

**TABLE OF CHANGES –FORM**  
**Form I-356, Request for Cancellation of Public Charge Bond**  
**OMB Number: 1615-0141**  
**10/14/2025**

**Reason for Revision: Public Charge**

**Project Phase: FO Review**

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

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Current Page Number and Section	Current Text	Proposed Text
<b>Pages 1-3,</b>  <b>Part 1. Obligor and Agent/Co-Obligor Information</b> (To Be Completed by the Obligor or Agent/Co-Obligor)	<b>[Page 1]</b>  <b>Part 1. Obligor and Agent/Co-Obligor Information</b> (To Be Completed by the Obligor or Agent/Co-Obligor)  ...  <b>[Page 3]</b>  <b>16.</b> Date when Department of Homeland Security (DHS) approved and accepted the bond as shown in Section D of the Public Charge Bond (Form I-945) (mm/dd/yyyy)	<b>[Page 1]</b>  <b>Part 1. Obligor and Agent/Co-Obligor Information</b> (To Be Completed by the Obligor or Agent/Co-Obligor)  ...  <b>[Page 2]</b>  <b>16.</b> Date when Department of Homeland Security (DHS) <b>Approved</b> and <b>Accepted</b> the <b>Bond</b> as <b>Shown</b> in Section D of the Public Charge Bond (Form I-945) (mm/dd/yyyy)
<b>Pages 3-4,</b>  <b>Part 2. Obligor's or Agent/Co-Obligor's Statement, Contact Information, Certification, and Signature</b> (To Be Completed By the Obligor or Agent/Co-Obligor)	<b>[Page 3]</b>  <b>Part 2. Obligor's or Agent/Co-Obligor's Statement, Contact Information, Certification, and Signature</b> (To Be Completed By the Obligor or Agent/Co-Obligor)  <b>1.</b> Choose the appropriate statement and sign.  <b>[ ] A. The Alien Naturalized, Permanently Departed the United States, or Died</b>  I (Name of the Obligor) _____, or I (Name of the Agent/Co-Obligor) _____, acting on behalf of (Name of the Obligor) _____, request that the public charge bond executed on Form I-945 on behalf of (Name of the Alien) _____, born on (Alien Date of Birth (mm/dd/yyyy))	<b>[Page 3]</b>  <b>Part 2. Obligor's or Agent/Co-Obligor's <b>Contact</b> Information, Certification, and Signature</b> (To Be Completed By the Obligor or Agent/Co-Obligor)  <b>1.</b> Choose the appropriate statement and sign.  <b>[ ] A. The Alien Naturalized, Permanently Departed the United States, or Died</b>  I (Name of the Obligor) _____, or I (Name of the Agent/Co-Obligor) _____, acting on behalf of (Name of the Obligor) _____, request that the public charge bond executed on Form I-945 on behalf of (Name of the Alien) _____, born on (Alien Date of Birth (mm/dd/yyyy))

