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

I-824, Application for Action on an Approved Application or Petition

START HERE - Please type or print in black ink

For USCIS Use Only

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

Family Name *(Last name)*

Given Name *(First name)*

Middle Name

Company or Organization Name

Home or Business Address - Street Number and Name

Apt./Suite #

City

State or Province

Zip/Postal Code

Country

Mailing Address - Street Number and Name

Apt./Suite #

C/O (*In care of*):

City

State or Province

Zip/Postal Code

Country

Daytime Phone # *(Area/country codes)*

Country of Birth

Country of Citizenship

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

IRS Tax # *(If any)*

A # *(If any)*

U.S. Social Security # *(If any)*

Returned	**Receipt**
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	

Remarks

Action Block

Part 2. Reason for Request

I am requesting *(Check one box):*

A. ☐ A duplicate approval notice

B. ☐ USCIS to notify a new U.S. Consulate, different from that originally requested, through the U.S. Department of State's National Visa Center or Kentucky Consular Center about the approval of a nonimmigrant visa petition or to notify a new Port-of-Entry, different from that originally requested, about the approval of a waiver application. Please notify the U.S. Consulate or Port-of-Entry at:

C. ☐ USCIS to notify a U.S. Consulate through the National Visa Center that my status has been adjusted to permanent resident based on an approved I-485 application. Please notify the U.S. Consulate at:

D. ☐ USCIS to send my approved immigrant visa petition to the National Visa Center (NVC)

E. ☐ USCIS to notify the U.S. Department of State of my U.S. Citizenship status

To Be Completed by
Attorney or Representative, if any.
☐ Fill in box if G-28 is attached to represent the applicant.

ATTY State License #

Part 3. Additional Information

1. Give the following information about the original petition or application.

Type of Petition or Application *(Form number)*

Receipt Number *(On Form I-797, Notice of Action)*

Filing Date of Petition or Application *(mm/dd/yyyy)*

Approval Date *(mm/dd/yyyy)*

2. Give the following information about the petitioner or applicant for the original petition or application.

Current/Most Recent Immigration Status

Naturalization/Citizenship Certificate Number

3. Give the following information about the principal beneficiary of the original petition or application.

Family Name *(Last name)*

Given Name *(First name)*

Middle Name

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

Country of Birth

A-Number *(If any)*

Home Address - Street Number and Name

Apt. #

City

State or Province

Zip/Postal Code

Country

Mailing Address - (If different from home address)
Street Number and Name/P.O. Box Number

C/O *(In care of)*

City

State or Province

Zip/Postal Code

Country

Daytime Phone *(Area/country code and number)*

4. If you have checked box C in Part 2, give the following information about the dependents(s) for whom you are requesting following-to-join. If you need additional space, attach a separate sheet(s) of paper.

Family Name *(Last name)*

Given Name *(First name)*

Middle Name

Relationship to the Principal Alien

Foreign Address

Foreign Telephone Number

Part 4. Signature (*Read the information on penalties in the instructions before completing this part.*)

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

Signature   **Daytime Phone Number** *(With area code)*   **Date** *(mm/dd/yyyy)*

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit and this application may be denied.

Part 5. Signature of Person Preparing Form, if Other than Above *(Sign below)*

I declare that I prepared this at the request of the applicant and it is based on all information of which I have knowledge.

Signature   Print or Type Your Name

Firm Name and Address

Date *(mm/dd/yyyy)*   **E-Mail Address** *(If any)*   **Daytime Phone Number** *(With area code)*