TABLE OF CHANGES – FORM

Form I-191, Application for Relief Under Former Section 212(c) of the Immigration and Nationality Act (INA) OMB Number: 1615-0016

Date 06/10/2020

Reason for Revision: Fee Rule Project Phase: Post G-1056

• Please note – all instances of "if any" and "if applicable" have been removed from Form I-191.

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 02/28/2021 Edition Date 12/02/2019

Current Page Number and Section	Current Text	Proposed Text
Page 1	[Page 1]	[Page 1]
	To be completed by an attorney or accredited representative (if any). Select this box if Form G-28 is attached. Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any) START HERE - Type or print in black ink.	To be completed by an attorney or accredited representative. Select this box if Form G-28 is attached. Attorney State Bar Number Attorney or Accredited Representative USCIS Online Account Number START HERE - Type or print in black ink.
Page 1-3,	[Page 1]	[Page 1]
Information About You		
	4. Alien Registration Number (A-Number) (if any)	4. Alien Registration Number (A-Number)
	5. USCIS Online Account Number (if any)	5. USCIS Online Account Number
	[Page 2]	[Page 2]
	8. Mailing Address In Care Of Name (if any) Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province	8. Mailing Address In Care Of Name Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province
	Postal Code	Postal Code
	Country	Country

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Additional Information		
	If you need extra space to provide any additional information within this application, 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 application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number , Part Number , and Item Number to which your answer refers; and sign and date each sheet.	If you need extra space to provide any additional information within this application, 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 application or attach a separate sheet of paper. Type or print your name and A-Number at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.
	 Family Name (Last Name) Given Name (First Name) Middle Name A-Number (if any) 	 Family Name (Last Name) Given Name (First Name) Middle Name A-Number