	<p>_____, and residing at (Address of the Alien) _____, be cancelled and that (Name of the Obligor) _____, and (Name of the Agent/Co-Obligor, if any) _____, be released from all liabilities imposed by the conditions of the bond because the alien either naturalized, permanently departed the United States, or died, and the conditions of the bond, as outlined in 8 CFR 213.1 are otherwise met, including that the alien has not received any public benefits, as defined in 8 CFR 212.21(b) for more than 12 months in the aggregate within any 36 month period (such that, for instance, receipt of two benefits in one month counts as two months), after the alien's adjustment of status to that of a lawful permanent resident and until this bond is cancelled.</p> <p><b>[ ] B. Cancellation Following The Alien's 5th Anniversary of the Alien's Admission as a Lawful Permanent Resident</b></p> <p>I (Name of the Obligor) _____, or I (Name of the Agent/Co-Obligor) _____, acting on behalf of (Name of the Obligor) _____, request that the public charge bond executed on Form I-945 on behalf of (Name of the Alien) _____, born on (Alien Date of Birth (mm/dd/yyyy)) _____, and residing at (Address of the Alien) _____, be cancelled because it is past the alien's fifth anniversary of the admission as a lawful permanent resident and the conditions of the bond, as outlined in 8 CFR 213.1, are otherwise met, including that the alien has not received public benefits, as defined in 8 CFR 212.21(b) for more than 12 months in the aggregate within any 36 month period (such that, for instance, receipt of two benefits in one month counts as two months), since the alien's adjustment of status to that of a lawful permanent resident and preceding the 5th anniversary of the Alien's Adjustment of Status.</p> <p><b>[ ] C. The Alien Obtained An Immigration Status That is Exempt From Public Charge Grounds of Inadmissibility under INA section 212(a)(4) Following the Initial Grant of Lawful Permanent Resident Status</b></p> <p>I (Name of the Obligor) _____, or I (Name of the Agent/Co-Obligor) _____, acting on behalf of (Name of the Obligor) _____, request that the public charge bond executed on Form I-945 on behalf of (Name of the Alien) _____, born on (Alien Date of Birth (mm/dd/yyyy)) _____, and residing at (Address of the Alien) _____, be cancelled and that (Name of the Obligor) _____ and (Name of Agent/Co-obligor, if any) _____</p>	<p>_____, and residing at (Address of the Alien) _____, be cancelled and that (Name of the Obligor) _____, and (Name of the Agent/Co-Obligor, if any) _____, be released from all liabilities imposed by the conditions of the bond because the alien <b>did not breach the bond pursuant to 8 CFR 103.6(c)(1) (B), complied with all conditions of the bond, and either naturalized, permanently departed the United States, or died.</b></p> <p><b>[ ] B. Cancellation Following the 5th Anniversary of the Alien Becoming a Lawful Permanent Resident</b></p> <p>I (Name of the Obligor) _____, or I (Name of the Agent/Co-Obligor) _____, acting on behalf of (Name of the Obligor) _____, request that the public charge bond executed on Form I-945 on behalf of (Name of the Alien) _____, born on (Alien Date of Birth (mm/dd/yyyy)) _____, and residing at (Address of the Alien) _____, be cancelled <b>and that (Name of the Obligor) _____, and (Name of the Agent/Co-Obligor, if any) _____, be released from all liabilities imposed by the conditions of the bond, because it is past the fifth anniversary of the alien becoming a lawful permanent resident, the alien complied with all conditions of the bond, and the alien did not breach the bond pursuant to 8 CFR 103.6(c)(1) (B) before the fifth anniversary of becoming a lawful permanent resident.</b></p> <p><b>[delete]</b></p>
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	<p><b>[Page 4]</b></p> <p>be released from all liabilities imposed by the conditions of the bond because the alien has obtained an immigration status that is exempt from public charge grounds of inadmissibility under INA section 212(a)(4), following the initial grant of the alien's adjustment of status to that of a lawful permanent resident, and the conditions of the bond, as outlined in 8 CFR 213.1, are otherwise met, including that the alien has not received public benefits, as defined in 8 CFR 212.21(b) for more than 12 months in the aggregate within any 36 month period (such that, for instance, receipt of two benefits in one month counts as two months), after the alien's adjustment of status to that of a lawful permanent resident and until he or she obtained the new status that is exempt from public charge.</p> <p>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 whether the conditions of the bond are met and that the bond can be cancelled. I furthermore authorize release of information contained in this form, in supporting documents, and in USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.</p> <p>I certify, under penalty of perjury, that all of the information in <b>Parts 1. and 2.</b> of this Form I-356 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, <b>Parts 1. and 2.</b> of Form I-356, and that all of this information is complete, true, and correct.</p> <p>2. Signature of Obligor Date of Signature (mm/dd/yyyy)</p> <p>3. Signature of Agent/Co-Obligor (if any) Date of Signature (mm/dd/yyyy)</p>	
<p><b>Pages 4-5,</b></p> <p><b>Part 3. Information About the Alien for Whom the Public</b></p>	<p><b>[Page 4]</b></p> <p><b>Part 3. Information About the Alien for Whom the Public Charge Bond Was Issued</b> (To Be Completed By the Alien or the Alien's Executor)</p>	<p><b>[Page 4]</b></p> <p><b>Part 3. Information About the Alien for Whom the Public Charge Bond Was Issued</b> (To Be Completed By the Alien or the Alien's Executor)</p>

