



# Application for Action on an Approved Application or Petition

USCIS

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

Form I-824  
OMB No. 1615-0044  
Expires 03/31/2027

<b>For USCIS Use Only</b>	<b>Returned</b>		<b>Fee Stamp</b>	<b>Action Block</b>	
	Date	Date			
	<b>Resubmitted</b>				
	Date	Date			
	<b>Relocated</b>				
Received	Sent				
<b>Priority Date:</b> _____ <b>Country of Chargeability:</b> _____ <b>Classification Code:</b> _____			<b>Remarks</b> <b>Date the Previously Approved Visa Petition Was Filed (Form I-130, I-140 or I-360):</b> _____ <b>Date the Previous Visa Petition Was Approved (Form I-130, I-140 or I-360):</b> _____		

<b>To be completed by an attorney or BIA-accredited representative (if any).</b>	<input type="checkbox"/> <b>Select this box if Form G-28 or G-28I is attached.</b>	<b>Attorney State Bar Number (if applicable)</b> _____	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> _____
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▶ **START HERE - Type or print in black ink.**

### Part 1. Information About You (Person filing this Application)

1. I am the (select **only one**):  Applicant  Petitioner on the previously approved application or petition.

2.a. Family Name (Last Name) \_\_\_\_\_

2.b. Given Name (First Name) \_\_\_\_\_

2.c. Middle Name \_\_\_\_\_

3. Company or Organization Name (if any)  
\_\_\_\_\_

4. Current/Recent Immigration Status  
\_\_\_\_\_

**NOTE:** If you are a U.S. citizen, type or print "N/A" for **Item Number 4.**

5. Certificate of Naturalization or Citizenship Number (if any)  
\_\_\_\_\_

6. Alien Registration Number (A-Number) (if any)  
▶ **A-** \_\_\_\_\_

7. Date of Birth (mm/dd/yyyy) \_\_\_\_\_

8. Country of Birth  
\_\_\_\_\_

9. Country of Citizenship or Nationality  
\_\_\_\_\_

10. IRS Tax Number (if any) \_\_\_\_\_

11. U.S. Social Security Number (if any)  
▶ \_\_\_\_\_

12. USCIS Online Account Number (if any)  
▶ \_\_\_\_\_

### Mailing Address

13.a. In Care Of Name  
\_\_\_\_\_

13.b. Street Number and Name  
\_\_\_\_\_

13.c.  Apt.  Ste.  Flr. \_\_\_\_\_

13.d. City or Town  
\_\_\_\_\_

13.e. State \_\_\_\_\_ 13.f. ZIP Code \_\_\_\_\_

13.g. Province  
\_\_\_\_\_

13.h. Postal Code  
\_\_\_\_\_

13.i. Country  
\_\_\_\_\_

**Part 1. Information About You** (Person filing this Application) (continued)

**Physical Address**

14.a. Street Number and Name

14.b.  Apt.  Ste.  Flr.

14.c. City or Town

14.d. State  14.e. ZIP Code

14.f. Province

14.g. Postal Code

14.h. Country

**Part 2. Reason for Request**

I am requesting (select only one):

- 1.a.  A duplicate approval notice.
- 1.b.  U.S. Citizenship and Immigration Services (USCIS) to notify a new U.S. Consulate, different from the one that I originally requested, through the U.S. Department of State's National Visa Center (NVC) or Kentucky Consular Center. USCIS will notify the U.S. Consulate about the approval of a nonimmigrant visa petition or about a new Port-of-Entry (the Port-of-Entry is different from what I originally requested) about the approval of a waiver application. Please notify the U.S. Consulate or Port-of-Entry at:

- 1.c.  USCIS to notify a U.S. Consulate through the NVC about my adjustment of status to permanent resident in the United States. Please notify the U.S. Consulate at:

so that my spouse and/or children may accompany or follow-to-join me.

- 1.d.  USCIS to send my approved immigrant visa petition to the NVC.
- 1.e.  USCIS to notify the U.S. Department of State that I have become a U.S. citizen through naturalization.

**Part 3. Other Information**

Provide the following information about the principal beneficiary of the previous application or petition, if other than you.

1.a. Form Number of Previously Approved Application or Petition

1.b. Receipt Number (On Form I-797, Notice of Action)

1.c. Filing Date of Application or Petition (mm/dd/yyyy)

1.d. Approval Date (mm/dd/yyyy)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Date of Birth (mm/dd/yyyy)

2.e. Country of Birth

2.f. Alien Registration Number (A-Number) (if any)   
 ▶ A-

2.g. Daytime Telephone Number

**Mailing Address**

3.a. In Care Of Name

3.b. Street Number and Name

3.c.  Apt.  Ste.  Flr.

3.d. City or Town

3.e. State  3.f. ZIP Code

3.g. Province

3.h. Postal Code

3.i. Country

**Part 3. Other Information** (continued)

**Physical Address**

4.a. Street Number and Name

4.b.  Apt.  Ste.  Flr.

4.c. City or Town

4.d. State  4.e. ZIP Code

4.f. Province

4.g. Postal Code

4.h. Country

**Dependents**

If you selected **Part 2., Item Number 1.c.**, provide the following information about the dependents for whom you are requesting follow-to-join benefits. If you need additional space for your dependents, use the space provided in **Part 7. Additional Information**, and include all the information collected in **Item Numbers 5.a. - 11.**

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

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

7. Country of Birth

8. Country of Citizenship or Nationality

9. Relationship to Principal Applicant

10. Dependent's Email Address (if any)

11. Dependent's Daytime Telephone Number

12.a. Family Name (Last Name)

12.b. Given Name (First Name)

12.c. Middle Name

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

14. Country of Birth

15. Country of Citizenship or Nationality

16. Relationship to Principal Applicant

17. Dependent's Email Address (if any)

18. Dependent's Daytime Telephone Number

19.a. Family Name (Last Name)

19.b. Given Name (First Name)

19.c. Middle Name

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

21. Country of Birth

22. Country of Citizenship or Nationality

23. Relationship to Principal Applicant

24. Dependent's Email Address (if any)

25. Dependent's Daytime Telephone Number

**Part 3. Other Information** (continued)26.a. Family Name (Last Name) 26.b. Given Name (First Name) 26.c. Middle Name 27. Date of Birth (mm/dd/yyyy) 28. Country of Birth 29. Country of Citizenship or Nationality 30. Relationship to Principal Applicant 31. Dependent's Email Address (if any) 32. Dependent's Daytime Telephone Number **Foreign Address of Dependents**33.a. In Care Of Name 33.b. Street Number and Name 33.c.  Apt.  Ste.  Flr. 33.d. City or Town 33.e. Province 33.f. Postal Code 33.g. Country **Contact Information of Dependents**34. Foreign Telephone Number **Part 4. Applicant's Contact Information, Certification, and Signature****Applicant's Contact Information**

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number 2. Applicant's Mobile Telephone Number (if any) 3. Applicant's Email Address (if any) **Applicant's Certification and Signature**

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 5.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature Date of Signature (mm/dd/yyyy) **Part 5. 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

**Part 5. Interpreter's Contact Information, Certification, and Signature (continued)**

**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 , and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that they understood every instruction, question, and answer on the application.

- 6. Interpreter's Signature
- Date of Signature (mm/dd/yyyy)

**Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**

**Preparer's Full Name**

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

**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 Statement**

I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.

**Preparer's Signature**

- 6. Preparer's Signature
- Date of Signature (mm/dd/yyyy)

