

Request Type

- ☐ Permanent Resident
 ☐ Permanent Resident - in Commuter Status
 ☐ Conditional Permanent Resident

Reason for Application

- ☐ My previous card has been lost, stolen or destroyed.
☐ My previous card was issued but never received.
☐ My existing card has been mutilated.
☐ My existing card has incorrect data because of USCIS error. *(Upload a scanned image of the existing card with incorrect data along with this application.)*

Upload scanned image of card with incorrect data. [Choose File](#)

- ☐ My name or other biographic information has been legally changed since issuance of my existing card.
☐ My existing card has already expired or will expire in six months.
☐ 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, you must select "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.")*
☐ 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, you must select "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.")*
☐ I am a permanent resident who is taking up commuter status.
 My port of entry (POE) into the United States will be
☐ I am a commuter who is taking up actual residence in the United States.
☐ I have been automatically converted to permanent resident status.
☐ 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.

Primary Applicant's Personal Information

* USCIS Account Number

Alien Registration Number (A-Number)

* Family Name (Last Name)

Given Name (First Name)

☐ I do not have a Given Name (First Name).

Middle Name

☐ I do not have a Middle Name.

Gender

* Date of Birth

* Country of Birth

State of Birth

City/Town/Village of Birth

- ☐ My name has legally changed since the issuance of my Permanent Resident Card.

Provide your name exactly as reflected on your Permanent Resident Card

Family Name (Last Name)

Given Name (First Name)

Middle Name

Mother's Given Name (First Name)

Father's Given Name (First Name)

Communication Preference

* Daytime Phone/ Mobile Phone Number/ Email Address

Mailing Address

* In Care of Name

* City/Town

* Street Number

State

* Street Name

* ZIP Code

Apt/Suite/Floor #

Province

* Country

Postal Code

U.S. Physical Address

☐ Same as Mailing Address

* Street Number

* City/Town

* Street Name

State

Apt/Suite/Floor #

* ZIP Code

Processing Information

Class of Admission

Date of Admission

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

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?

☐ Yes ☐ No

Provide the following information:

Destination in
United States at
time of admission

Port of entry where
admitted to United
States

Have you ever been ordered removed from the United States?

☐ Yes ☐ No

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 either of the questions
on the left, provide a detailed explanation in the box
below.**

Provide Explanation

What is your race?

What is your eye color?

What is your height?

Provide your height in feet and inches.

What is your hair color?

What is your weight?

Provide your weight in pounds.

Accommodations for Individuals with Disabilities and Impairments

Are you requesting an accommodation because of a disability and/or impairment?

☐ Yes ☐ No

- ☐ 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)):

- ☐ I am blind or sight-impaired and request the following accommodation:

- ☐ I have another type of disability and/or impairment (describe the nature of your disability and/or impairment and accommodation you are requesting):

Application Preparation

Did someone prepare this application for you? ☐ Yes ☐ No

* Preparer's Family Name
(Last Name)

* Preparer's Business
or Organization Name

* Preparer's Given Name
(First Name)

Preparer's Mailing Address

* Street Number

* Street Name

Apt/Suite #

* Country

* City/Town

State

* ZIP Code

Province

Postal Code

Submit Benefit Request

Submit and Upload Evidence

Submit and Review PDF