<b>Charge Bond Was Issued</b> (To Be Completed By the Alien or the Alien's Executor)	... <b>6. Gender</b> Male Female ...	... <b>6. Sex</b> Male Female ...
<b>Pages 5-7,</b>  <b>Part 4. Reason for Cancellation of the Bond</b>	<p><b>[Page 5]</b></p> <p><b>Part 4. Reason for Cancellation of the Bond</b></p> <p><b>1.</b> I am requesting a cancellation because:  <input type="checkbox"/> I became a U.S. Citizen (answer <b>Item Number 2.</b>)  <input type="checkbox"/> I permanently departed the United States (answer <b>Item Number 3.</b>)  <input type="checkbox"/> The alien is deceased and I am the alien's executor (answer <b>Item Number 4.</b>)  <input type="checkbox"/> Five years have passed since I became a lawful permanent resident (answer <b>Item Number 5.</b>)          ...</p> <p><b>[Page 6]</b></p> <p><b><i>Permanently Departed the United States</i></b></p> <p><b>3.</b> Have you permanently departed the United States? Provided documentation as provided in the Instructions.  <input type="checkbox"/> Yes, I departed and submitted Form I-407 to the U.S. Government from outside the United States to record the abandonment of my lawful permanent residence.  <input type="checkbox"/> Yes, I departed after I was granted voluntary departure (under INA 240B).  <input type="checkbox"/> Yes, I departed after I received a final order of removal, exclusion or deportation (self-removed).  <input type="checkbox"/> Yes, I was physically removed from the United States after I received a final order of removal, exclusion or deportation.  <input type="checkbox"/> No, I have not permanently departed. (Go to <b>Item Number 4.</b>)</p> <p>If you answered "Yes," please provide the following information (as applicable) in <b>Items. A. - D.</b></p> <p><b>A.</b> Date you left the United States (mm/dd/yyyy)</p> <p><b>B.</b> Place of Departure/Removal, Exclusion, or Disposition</p> <p><b>C.</b> Date When Record of Abandonment of Lawful Permanent Resident Status (Form I-407) was filed (mm/dd/yyyy)</p>	<p><b>[Page 5]</b></p> <p><b>Part 4. Reason for Cancellation of the Bond</b></p> <p><b>1.</b> I am requesting a cancellation because:  <input type="checkbox"/> I became a U.S. citizen (answer <b>Item Number 2.</b>).  <input type="checkbox"/> I permanently departed the United States (answer <b>Item Number 3.</b>).  <input type="checkbox"/> The alien is deceased and I am <b>the executor of the alien's estate</b> (answer <b>Item Number 4.</b>).  <input type="checkbox"/> Five years have passed since I became a lawful permanent resident (answer <b>Item Number 5.</b>).          ...</p> <p><b><i>Permanently Departed the United States</i></b></p> <p><b>3.</b> Have you permanently departed the United States? <b>Please provide documentation.</b></p> <p><b>Yes</b></p> <p><b>[delete]</b></p> <p>No, I have not permanently <b>departed the United States.</b> (Go to <b>Item Number 4.</b>)</p> <p>If you answered "Yes," please provide the following information (as applicable) in <b>Items. A. - E.</b></p> <p><b>[no change]</b></p>

