



**Request for Cancellation
of Public Charge Bond**
Department of Homeland Security
U.S. Citizenship and Immigration Services

**USCIS
Form I-356**

For USCIS Use Only			
Bar Code Area		Action Block	
Initial Receipt			
Resubmitted	<div>Relocated</div> <div>Received Sent</div>		<div>Bond is</div> <div><input type="checkbox"/> Breached <input type="checkbox"/> Cancelled <input type="checkbox"/> Continued</div> <div>Comments (if needed): _____ _____</div>

To be Completed by the Obligor and Agent/Co-Obligor's Attorney or Accredited Representative (if any).			
<input type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Attorney State Bar Number (if applicable) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Attorney or Accredited Representative USCIS Online Account Number (if any) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

To be Completed by the Alien's Attorney or Accredited Representative (if any).			
<input type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Attorney State Bar Number (if applicable) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	Attorney or Accredited Representative USCIS Online Account Number (if any) <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

► **START HERE - 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

[\(USPS ZIP Code Lookup\)](#)

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Part 1. Obligor and Agent/Co-Obligor Information (To Be Completed by the Obligor or Agent/Co-Obligor)
(continued)

3. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

4. Daytime Telephone Number

5. Email Address (if any)

6. Taxpayer Identification Number (TIN) (includes ITIN, EIN and SSN)

Information About Agent/Co-Obligor

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

\$

Part 1. Obligor and Agent/Co-Obligor Information (To Be Completed by the Obligor or Agent/Co-Obligor)
(continued)

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)

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 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)

Part 3. Information About the Alien for Whom the Public Charge Bond Was Issued (To Be Completed By the Alien or the Alien's Executor)

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

▶ A-

2. U.S. Social Security Number (SSN) (if any)

▶

3. USCIS Online Account Number (if any)

▶

4. Current Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

5. Other Names You May Have Used Since Birth

Family Name (Last Name)

Given Name (First Name)

Middle Name

6. Sex ☐ Male ☐ Female

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

8. Place of Birth

City or Town

State or Province

Country

9. Country of Citizenship or Nationality

10. Mailing Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

11. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

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.**)

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 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
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)

Part 4. Reason for Cancellation of the Bond (continued)

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 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 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)

Part 4. Reason for Cancellation of the Bond (continued)

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.

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) |
| <div></div> | <div></div> |
| 3. Email Address (if any) | |
| <div></div> | |

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 applicant's eligibility for immigration benefits and to enforce immigration laws, and that the government may disclose the information only as authorized by 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) |
| <div></div> | <div></div> |

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) |
| <div></div> | <div></div> |
| 2. Interpreter's Business or Organization Name (if any) | |
| <div></div> | |

Part 6. 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 , which is the same language provided in **Part 5.**,

Item B. in **Item Number 1.**, 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 **Alien (or the Alien's Executor's) Certification**, and has verified the accuracy of every answer.

6. Interpreter'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)

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)

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) ► A-

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3. Page Number Part Number Item Number

4. Page Number Part Number Item Number

5. Page Number Part Number Item Number

6. Page Number Part Number Item Number

7. Page Number Part Number Item Number
