

U.S. Department of Homeland Security
Bureau of Citizenship and Immigration Services

**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"/>

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"/>	

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	
<input type="checkbox"/> Applicant Interviewed on _____	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
Action Block	
<p>To Be Completed By Attorney or Representative, if any.</p> <p><input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.</p>	
ATTY State License # <input type="text"/>	