	<p><b>D.</b> Place where Form I-407 (USCIS International Office, U.S. Embassy/Consular Section/ Port of Entry) was filed</p> <p><b>E.</b> Date of the Removal, Exclusion, Deportation, or Voluntary Departure Order (mm/dd/yyyy)</p> <p><b>Deceased</b></p> <p><b>4.</b> Has the alien on whose behalf a bond has been issued died? Yes No (Go to <b>Item Number 5.</b>)</p> <p>If you answered “No,” go to <b>Item Number 5.</b> If you answered “Yes,” please provide the information in <b>Items A. - B.</b> about the alien's death and attach a certified copy of the alien's death certificate:</p> <p><b>A.</b> Date of Death (mm/dd/yyyy)</p> <p><b>B.</b> Death Certificate Number (please attach an official copy of the death certificate) ...</p> <p><b>[Page 7]</b></p> <p><b>Five Years after Becoming a Lawful Permanent Resident</b></p> <p><b>5.</b> Have you been a lawful permanent resident for at least five years? Yes No</p> <p>If you answered “Yes,” please provide the information about when you became a lawful permanent resident below.</p> <p>Date When You Became a Lawful Permanent Resident (mm/dd/yyyy)</p>	<p><b>D.</b> Place <b>Where</b> Form I-407 (USCIS International Office, U.S. Embassy/Consular Section/Port of Entry) <b>Was Filed</b></p> <p>[no change]</p> <p><b>[Page 6]</b></p> <p><b>A.</b> Date of <b>Alien’s</b> Death (mm/dd/yyyy)</p> <p><b>B.</b> Death Certificate Number (please attach an official copy of the death certificate) ...</p> <p><b>[Page 7]</b></p> <p><b>Five Years <b>After</b> Becoming a Lawful Permanent Resident</b></p> <p><b>5.</b> Have you been a lawful permanent resident for at least five years? Yes No</p> <p>If you answered “Yes,” please provide the information about when you became a lawful permanent resident below.</p> <p>Date When You Became a Lawful Permanent Resident (mm/dd/yyyy)</p> <p><b>Receipt of Public Benefits</b></p> <p><b>6.</b> Has the alien received any means-tested public benefit before the event that forms the basis for the cancellation request (the fifth anniversary of becoming a lawful permanent resident, the date the alien became a United States citizen, , the date the alien permanently departing the United States, or the date of the alien’s death, whichever is applicable)?</p>
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		<p>Yes No</p> <p>If you answered "Yes," please provide information about which means-tested public benefit(s) you received and when, including the source that provided the benefit (the Federal, or a specific State, territorial, tribal, or local government or government agency).</p>
<p><b>Pages 7-9,</b></p> <p><b>Part 5. Alien's Receipt of Public Benefits since DHS' Acceptance of the Public Charge Bond</b> (To be Completed by the Alien or the Alien's Executor (if the Alien is Deceased))</p>	<p><b>[Page 7]</b></p> <p><b>Part 5. Alien's Receipt of Public Benefits since DHS' Acceptance of the Public Charge Bond</b> (To be Completed by the Alien or the Alien's Executor (if the Alien is Deceased))</p> <p>Please provide the following information about your (the alien's) receipt of public benefits since you were granted adjustment of status to that of a lawful permanent resident. See the Instructions for a definition of public benefits.</p> <p><b>1.</b> Since you were granted adjustment of status to that of a lawful permanent resident, have you received or are currently certified to receive in the future the following public benefits for more than 12 months in the aggregate within any 36 month period?</p> <p>Yes No</p> <p><input type="checkbox"/> Yes, I have received, or I am currently certified to receive in the future the following benefits:</p> <p><input type="checkbox"/> Any Federal, State, local or tribal cash assistance for income maintenance</p> <p><input type="checkbox"/> Supplemental Security Income (SSI)</p> <p><input type="checkbox"/> Temporary Assistance for Needy Families (TANF)</p> <p><input type="checkbox"/> General Assistance (GA)</p> <p><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")</p> <p><input type="checkbox"/> Section 8 Housing Assistance under the Housing Choice Voucher Program</p> <p><input type="checkbox"/> Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)</p> <p><input type="checkbox"/> Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.</p> <p><input type="checkbox"/> Federal-funded Medicaid</p> <p><input type="checkbox"/> No, I have not received any public benefits.</p> <p><input type="checkbox"/> No, I am not certified to receive in the future any of the above public benefits.</p> <p><b>[Page 8]</b></p> <p><b>2.</b> If you received any of the above public</p>	<p>[delete]</p>

benefits, provide information about the receipt of public benefits in the space provided. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 9. Additional Information**. Submit evidence as outlined in the instructions.

**A. Type of Public Benefit**

Agency That Granted The Benefit

Date you were Authorized to Start Receiving the Benefit or Date Your Coverage Starts (mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires or Expected to Expire (mm/dd/yyyy)

**B. Type of Public Benefit**

Agency That Granted The Benefit

Date you were Authorized to Start Receiving the Benefit or Date Your Coverage Starts (mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires or Expected to Expire (mm/dd/yyyy)

**C. Type of Public Benefit**

Agency That Granted The Benefit

Date you were Authorized to Start Receiving the Benefit or Date Your Coverage Starts (mm/dd/yyyy)

Date Benefit or Coverage Ended or Expires or Expected to Expire (mm/dd/yyyy)

***Public Benefit Exemptions***

**3.** If you answered “Yes” to **Item Number 1.**, check any box that is applicable to you and provide the evidence listed in the Form I-356 Instructions if any of the following apply to you.

☐ I am enlisted in the Armed Forces, or am serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

☐ I am the spouse or the child of an individual who is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

☐ At the time I received the public benefits, I (or my spouse or parent) \_\_\_\_\_ was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.

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☐ At the time I received the public benefits, I was present in the United States in a status exempt from the public charge ground of inadmissibility and I received the public benefits during that time.

