TABLE OF CHANGES – FORM
Form I-356, Request for Cancellation of Public Charge Bond
OMB Number: 1615-0141
06/18/2026

Reason for Revision: PC Rescission Final Rule
Project Phase: OMBReview

Legend for Proposed Text:
- Black font = Current text
- Red font = Changes

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Future Edition Date xx/xx/2026

Current Page Number and Section	Current Text	Proposed Text
Page 1, **FOR USCIS USE ONLY**	**[Page 1]** **FOR USCIS USE ONLY** Bar Code Area Initial Receipt Resubmitted Relocated Received/Sent Action Block Bond is Breached/Cancelled/ Continued Comments (if needed): **To be completed by the Obligor and Agent/Co-Obligor's 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 the Alien's 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)	[no change]
Page 1, **START HERE**	**[Page 1]** **Type or print in black ink.**	

	Part 1. Obligor and Agent/Co-Obligor Information (To Be Completed by the Obligor or Agent/Co-Obligor) Provide the following information. ***Information About Obligor*** **1.** Name of Obligor **2.** Mailing Address In Care of Name (if any) Street Number and Name Apt./Ste./Flr. City or Town State ZIP Code	[no change]
Pages 1-3, **Part 1. Obligor and Agent/Co-Obligor Information** (To Be Completed by the Obligor or Agent/Co-Obligor)	**[Page 2]** **3.** Physical Address Street Number and Name Apt./Ste./Flr. City or Town State ZIP Code **4.** Daytime Telephone Number **5.** Email Address (if any) **6.** Taxpayer Identification Number (TIN) (includes Individual Taxpayer Identification Number (ITIN), Employer Identification Number (EIN), and Social Security Number (SSN)) ***Information About Agent/Co-Obligor***	[no change]
	7. Name of Agent/Co-Obligor (if any-Surety Bonds only) **8.** Mailing Address In Care Of Name (if any) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code **9.** Physical Address (if different from that of Obligor) Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code **10.** Daytime Telephone Number **11.** Email Address (if any)	

	12. Taxpayer Identification Number (TIN) (includes ITIN, EIN and SSN) **13.** Power of Attorney Number ***Information About Bond*** **14.** Bond Receipt Number **15.** Bond Amount **[Page 3]** **16.** 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)	**16.** 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)
Pages 3, **Part 2. Obligor's or Agent/Co-Obligor's Contact Information, Certification, and Signature** (To Be Completed By the Obligor or Agent/Co-Obligor)	**[Page 3]** **Part 2. Obligor's or Agent/Co-Obligor's Contact Information, Certification, and Signature** (To Be Completed By the Obligor or Agent/Co-Obligor) **1.** Choose the appropriate statement and sign. [ ] **A. The Alien Naturalized, Permanently Departed the United States, or Died** 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 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, are otherwise met. [ ] **B. Cancellation Following the 5th Anniversary of the Alien Becoming a Lawful Permanent Resident** 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	**Part 2. Obligor's or Agent/Co-Obligor's Contact Information, Certification, and Signature** (To Be Completed By the Obligor or Agent/Co-Obligor) 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 the Agent/Co-Obligor, if any) _____, be released from all liabilities imposed by the conditions of the bond because the alien 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. Cancellation Following the Fifth Anniversary of the Alien Becoming a Lawful Permanent Resident** 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 fifth anniversary of the alien becoming a lawful permanent resident and the alien did not become a public charge before the fifth anniversary of becoming a lawful permanent resident. I certify, under penalty of perjury, that all of the information in **Parts 1. and 2.** 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, **Parts 1. and 2.** of Form I-356, and that all of this information is complete, true, and correct. **2.** Signature of Obligor Date of Signature (mm/dd/yyyy) **3.** Signature of Agent/Co-Obligor (if any) Date of Signature (mm/dd/yyyy)	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 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. [no change]
Pages 5-7, **Part 4. Reason for Cancellation of the Bond**	**[Page 5]** **Part 4. Reason for Cancellation of the Bond** **1.** I am requesting a cancellation because: [ ] I became a U.S. citizen (answer **Item Number 2.**). [ ] I permanently departed the United States (answer **Item Number 3.**) [ ] The alien is deceased and I am the executor of the alien's estate (answer **Item Number 4.**) [ ] Five years have passed since I became a lawful permanent resident (answer **Item Number 5.**) Answer the following questions below based on the reason for requesting a cancellation of the bond, and provide the requested information. You should indicate whether any of the circumstances addressed in the questions have occurred since the date you adjusted your status to that of a lawful permanent resident (for which a bond was posted on your behalf). If you are the Executor of the deceased alien's estate, answer these questions on behalf of the deceased alien. ***Became a U.S. Citizen*** **2.** Have you become a United States citizen? Yes No (Go to **Item Number 3.**)	**Part 4. Reason for Cancellation of the Bond** **1.** I am requesting a cancellation because: [ ] I became a U.S. Citizen (answer **Item Number 2.**). [ ] I permanently departed the United States (answer **Item Number 3.**). [ ] The alien is deceased and I am the executor of the alien's estate (answer **Item Number 4.**). [ ] Five years have passed since I became a lawful permanent resident (answer **Item Number 5.**).

