

TABLE OF CHANGES – FORM
Form I-817, Application for Family Union Benefits
OMB Number: 1615-0005
Date 06/24/2020

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-817.

Legend for Proposed Text:

- Black font = Current text
- Red font = Changes

Expires 11/30/2021
Edition Date 12/02/2019

Current Page Number and Section	Current Text	Proposed Text
Page 1	<p>[Page 1]</p> <p>To be completed by an attorney or BIA-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)</p> <p>...</p>	<p>[Page 1]</p> <p>To be completed by an attorney or BIA-accredited representative. Select this box if Form G-28 is attached. Attorney State Bar Number Attorney or Accredited Representative USCIS Online Account Number</p> <p>...</p>
Page 1-2, Part 1. Information About You (Person Requesting Family Unity Benefits)	<p>[Page 1]</p> <p>...</p> <p>1. Alien Registration Number (A-Number) (if any)</p> <p>...</p> <p>6. U.S. Social Security Number (if any)</p> <p>7. USCIS Online Account Number (if any)</p> <p>...</p> <p>11.a. In Care Of Name (if any) 11.b. Street Number and Name 11.c. Apt. Ste. Flr. 11.d City or Town 11.e. State 11.f. ZIP Code</p> <p>...</p>	<p>[Page 1]</p> <p>...</p> <p>1. Alien Registration Number (A-Number)</p> <p>...</p> <p>6. U.S. Social Security Number</p> <p>7. USCIS Online Account Number</p> <p>...</p> <p>11.a. In Care Of Name 11.b. Street Number and Name 11.c. Apt. Ste. Flr. 11.d City or Town 11.e. State 11.f. ZIP Code</p> <p>...</p>

<p>Page 3-5,</p> <p>Part 4. Information About Your Relationship</p>	<p>[Page 3]</p> <p>...</p> <p>5. A-Number (if any)</p> <p>6. USCIS Online Account Number (if any)</p> <p>7. U.S. Social Security Number (if any)</p> <p>...</p> <p>10.a. Street Number and Name 10.b. Apt. Ste. Flr. 10.c. City or Town 10.d. State 10.e. ZIP Code 11. Daytime Telephone Number (if any)</p> <p>12. Email Address (if any)</p> <p>...</p> <p>[Page 4]</p> <p>Provide the following information about your prior marriages (if any).</p> <p>...</p> <p>17.a. Date of Marriage (if any) (mm/dd/yyyy)</p> <p>...</p> <p>Provide the following information about your current spouse's prior marriages (if any).</p> <p>...</p> <p>19.a. Date of Marriage (if any) (mm/dd/yyyy)</p> <p>...</p> <p>20. I have completed Part 4., Item Numbers 13. - 19.k., information about my prior marriages (if any).</p> <p>...</p>	<p>[Page 3]</p> <p>...</p> <p>5. A-Number</p> <p>6. USCIS Online Account Number</p> <p>7. U.S. Social Security Number</p> <p>...</p> <p>10.a. Street Number and Name 10.b. Apt. Ste. Flr. 10.c. City or Town 10.d. State 10.e. ZIP Code 11. Daytime Telephone Number</p> <p>12. Email Address</p> <p>...</p> <p>[Page 4]</p> <p>Provide the following information about your prior marriages.</p> <p>...</p> <p>17.a. Date of Marriage (mm/dd/yyyy)</p> <p>...</p> <p>Provide the following information about your current spouse's prior marriages.</p> <p>...</p> <p>19.a. Date of Marriage (mm/dd/yyyy)</p> <p>...</p> <p>20. I have completed Part 4., Item Numbers 13. - 19.k., information about my prior marriages.</p> <p>...</p>
<p>Page 5-9,</p> <p>Part 5. Other Information</p>	<p>[Page 6]</p> <p>...</p> <p>5.d. A-Number (if any) 5.e. Relationship to Applicant</p> <p>...</p> <p>6.d. A-Number (if any) 6.e. Relationship to Applicant</p>	<p>[Page 6]</p> <p>...</p> <p>5.d. A-Number 5.e. Relationship to Applicant</p> <p>...</p> <p>6.d. A-Number 6.e. Relationship to Applicant</p>

	<p>...</p> <p>7.d. A-Number (if any) 7.e. Relationship to Applicant</p> <p>...</p> <p>8.d. A-Number (if any) 8.e. Relationship to Applicant</p> <p>...</p> <p>9.d. A-Number (if any) 9.e. Relationship to Applicant</p> <p>...</p> <p>10.d. A-Number (if any) 10.e. Relationship to Applicant</p> <p>...</p>	<p>...</p> <p>7.d. A-Number 7.e. Relationship to Applicant</p> <p>...</p> <p>8.d. A-Number 8.e. Relationship to Applicant</p> <p>...</p> <p>9.d. A-Number 9.e. Relationship to Applicant</p> <p>...</p> <p>10.d. A-Number 10.e. Relationship to Applicant</p> <p>...</p>
<p>Page 12, Part 10. Additional Information</p>	<p>[Page 12]</p> <p>...</p> <p>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.</p> <p>...</p> <p>2. A-Number (if any)</p> <p>...</p>	<p>[Page 12]</p> <p>...</p> <p>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.</p> <p>...</p> <p>2. A-Number</p> <p>...</p>