☐ At the time I received the public benefits, I

	<p>was present in the United States after being granted a waiver from the public charge ground of inadmissibility and received the public benefits during that time.</p> <p><input type="checkbox"/> At the time I received the benefits, I was a child of U.S. citizens whose lawful admission for permanent residence and subsequent residence in the legal and physical custody of my U.S. citizen parent would result in me automatically acquiring U.S. citizenship upon meeting the eligibility under INA 320 or the child of U.S. citizens whose lawful admission for permanent residence will result automatically in my acquisition of citizenship upon finalization of adoption (and I satisfied the requirements applicable to adopted children under INA 101(b)(1)), in the United States by the U.S. citizen parent(s), upon meeting the eligibility criteria under INA 320; or I was a child residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.</p> <p><input type="checkbox"/> None of the above statements apply to me.</p> <p><b>4.</b> Have you received federal-funded Medicaid in connection with any of the following (select all that apply): Submit evidence as outlined in the Instructions.</p> <p><input type="checkbox"/> An emergency medical condition.</p> <p><input type="checkbox"/> For a service under the Individuals with Disabilities Education Act (IDEA).</p> <p><input type="checkbox"/> Other school-based benefits or services available up to the oldest age eligible for secondary education under State law.</p> <p><input type="checkbox"/> While you were under the age of 21.</p> <p><input type="checkbox"/> While you were pregnant or during the 60-day period following the last day of pregnancy.</p> <p><input type="checkbox"/> None of the above apply to me.</p> <p><b>A.</b> Provide the applicable dates (mm/dd/yyyy)</p>	
<p><b>Pages 9-11,</b></p> <p><b>Part 6. Alien's (or Alien Executor's) Contact Information, Certification, and Signature</b></p>	<p><b>[Page 9]</b></p> <p><b>Part 6. Alien's (or Alien Executor's) Contact Information, Certification, and Signature</b></p> <p><b>NOTE:</b> Read the <b>Penalties</b> section of the Form I-356 Instructions before completing this section.</p> <p><b><i>Alien's (or the Alien's Executor's) Statement</i></b></p> <p><b>NOTE:</b> Select the box for either <b>Item Number 1.a.</b> or <b>1.b.</b> If applicable, select the box for <b>Item Number 2.</b></p> <p><b>1.</b> Alien's (or the Alien's Executor's) Statement Regarding the Interpreter</p> <p><b>A.</b> I can read and understand English, and I</p>	<p><b>[Page 7]</b></p> <p><b>Part 5. Alien's (or Alien Executor's) Contact Information, Certification, and Signature</b></p> <p><b>[delete]</b></p>



