No

Part 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-817 Instructions before completing this part.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in **Part 7.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in **Part 8.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

- 6.a. Applicant's Signature
- 6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)

Interpreter'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. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

- 4. Interpreter's Daytime Telephone Number
- 5. Interpreter's Mobile Telephone Number (if any)
- 6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 6., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

Part 8. Contact Information, Declaration, and Signature of the Person Preparing This Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name (if any)

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. Province
- 3.g. Postal Code
- 3.h. Country

Part 8. Contact Information, Declaration, and Signature of the Person Preparing This Application, if Other Than the Applicant
(continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)

Preparer's Statement

- 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

- 8.a. Preparer's Signature
- 8.b. Date of Signature (mm/dd/yyyy)

Part 9. Signature for Placement On Employment Authorization Document

Provide your signature below. This signature will be scanned and duplicated for placement on your Employment Authorization Document. **When signing, make sure that no part of your signature goes outside the lines of the box.**

Signature

Part 10. Additional Information

If you need extra space to provide any additional information within this application, 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 application 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.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

Your Full Name

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

07/08/2022

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____