	If you answered "Yes," please provide the information requested. **A.** Certificate of Naturalization Number or Citizenship Certificate Number (if applicable) **B.** Date of Naturalization or Acquired Citizenship (mm/dd/yyyy) **C.** U.S. Passport Number (if applicable) **D.** Date When Passport Was Issued (if Applicable) (mm/dd/yyyy)	
	Permanently Departed the United States **3.** Have you permanently departed the United States? Please provide documentation. Yes No, I have not permanently departed the United States. (Go to **Item Number 4.**) If you answered "Yes," please provide the following information (as applicable) in **Items. A. - D.** **A.** Date You Left the United States (mm/dd/yyyy) **B.** Place of Departure/Removal, Exclusion, or Deportation **C.** Date When Record of Abandonment of Lawful Permanent Resident Status (Form I-407) Was Filed (mm/dd/yyyy) **D.** Place Where Form I-407 (USCIS International Office, U.S. Embassy/Consular Section/Port-of-Entry) Was Filed Attach copy of Form I-407 (if available) and any documentation you received. **E.** Date of the Removal, Exclusion, Deportation, or Voluntary Departure Order (mm/dd/yyyy)	***Permanently Departed the United States*** **3.** Have you permanently departed the United States? Please provide documentation. Yes No, I have not permanently departed the United States. (Go to **Item Number 4.**) If you answered "Yes," please provide the following information (as applicable) in **Items. A. - E.** **A.** Date you left the United States (mm/dd/yyyy) **B.** Place of Departure/Removal, Exclusion, or Disposition **C.** Date When Record of Abandonment of Lawful Permanent Resident Status (Form I-407) was filed (mm/dd/yyyy) **D.** Place Where Form I-407 (USCIS International Office, U.S. Embassy/Consular Section/Port of Entry) Was Filed **E.** Date of the Removal, Exclusion, Deportation, or Voluntary Departure Order (mm/dd/yyyy)
	[Page 6] ***Deceased*** **4.** Has the alien on whose behalf a bond has been issued died? Yes No (Go to **Item Number 5.**) If you answered "No," go to **Item Number 5.** If you answered "Yes," please provide the information in **Items A. - B.** about the alien's	[no change]

	death and attach a certified copy of the alien's death certificate: **A.** Date of Alien's Death (mm/dd/yyyy) **B.** Death Certificate Number (please attach an official copy of the death certificate) Information about the person completing **Item Number 4.** on behalf of the deceased alien (Please attach a certified copy of the document that establishes your legal authority to act on behalf of the alien's estate). Full Name Family Name (Last Name) Given Name (First Name) Middle Name Physical Address Street Number and Name Apt./Ste./Flr. Number City or Town State ZIP Code Province Postal Code Country 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 Daytime Telephone Number Email Address (if any) Relationship to Deceased ***Five Years After Becoming a Lawful Permanent Resident*** **5.** Have you been a lawful permanent resident for at least five years? Yes No If you answered "Yes," please provide the information about when you became a lawful permanent resident below. Date When You Became a Lawful Permanent Resident (mm/dd/yyyy) **[Page 7]**	**A.** Date of Alien's Death (mm/dd/yyyy) [no change] ***Five Years After Becoming a Lawful Permanent Resident***