	<p>have read and understand every question and instruction in my portion of Form I-356 and my answer to every question.</p> <p><b>B.</b> The interpreter named in <b>Part 7.</b> read to me every question and instruction in my portion of the Form I-356 and my answer to every question in _____, a language in which I am fluent, and I understood everything.</p> <p><b>[Page 10]</b></p> <p><b>2. Alien's (or the Alien's Executor's) Statement Regarding the Preparer</b></p> <p>[ ] At my request, the preparer named in <b>Part 8.</b>, _____, prepared my parts of this Form I-356 for me based only upon information I provided or authorized.</p> <p><b><i>Alien's (or the Alien's Executor's) Contact Information</i></b></p> <p><b>3.</b> Daytime Telephone Number  <b>4.</b> Mobile Telephone Number (if any)  <b>5.</b> Email Address (if any)</p> <p><b><i>Federal Agency Disclosure and Authorizations</i></b></p> <p>I _____, authorize, as applicable, the Social Security Administration (SSA) to verify my/the alien's Social Security number (to match my name, Social Security number, and date of birth with information in SSA records and provide the results of the match) to USCIS. I (the alien/the alien's executor) authorize SSA to provide explanatory information to USCIS as necessary.</p> <p>I _____, authorize, as applicable, the SSA, U.S. Department of Agriculture (USDA), and U.S. Department of Health and Human Services (HHS), the Department of Housing and Urban Development (HUD), and any other government agency that has received and/or adjudicated a request for a public benefit, as defined in 8 CFR 212.21(b) submitted by me/the alien or on my/the alien's behalf, and/or granted one or more public benefits to me/the alien to disclose to USCIS that I (the alien/alien's executor) have applied for, received, or have been certified to receive, a public benefit from such agency, including the type and amount of benefit(s), date(s) of receipt and any other relevant information provided to the agency for the purpose of obtaining such public benefit, to the extent permitted by law. I (the alien/the alien's executor) also authorize SSA, USDA, HHS, HUD, and any other</p>	<p><b><i>Alien's (or the Alien's Executor's) Contact Information</i></b></p> <p><b>1.</b> Daytime Telephone Number  <b>2.</b> Mobile Telephone Number (if any)  <b>3.</b> Email Address (if any)</p> <p><b><i>Federal Agency Disclosure and Authorizations</i></b></p> <p>I _____, authorize, as applicable, the Social Security Administration (SSA) to verify my/the alien's Social Security number (to match my name, Social Security number, and date of birth with information in SSA records and provide the results of the match) to USCIS. I (the alien/the alien's executor) authorize SSA to provide explanatory information to USCIS as <b>necessary.</b></p> <p><b>[delete]</b></p>
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	<p>government agency to provide any additional data and information to USCIS, to the extent permitted by law.</p> <p>I _____, authorize, as applicable, custodians of records and other sources of information pertaining to my/the alien's request for or receipt of public benefits to release information regarding my/the alien's request for and/or receipt of public benefits, upon the request of the investigator, special agent, or other duly accredited representative of any federal agency authorized above, regardless of any previous agreement to the contrary.</p> <p>I _____, as applicable, understand that the information released by records custodians and sources of information is for official use by the federal government, that the government will use it only to review my/the alien's eligibility for immigration benefits and to enforce immigration laws, and that the government may disclose the information only as authorized by law.</p> <p><b><i>Alien's (or Alien's Executor's) Certification</i></b></p> <p>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 whether the bond should be cancelled.</p> <p>I furthermore authorize release of information contained in this form, in supporting documents, and in my/the alien's USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.</p> <p><b>[Page 11]</b></p> <p><b><i>Alien's (or Alien's Executor's) Signature</i></b></p> <p><b>6.</b> Alien's (or Alien's Executor's) Signature Date of Signature (mm/dd/yyyy)</p> <p><b>NOTE to Aliens (or Alien's Executor):</b> If you do not completely fill out your parts of Form I-356 or fail to submit required documents listed in the Instructions, USCIS may deny the request to cancel the bond.</p>	<p>I _____, as applicable, understand that the information released by records custodians and sources of information is for official use by the Federal government, that the government will use it only to review my/the alien's eligibility for immigration benefits and to enforce immigration laws, and that the government may disclose the information only as authorized by law.</p> <p><b><i>Alien's (or Alien's Executor's) Certification and Signature</i></b></p> <p>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 whether the bond should be cancelled.</p> <p>I furthermore authorize release of information contained in this form, in supporting documents, and in my/the alien's USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.</p> <p><b>[delete]</b></p> <p><b>4.</b> Alien's (or Alien's Executor's) Signature Date of Signature (mm/dd/yyyy)</p> <p><b>[delete]</b></p>
<b>Pages 11-12,</b>	<b>[Page 11]</b>	<b>[Page 8]</b>

