Table of Changes Form I-90 - Form May 18, 2009

LOCATION	CURRENT VERSION	PROPOSED VERSION
Page 1	FOR USCIS USE ONLY	FOR USCIS USE ONLY
FOR USCIS ONLY	Returned Resubmitted	(The receipt box and the Action Block moved to the top of Page 1.) Receipt
	Reloc Sent Reloc Rec'd	☐ Applicant Interviewed
	☐ Applicant Interviewed	Action Block
	Receipt	Class of Admission
	Status as	
	Verified by	
	Class	
	Initials	
	FD-258 forwarded on	
	I-89 forwarded on	
	I-551 seen and returned (initials)	
	Photocopy of I-551 verified (initials)	
	Name	
	Date	
	Sticker # (ten-digit number)	
	Action Block	
	To Be Completed by Attorney or Representative, if any	

	☐ Fill in box if G-28 is attached to represent the applicant	
	VOLAG#	
	ATTY State License #	
Page 1, Part 1.	Part 1. Information About You	Part 1. Information About You
1.	Family Name	1. Your Current Legal Name
	Given Name	(Your card will be issued in this name)
	Middle Initial	Family Name (Last Name)
	U.S. Mailing Address- C/O	Given Name (First Name)
	Street Number and Name	Full Middle Name
	Apt. #	2. Has your name legally changed since the issuance of your
	City	Permanent Resident Card?
	State	☐ Yes (Proceed to Question 3) ☐ No (Skip to Question 4)
	Zip Code	□ N/A – I never received my
	Date of Birth (Month/Day/Year)	previous card. (Skip to Question 4)
	Country of Birth	3. Your name exactly as reflected on your Permanent Resident
	Social Security #	Card
	A#	Family Name (Last Name)
		Given Name (First Name)
		Full Middle Name
		NOTE: Attach all evidence of your legal name change with this application.
		4. U.S. Mailing Address
		C/O Name:

		Street Number and Name
		Apt., Suite, or Floor
		City
		State Zip Code + 4
		5. U.S. Residence Address (if different from above)
		Street Number and Name
		Apt., Suite, or Floor
		City
		State
		Zip Code + 4
		6. Gender
		□ Male □ Female
		7. Date of Birth (mm/dd/yyyy)
		8. Country of Birth
		9. City/Town/Village of Birth
		10. Social Security Number
		11. A-Number
		12. Class of Admission
		13. Date of Admission (mm/dd/yyyy)
Page 1, Part 2.	Part 2. Application Type	Part 2. Application Type
2.	1. My status is: (check one)	NOTE: If your conditional status is expiring within the next 90 days,
	a. □ Permanent Resident – (Not a	expiring within the next 90 days,

Commuter)	then do not file this form. (See Form I-90 instructions for further
b. □ Permanent Resident – (Commuter)	information.)
c. Conditional Permanent	1. My status is (Check only one box):
Resident 2. Reason for application: (check	☐ A. Permanent Resident (Proceed to Section A in next question)
one) I am a Permanent Resident or Conditional Permanent Resident	☐ B. Permanent Resident – In Commuter Status (Proceed to Section A in next question)
and:a. □ My card was lost, stolen or destroyed.	☐ C. Conditional Permanent Resident (Skip to Section B in next question)
b. ☐ My authorized card was never received.	2. Reason for application (Check only one box and see instructions
c. □ My card is mutilated.	before filling out the reason): Section A. (To be used only by permanent resident or permanent
d. My card was issued with incorrect information because of a USCIS administrative error. I have attached the incorrect card and evidence of the correct information.	resident in commuter status) □ A. My previous card has been lost, stolen, or destroyed.
e. ☐ My name or other biographic information has changed since the	☐ B. My previous card was issued but never received.
card was issued.	☐ C. My existing card has been mutilated.
I am a Permanent Resident and:	□ D. My existing card has incorrect
f. ☐ My present card has an expiration date and it is expiring.	data because of USCIS error. (Attach existing card with incorrect data along with this application.)
g. □ I have reached my 14 th birthday since my card was issued.	☐ E. My name or other biographic information has been legally
h.1. ☐ I have taken up Commuter status.	changed since issuance of my existing card.
h.2. ☐ I was a Commuter and am now taking up residence in the U S	☐ F. My existing card will expire in six months or has already expired

