



# Application to Register Permanent Residence or Adjust Status

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

USCIS  
Form I-485  
OMB No. 1615-0023  
Expires 03/31/2027

## For USCIS Use Only

<b>Preference Category:</b>	<b>Receipt</b>	<b>Action Block</b>
<b>Country Chargeable:</b>		
<b>Priority Date:</b>		
<b>Date Form I-693 Received:</b>		
<input type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Interview Waived Date of Initial Interview: _____ Lawful Permanent Resident as of: _____	<b>Section of Law</b> <input type="checkbox"/> INA 209(a) <input type="checkbox"/> INA 249 <input type="checkbox"/> INA 209(b) <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> INA 245(a) <input type="checkbox"/> Cuban Adjustment Act <input type="checkbox"/> INA 245(i) <input type="checkbox"/> Other _____ <input type="checkbox"/> INA 245(m)	

## To be completed by an attorney or accredited representative (if any).

<input type="checkbox"/> <b>Select this box if Form G-28 is attached.</b>	<b>Volag Number</b> (if any) <input type="text"/>	<b>Attorney State Bar Number</b> (if applicable) <input type="text"/>	<b>Attorney or Accredited Representative USCIS Online Account Number</b> (if any) <input type="text"/>
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► **START HERE - Type or print in black ink.**

A-Number ► A-

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may deny your application.

### Part 1. Information About You (Person applying for lawful permanent residence)

**Your Current Legal Name** (do not provide a nickname)

<b>1.a.</b> Family Name (Last Name)	<input type="text"/>
<b>1.b.</b> Given Name (First Name)	<input type="text"/>
<b>1.c.</b> Middle Name	<input type="text"/>

<b>3.a.</b> Family Name (Last Name)	<input type="text"/>
<b>3.b.</b> Given Name (First Name)	<input type="text"/>
<b>3.c.</b> Middle Name	<input type="text"/>

<b>4.a.</b> Family Name (Last Name)	<input type="text"/>
<b>4.b.</b> Given Name (First Name)	<input type="text"/>
<b>4.c.</b> Middle Name	<input type="text"/>

**Other Names You Have Used Since Birth** (if applicable)

**NOTE:** Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

### Additional Information.

<b>2.a.</b> Family Name (Last Name)	<input type="text"/>
<b>2.b.</b> Given Name (First Name)	<input type="text"/>
<b>2.c.</b> Middle Name	<input type="text"/>

### Other Information About You

**5.** Date of Birth (mm/dd/yyyy)

**NOTE:** In addition to providing your actual date of birth, include any other dates of birth you have used in connection with any legal names or non-legal names in the space provided in **Part 14. Additional Information.**

**6.** Sex ☐ Male ☐ Female

**7.** City or Town of Birth

**Part 1. Information About You** (Person applying for lawful permanent residence) (continued)

8. Country of Birth

9. Country of Citizenship or Nationality

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

► A-

**NOTE:** If you have **EVER** used other A-Numbers, include the additional A-Numbers in the space provided in **Part 14. Additional Information**.

11. USCIS Online Account Number (if any)

**U.S. Mailing Address**

12.a. In Care Of Name (if any)

12.b. Street Number and Name

12.c. ☐ Apt. ☐ Ste. ☐ Flr.

12.d. City or Town

12.e. State

12.f. ZIP Code

[\(USPS ZIP Code Lookup\)](#)**Alternate and/or Safe Mailing Address**

If you are applying based on the Violence Against Women Act (VAWA) or as a special immigrant juvenile, human trafficking victim (T nonimmigrant), or victim of a qualifying crime (U nonimmigrant) and you do not want USCIS to send notices about this application to your home, you may provide an alternative and/or safe mailing address.

13.a. In Care Of Name (if any)

13.b. Street Number and Name

13.c. ☐ Apt. ☐ Ste. ☐ Flr.

13.d. City or Town

13.e. State

13.f. ZIP Code

**Social Security Card**

14. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?

☐ Yes ☐ No

If you answered "Yes," provide the information requested in **Item Number 15**.

15. Provide your U.S. Social Security Number (SSN).

16. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 17. Consent for Disclosure**, to receive a card).☐ Yes ☐ No17. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card.☐ Yes ☐ No**Recent Immigration History**

Provide the information for **Item Numbers 18. - 24.** if you last entered the United States using a passport or travel document.

18. Passport Number Used at Last Arrival

19. Travel Document Number Used at Last Arrival

20. Expiration Date of this Passport or Travel Document (mm/dd/yyyy)

21. Country that Issued this Passport or Travel Document

22. Nonimmigrant Visa Number from this Passport (if any)

Place of Last Arrival into the United States

23.a. City or Town

23.b. State

24. Date of Last Arrival (mm/dd/yyyy)