<p><b>Part 7. Interpreter's Contact Information, Certification, and Signature</b></p>	<p><b>Part 7. Interpreter's Contact Information, Certification, and Signature</b></p> <p>Provide the following information about the interpreter.</p> <p><b>Interpreter's Full Name</b>  1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)</p> <p>2. Interpreter's Business or Organization Name (if any)</p> <p><b>Interpreter's Mailing Address</b>  3. Street Number and Name  Apt.Ste.Flr. Number  City or Town  State  ZIP Code  Province  Postal Code  Country</p> <p><b>Interpreter's Contact Information</b>  4. Interpreter's Daytime Telephone Number  5. Interpreter's Mobile Telephone Number (if any)  6. Interpreter's Email Address (if any)</p> <p><b>Interpreter's Certification</b>  I certify, under penalty of perjury, that:</p> <p>I am fluent in English and _____, which is the same language provided in <b>Part 6., Item B.</b> in <b>Item Number 1.</b>, and I have read to this alien or the alien's executor in the identified language every question and instruction on the alien's parts of Form I-356 and his or her answer to every question. The alien or the alien's executor informed me that he or she understands every instruction, question, and answer in the alien's parts of Form I-356, including the <b>Alien (or the Alien's Executor's) Certification</b>, and has verified the accuracy of every answer.</p> <p><b>[Page 12]</b></p> <p><b>Interpreter's Signature</b>  7. Interpreter's Signature  Date of Signature (mm/dd/yyyy)</p>	<p><b>Part 6. Interpreter's Contact Information, Certification, and Signature</b></p> <p>[delete]</p> <p><b>Interpreter's Full Name</b>  1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)</p> <p>2. Interpreter's Business or Organization Name (if any)</p> <p>[delete]</p> <p><b>Interpreter's Contact Information</b>  3. Interpreter's Daytime Telephone Number  4. Interpreter's Mobile Telephone Number (if any)  5. Interpreter's Email Address (if any)</p> <p><b>Interpreter's Certification and Signature</b>  I certify, under penalty of perjury, <b>that I</b> am fluent in English and [Fillable language field], <b>and I have interpreted every question on the Form I-356 and Instructions and interpreted the alien or the alien's executor's answers to the questions in that language, and the alien or the alien's executor informed me that he or she understood every instruction, question, and answer on the Form I-356.</b></p> <p>[delete]</p> <p>6. Interpreter's Signature  Date of Signature (mm/dd/yyyy)</p>
<p><b>Pages 12-13,</b></p> <p><b>Part 8. Contact Information, Certification, and Signature of the Person</b></p>	<p><b>[Page 12]</b></p> <p><b>Part 8. Contact Information, Certification, and Signature of the Person Preparing the Alien's Parts of Form I-356, if Other Than the Alien (or the Alien's Executor)</b></p>	<p><b>[Page 8]</b></p> <p><b>Part 7. Contact Information, Declaration, and Signature of the Person Preparing the Alien's Parts of Form I-356, if Other Than the Alien (or the Alien's Executor)</b></p>

<p><b>Preparing the Alien's Parts of Form I-356, if Other Than the Alien (or the Alien's Executor)</b></p>	<p>Provide the following information about the preparer.</p> <p><b>Preparer's Full Name</b>  1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)</p> <p>2. Preparer's Business or Organization Name (if any)</p> <p><b>Preparer's Mailing Address</b>  3. Street Number and Name  Apt.Ste.Flr.Number  City or Town  State  ZIP Code  Province  Postal Code  Country</p> <p><b>Preparer's Contact Information</b>  4. Preparer's Daytime Telephone Number  5. Preparer's Mobile Telephone Number (if any)  6. Preparer's Email Address (if any)</p> <p><b>Preparer's Statement</b>  7.A. I am not an attorney or accredited representative but have prepared the alien's part of this form on behalf of the alien or the alien's executor and with the alien's or the alien's executor's consent.  B. I am an attorney or accredited representative and my representation of the alien or the alien's executor in this case extends/does not extend beyond the preparation of this form.</p> <p><b>NOTE:</b> If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this Form.</p> <p><b>[Page 13]</b></p> <p><b>Preparer's Certification</b>  By my signature, I certify, under penalty of perjury, that I prepared the alien's parts of this form at the request of the alien or the alien's executor. The alien or the alien's executor then reviewed these completed parts of this form and informed me that he or she understands all of the information contained in, and submitted with, the alien's parts of Form I-356, including the <b>Alien's (or the Alien's Executor's) Certification</b>, and that all of this information is complete, true, and correct. I completed the alien's parts of the form based only on information that the alien or the alien's executor provided to me or authorized me to obtain or</p>	<p>[delete]</p> <p><b>Preparer's Full Name</b>  1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)</p> <p>2. Preparer's Business or Organization Name (if any)</p> <p>[delete]</p> <p><b>Preparer's Contact Information</b>  3. Preparer's Daytime Telephone Number  4. Preparer's Mobile Telephone Number (if any)  5. Preparer's Email Address (if any)</p> <p>[delete]</p> <p><b>[Page 9]</b></p> <p><b>Preparer's Certification and Signature</b>  I certify, under penalty of perjury, that I prepared this request for the alien or the alien's executor at their request and with express consent and that all of the responses and information contained in and submitted with the request are complete, true, and correct and reflects only information provided by the alien or the alien's executor. The alien or the alien's executor reviewed the responses and information and informed me that they understand the responses and information in or submitted with the request.</p>
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	use.  <i>Preparer's Signature</i> 8.Preparer's Signature Date of Signature (mm/dd/yyyy)	[delete] 6. Preparer's Signature Date of Signature (mm/dd/yyyy)
Page 14  Part 9. Additional Information	[Page 14]  Part 9. Additional Information  ...	[Page 10]  Part 8. Additional Information  ...