	 i. □ My status has been automatically converted to permanent resident. j. □ I have an old edition of the card. 	 □ G1. I have reached my 14th birthday, and my existing card will not expire before my 16th birthday. □ G2. I have reached my 14th birthday, and my existing card will expire before my 16th birthday. □ H1. I am a permanent resident
		who is taking up commuter status. My port of entry (POE) into the United States will be
		☐ H2. I am a commuter who is taking up actual residence in the United States.
		☐ I. I have been automatically converted to permanent resident status.
		☐ 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 conditional permanent resident)
		☐ A. My previous card has been lost, stolen, or destroyed.
		☐ B. My previous card was issued but never received.
		☐ C. My existing card has been mutilated.
		□ D. My existing card has incorrect data because of USCIS error. (Attach existing card with incorrect data along with this application.)
		☐ E. My name or other biographical

		information has been legally changed since issuance of my existing card.
Page 1, Part 3.	Part. 3. Processing information.	Part. 3. Processing Information
Tart 5.	Mother's First Name	1. Mother's First Name
	Father's First Name	2. Father's First Name
	City of Residence where you applied for an Immigrant Visa or Adjustment of Status	3. City of residence where you applied for an immigrant visa or adjustment of status
	Consulate where Immigrant Visa was issued or USCIS office where status was Adjusted	4. Consulate where immigrant visa or USCIS office where adjustment of status was granted
	City/Town/Village of Birth Date of Admission as an immigrant	5. If you entered the United States with an immigrant visa, also complete the following: (If you
	or Adjustment of Status Part 3. Processing information.	were granted adjustment of status, skip this question and proceed to Question 6 .)
	(continued):	Question 0.)
	If you entered the U.S. with an	a. Destination in United States at time of admission
	Immigrant Visa, also complete the following:	b. Port of entry where admitted to United States
	Destination in U.S. at time of Admission	6. Have you ever been ordered removed from the United States?
	Port of Entry where Admitted to U.S.	
	Are you in removal/deportation or recission proceedings? □ No □ Yes	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
	Since you were granted permanent residence, have you ever filed Form I-407, Abandonment by Alien of Status as Lawful Permanent	been judged to have abandoned your status?
	Resident, or otherwise been judged to have abandoned your status"	NOTE: If you answered " Yes " to Question 6 or Question 7 above,

		provide detailed explanation in Part
		7.
	If you answer yes to any of the above questions, explain in detail on a separate piece of paper.	·•
Page 2, Part 4.	Part 4. Signature. (Read the information on penalties in the	Part 4. Accommodations for Individuals With Disabilities
	instructions before completing this	Are you requesting an
	section. You must file this application while in the United	accommodation because of a
	States.)	disability or impairment? (See
	states.)	instructions for examples of
	I certify, under the penalty of	accommodations.)
	perjury under the laws of the United	□ No □ Yes
	States of America, that this	
	application and the evidence	If you answered "Yes," check any
	submitted with it is all true and correct. I authorize the release of	applicable boxes:
	any information from my records	□ a. I am deaf or hard of hearing
	that U.S. Citizenship and	and request the following
	Immigration Services needs to	accommodation (if requesting a
	determine eligibility for the benefit I	sign-language interpreter, indicate
	am seeking.	for which language (e.g., American Sign Language)):
	Signature	
		□ b. I am blind or sight-impaired
	Date	and request the following
	D .: N . V . I	accommodation:
	Daytime Phone Number	
	DI V V	\Box c. I have another type of disability
	Please Note: If you do not	(describe the nature of the disability
	completely fill out this form or fail	and accommodation you are
	to submit required documents listed	requesting):
	in the instructions, you cannot be	
	found eligible for the requested	
	document and this application may be denied.	
Page 2,	Part 5. Signature of person	Part 5. Signature (Read the
Part 5.	preparing form, if other than	information on penalties in the
	above. (Sign below)	instructions before completing this
		section. You must file this
	I declare that I prepared this	application while in the United
	application at the request of the	States.)
	above person and it is based on all	
		I certify, under the penalty of

information of which I have knowledge. Signature Print Your Name Date	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
Name and Address of Business/Organization (if applicable)	am seeking. Signature Date
	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 Form, If Other Than Above (Sign below) I declare that I prepared this application at the request of the above person, and it is based on all information of which I have knowledge.
	NOTE: If you are an attorney or representative, you must submit a completed Form G-28 along with this application.
	Signature Date
	Daytime Phone Number Print Your Name

	Name of Business/Organization (if applicable) Street Number and Name Apt., Suite, or Floor City State Zip Code +4
New Section	A-Number: Part 7. Explanation Page
	Provide detailed explanation on this page, if you answered "Yes" to Question 6 or Question 7 in Part 3.