## **TABLE OF CHANGES – FORM**

## Form I-601, Application for Waiver of Grounds of Inadmissibility OMB Number: 1615-0029 06/02/2020

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

• Please note – all instances of "if any" and "if applicable" have been remove from Form I-601.

Legend for Proposed Text:

• Black font = Current text

• Red font = Changes

Expires 07/31/2021 Edition Date 01/27/2020

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 or G-28I is attached. Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)	To be completed by an Attorney or Accredited Representative. Select this box if Form G-28 is attached or G-28I is attached. Attorney State Bar Number Attorney or Accredited Representative USCIS Online Account Number
Page 1-2, Part 1.	[Page 1]	[Page 1]
Information About You		
	1. Alien Registration Number (A-Number) (if any)	1. Alien Registration Number (A-Number)
	2. USCIS Online Account Number (if any)	2. USCIS Online Account Number
	8. U.S. Social Security Number (if any)	8. U.S. Social Security Number
	<b>12.</b> Province of Birth (if applicable)	12. Province of Birth
	<b>17.b.</b> If you answered "Yes" to <b>Item Number 17.a.</b> , provide the USCIS Receipt Number for your Form I-821, if any.	<b>17.b.</b> If you answered "Yes" to <b>Item Number 17.a.</b> , provide the USCIS Receipt Number for your Form <b>I-821</b> .

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	<b>18.b.</b> If you answered "Yes" to <b>Item Number 18.a.</b> , provide the USCIS Receipt Number for your Form I-212, if any.	<b>18.b.</b> If you answered "Yes" to <b>Item Number 18.a.</b> , provide the USCIS Receipt Number for your Form I-212.
Page 6, Part 5.	[Page 6]	[Page 6]
Information About Your Qualifying Relatives		
Cara V g a martin	3. Daytime Telephone Number (if any)	3. Daytime Telephone Number
	4. Email Address (if any)	4. Email Address
	7. Relative's A-Number (if any)	7. Relative's A-Number
Page 6-7, Part 6.	[Page 6]	[Page 6]
Information About Your Other Relatives With		
Ties to the United States	<b>3.</b> Daytime Telephone Number (if any)	3. Daytime Telephone Number
	<b>4.</b> Email Address (if any)	4. Email Address
	7. Relative's A-Number (if any)	7. Relative's A-Number
Page 10, Part 10.	[Page 10]	[Page 10]
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 <b>Page Number, Part Number</b> , and <b>Item Number</b> 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.
	2. A-Number (if any)	2. A-Number
Page 11-12, Part 11.	[Page 11]	[Page 11]
Statement for Applicants With a Class A		

Tuberculosis Condition (As Defined By HHS	7. Email Address (if any)	7. Email Address
<b>Regulations</b> )	[Page 12]	[Page 12]
	13. Email Address (if any)	13. Email Address