	6. Have you received any public benefits as defined in 8 CFR 212.21(b)-(d) before the fifth anniversary of becoming a lawful permanent resident? Yes No If you answered "Yes," please provide information about which public benefits you received and when. [new]	***Receipt of Means-Tested Public Benefits*** **6.** Has the alien received any means-tested public benefits after becoming a lawful permanent resident and 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 departed the United States, or the date of the alien's death, whichever is applicable)? Yes No If you answered "Yes," please provide information about which means-tested public benefits you received and when, including the entity that provided the benefit (the Federal, or a specific State, territorial, Tribal, or local government or government agency).
Pages 7, **Part 5. Alien's (or Alien Executor's) Contact Information, Certification, and Signature**	**[Page 7]** **Part 5. Alien's (or Alien Executor's) Contact Information, Certification, and Signature** ***Alien's (or the Alien's Executor's) Contact Information*** **1.** Daytime Telephone Number **2.** Mobile Telephone Number (if any) **3.** Email Address (if any) ***Federal Agency Disclosure and Authorizations*** 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. I _____, as applicable, understand that the information released by records custodians and sources of information is for official use by the	**Part 5. Alien's (or Alien Executor's) Contact Information, Certification, and Signature** ***Alien's (or the Alien's Executor's) Contact Information*** **1.** Daytime Telephone Number **2.** Mobile Telephone Number (if any) **3.** Email Address (if any) ***Federal Agency Disclosure and Authorizations*** 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. 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. I, _____, as applicable, authorize release of information contained in this form, 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. ***Alien's (or Alien's Executor's) 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 whether the bond should be cancelled. 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. ***Alien's (or Alien's Executor's) Signature*** **4.** Alien's (or Alien's Executor's) Signature Date of Signature (mm/dd/yyyy)	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. [delete] ***Alien's (or Alien's Executor's) Certification and Signature*** 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. [delete] **4.** Alien's (or Alien's Executor's) Signature Date of Signature (mm/dd/yyyy)
Pages 7-8, **Part 6. Alien's (or Alien Executor's) Contact Information, Certification, and Signature**	**[Page 7]** **Part 6. Interpreter's Contact Information, Certification, and Signature** ***Interpreter's Full Name*** **1.** Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) **[Page 8]** **2.** Interpreter's Business or Organization Name (if any) ***Interpreter's Contact Information*** **3.** Interpreter's Daytime Telephone Number **4.** Interpreter's Mobile Telephone Number (if any) **5.** Interpreter's Email Address (if any) ***Interpreter's Certification and Signature*** I certify, under penalty of perjury, that I am fluent in English and [Fillable language field],	**Part 6. Interpreter's Contact Information, Certification, and Signature** ***Interpreter's Full Name*** **1.** Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name) **2.** Interpreter's Business or Organization Name (if any) ***Interpreter's Contact Information*** **3.** Interpreter's Daytime Telephone Number **4.** Interpreter's Mobile Telephone Number (if any) **5.** Interpreter's Email Address (if any) ***Interpreter's Certification and Signature*** I certify, under penalty of perjury, that I am fluent in English and [Fillable language field],

	and I have interpreted every question on the request 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 request. **6.** Interpreter's Signature Date of Signature (mm/dd/yyyy)	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. ***Interpreter's Signature*** **6.** Interpreter's Signature Date of Signature (mm/dd/yyyy)
Pages 8, **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)**	**[Page 8]** **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)** ***Preparer's Full Name*** **1.** Preparer's Family Name (Last Name) Preparer's Given Name (First Name) **2.** Preparer's Business or Organization Name (if any) ***Preparer's Contact Information*** **3.** Preparer's Daytime Telephone Number **4.** Preparer's Mobile Telephone Number (if any) **5.** Preparer's Email Address (if any) ***Preparer's Certification and Signature*** I certify, under penalty of perjury, that I prepared this request for the alien or the alien's executor at his or her 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 he or she understands the responses and information in or submitted with the request. **6.** Preparer's Signature Date of Signature (mm/dd/yyyy)	**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)** ***Preparer's Full Name*** **1.** Preparer's Family Name (Last Name) Preparer's Given Name (First Name) **2.** Preparer's Business or Organization Name (if any) ***Preparer's Contact Information*** **3.** Preparer's Daytime Telephone Number **4.** Preparer's Mobile Telephone Number (if any) **5.** Preparer's Email Address (if any) **[Page 9]** ***Preparer's Certification and Signature*** 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. **6.** Preparer's Signature Date of Signature (mm/dd/yyyy)
Pages 9,	**[Page 9]** **Part 8. Additional Information**	**Part 8. Additional Information**

Part 8. Additional Information	If you need extra space to provide any additional information within this request, 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 request or attach a separate sheet of paper. Please type or print the alien's name and A-Number (if any), the obligor's name, and bond receipt number, at the top of each additional sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet. **1.** Family Name (Last Name) Given Name (First Name) Middle Name **2.** A-Number (if any) **3.A.** Page Number **B.** Part Number **C.** Item Number **D.** _____ **4.A.** Page Number **B.** Part Number **C.** Item Number **D.** _____ **5.A.** Page Number **B.** Part Number **C.** Item Number **D.** _____ **6.A.** Page Number **B.** Part Number **C.** Item Number **D.** _____ **7.A.** Page Number **B.** Part Number **C.** Item Number **D.** _____	If you need extra space to provide any additional information within this request, 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 request or attach a separate sheet of paper. Please type or print the alien's name and A-Number (if any), the obligor's name, and bond receipt number, at the top of each additional sheet; indicate the **Page Number, Part Number,** and **Item Number** to which your answer refers; and sign and date each sheet. **1.**Family Name (Last Name) Given Name (First Name) Middle Name **2.**A-Number (if any) **3.A.** Page Number **B.** Part Number **C.** Item Number **D.** _____ **4.A.** Page Number **B.** Part Number **C.** Item Number **D.** _____ **5.A.** Page Number **B.** Part Number **C.** Item Number **D.** _____ **6.A.** Page Number **B.** Part Number **C.** Item Number **D.** _____ **7.A.** Page Number **B.** Part Number **C.** Item Number **D.** _____
