

# I-824, Application for Action on an Approved Application or Petition

**START HERE - Please Type or Print**

**FOR BCIS USE ONLY**

**Part 1. Information about the person that filed the original application or petition.** (Individuals use the top name line. Organizations use the second line.)

Family Name	Given Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company or Organization Name		
<input type="text"/>		
Address - In care of -		
<input type="text"/>		
Street Number and Name		Apt./Suite #
<input type="text"/>		<input type="text"/>
City	State or Province	Zip/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)		Country of Birth
<input type="text"/>		<input type="text"/>
Social Security # (if any)	A # (if any)	IRS Tax # (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	
<input type="checkbox"/> Applicant Interviewed on _____	

**Part 2. Application type.** (check one)

a.  I am applying for a duplicate approval notice.

b.  I am requesting that a new U.S. Consulate or Port of Entry be notified of the previous approval of a petition. Please notify the U.S. Consulate or Port of Entry at:

c.  I am requesting that a U.S. Consulate be notified that my status has been adjusted to permanent resident. Please notify the U.S. Consulate at:

**Part 3. Processing information.**

Type of Petition/Application (Form #)	Filing Receipt #
<input type="text"/>	<input type="text"/>
Date of Filing (mm/dd/yyyy)	Date of Approval (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

If petition is filed for another person, give the following information about the person you filed for:

Family Name	Given Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Country of Birth	A # (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Part 4. Signature.** Read the information on penalties in the instructions before completing this section.

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. I authorize the release of any information from my records which the Bureau of Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature	Print or Type Your Name	Daytime Phone # (with A/C)	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Part 5. Signature of person preparing form, if other than above.** (Sign below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print or Type Your Name	Fax Number (if any)	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Firm Name and Address	Daytime Telephone Number (with A/C)
<input type="text"/>	<input type="text"/>

**Action Block**

**To Be Completed By**  
Attorney or Representative, if any.  
 Fill in box if G-28 is attached to represent the applicant.

ATTY State License #