

Part 1. Information About You (continued)

- 7. Gender Male Female
- 8. Date of Birth (mm/dd/yyyy) ▶
- 9. City/Town/Village of Birth
- 10. Country of Birth
- 11. Class of Admission
- 12. Date of Admission (mm/dd/yyyy) ▶
- 13. U.S. Social Security Number (if any)
▶

Part 2. Application Type

NOTE: If your conditional status is expiring within the next 90 days, then do **not** file this application. (See Form I-90 instructions for further information.)

My status is (Select **only one** box):

- 1.a. Permanent Resident (Proceed to **Section A**)
- 1.b. Permanent Resident - In Commuter Status (Proceed to **Section A**)
- 1.c. Conditional Permanent Resident (Proceed to **Section B**)

Reason for Application (select **only one** box)

Section A. (To be used **only** by a permanent resident or a permanent resident in commuter status.)

- 2.a. My previous card has been lost, stolen, or destroyed.
- 2.b. My previous card was issued but never received.
- 2.c. My existing card has been mutilated.
- 2.d. My existing card has incorrect data because of USCIS error. (Attach existing card with incorrect data along with this application.)
- 2.e. My name or other biographic information has been legally changed since issuance of my existing card.
- 2.f. My existing card will expire in 6 months or has already expired.
- 2.g1. I have reached my 14th birthday and am registering as required. My existing card will expire after my 16th birthday. (If you are filing this form before your 14th birthday, or more than 30 days after your 14th birthday, do not select 2.g1. You must select 2.j.)

- 2.g2. I have reached my 14th birthday and am registering as required. My existing card will expire before my 16th birthday. (If you are filing this form before your 14th birthday, or more than 30 days after your 14th birthday, do not select 2.g2. You must select 2.j.)

- 2.h1. I am a permanent resident who is taking up commuter status.

My port of entry (POE) into the United States will be:

- 2.h1.1. City and State

- 2.h2. I am a commuter who is taking up actual residence in the United States.

- 2.i. I have been automatically converted to permanent resident status.
- 2.j. I have a prior edition of the Alien Registration Card, or I am applying to replace my current Permanent Resident Card for a reason that is not specified above.

Section B. (To be used **only** by a conditional permanent resident.)

- 3.a. My previous card has been lost, stolen, or destroyed.
- 3.b. My previous card was issued but never received.
- 3.c. My existing card has been mutilated.
- 3.d. My existing card has incorrect data because of USCIS error. (Attach existing permanent resident card with incorrect data along with this application.)
- 3.e. My name or other biographical information has been legally changed since the issuance of my existing card.

Part 3. Processing Information

Mother's Name

1. Given Name (First Name)

Father's Name

2. Given Name (First Name)

Additional Information

3. Location where you applied for an immigrant visa or adjustment of status:

4. Location where immigrant visa was issued or USCIS office where adjustment of status was granted:

Did you enter the United States with an immigrant visa? Complete **number 5.a.** and **number 5.a.1.** (If you were granted adjustment of status, proceed to **number 6.**)

5.a. Destination in United States at time of admission

Port of entry where admitted to United States:

5.a.1. City and State

6. Have you ever been ordered removed from the United States? Yes No

7. Since you were granted permanent residence, have you ever filed Form I-407, Abandonment by Alien of Status as Lawful Permanent Resident, or otherwise been judged to have abandoned your status? Yes No

NOTE: If you answered "Yes" to **number 6** or **number 7** above, provide a detailed explanation on a separate sheet of paper. You must include your Name and A-Number on the top of each sheet.

Part 4. Accommodations for Individuals With Disabilities and Impairments (Read the information in Form I-90 instructions before completing this Part.)

1. Are you requesting an accommodation because of a disability and/or impairment? Yes No

If you answered "Yes," check any applicable boxes:

1.a. I am deaf or hard of hearing and request the following accommodation (if requesting a sign-language interpreter, indicate for which language (e.g., American Sign Language)):

1.b. I am blind or sight-impaired and request the following accommodation:

1.c. I have another type of disability and/or impairment (describe the nature of the disability and/or impairment and accommodation you are requesting):

Part 5. Signature of Applicant (Read the information on penalties in the Form I-90 instructions before completing this part. You must file Form I-90 while in the United States.)

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

1.a. Signature of Applicant

1.b. Date of Signature (mm/dd/yyyy) ▶

2. Daytime Phone Number () -

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.

Part 6. Signature of Person Preparing This Application, If Other Than the Applicant

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

Preparer's Full Name

Provide the following information concerning the preparer:

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

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. Postal Code

3.g. Province

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Phone Number Extension
() -

5. Preparer's E-mail Address (if any)

Declaration

To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.

6.a. Signature of Preparer

6.b. Date of Signature (mm/dd/yyyy) ▶

NOTE: If you require more space to provide any additional information, use a separate sheet of paper. You must include your Name and A-Number on the top of each sheet.