### 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

<table>
<thead>
<tr>
<th>Current Page Number and Section</th>
<th>Current Text</th>
<th>Proposed Text</th>
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</thead>
<tbody>
<tr>
<td>Page 1</td>
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<td>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) ...</td>
<td>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 ...</td>
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<td>[Page 1]</td>
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</tbody>
</table>
| **Part 1. Information About You**  
((Person Requesting Family Unity Benefits) | ... | ... |
|                                | 1. Alien Registration Number (A-Number) (if any) | 1. Alien Registration Number (A-Number) |
|                                | ... | ... |
|                                | 6. U.S. Social Security Number (if any) | 6. U.S. Social Security Number |
|                                | 7. USCIS Online Account Number (if any) | 7. USCIS Online Account Number |
|                                | ... | ... |
|                                | 11.a. In Care Of Name (if any) | 11.a. In Care Of Name |
|                                | 11.b. Street Number and Name | 11.b. Street Number and Name |
|                                | 11.d City or Town | 11.d City or Town |
|                                | 11.e. State | 11.e. State |
|                                | 11.f. ZIP Code | 11.f. ZIP Code |
|                                | ... | ... |
Part 4. Information About Your Relationship

5. A-Number (if any)
6. USCIS Online Account Number (if any)
7. U.S. Social Security Number (if any)

10.a. Street Number and Name
10.c. City or Town
10.d. State
10.e. ZIP Code
11. Daytime Telephone Number (if any)
12. Email Address (if any)

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Provide the following information about your prior marriages (if any).

17.a. Date of Marriage (if any) (mm/dd/yyyy)

Provide the following information about your current spouse's prior marriages (if any).

19.a. Date of Marriage (if any) (mm/dd/yyyy)


Part 5. Other Information

5.d. A-Number (if any)
5.e. Relationship to Applicant

6.d. A-Number (if any)
6.e. Relationship to Applicant

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7.d. A-Number (if any)
7.e. Relationship to Applicant

8.d. A-Number (if any)
8.e. Relationship to Applicant

9.d. A-Number (if any)
9.e. Relationship to Applicant

10.d. A-Number (if any)
10.e. Relationship to Applicant

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.

2. A-Number (if any)

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