



Application to Adjust Status From Temporary to Permanent Resident (Under Section 245A of the INA)

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

USCIS
Form I-698
OMB No. 1615-0035
Expires 12/31/2023

For USCIS Use Only	Applicant Interviewed	Receipt	Action Block
	Date: _____		
	Date of Adjustment	Remarks	
	Date: _____		

▶ **START HERE - Type or print in black ink.**

Part 1. Information About You

1. Full Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Name as it Appears on Your Employment Authorization Document (Form I-766)

A. Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Provide the reason for a difference in the names, if any (marriage, divorce, etc.)

3. Any Other Names Used

A. Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. A. If your native alphabet does not use Roman letters, type or print your name in your native alphabet.

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Language of Your Native Alphabet

5. U.S. Mailing Address [\(USPS ZIP Code Lookup\)](#)

In Care Of Name

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Is your current U.S. mailing address the same as your U.S. physical address? Yes No

If you answered "No," provide your U.S. physical address in **Item Number 7.**

Part 1. Information About You (continued)

A-

7. U.S. Physical Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

8. Alien Registration Number (A-Number) (if any) 9. U.S. Social Security Number (if any)

▶ A-

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10. Date of Birth (mm/dd/yyyy)

11. Gender

Male Female

12. Place of Birth

City or Town

Province or Foreign State

Country

13. Country of Citizenship or Nationality

14. Mother's First Name

15. Father's First Name

16. Marital Status Single (Never Married) Married Divorced or Separated Widowed

17. List absences from the United States since becoming a temporary resident. List the most recent absence first. If you have a single absence that exceeded **30 days** or if the total of all of your absences exceeds **90 days**, explain using the space provided in **Part 8. Additional Information** or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of the sheet; indicate the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.

Country	Purpose of Trip	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Total Days Absent

Part 2. Biographic Information

1. Ethnicity (Select **only one** box) Hispanic or Latino Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

3. Height Feet Inches 4. Weight Pounds

5. Eye Color (Select **only one** box)

Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other

6. Hair Color (Select **only one** box)

Bald (No Hair) Black Blond Brown Gray Red Sandy White Unknown/Other

Part 5. Applicant's Statement, Contact Information, ASC Acknowledgement, Certification, and Signature (continued)

A-

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

Acknowledgement of Appointment at USCIS Application Support Center

I, , understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide fingerprints, photograph, and/or signature and to re-affirm that all of the information in my application is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment:

By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming that I willingly submit this application; I have reviewed the contents of this application; all of the information in my application and all supporting documents submitted with my application were provided by me and are complete, true, and correct; and if I was assisted in completing this application, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** with me.

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration of U.S. immigration laws.

I certify, under penalty of perjury, that the information in my application and any document submitted with my application were provided by me and are complete, true, and correct.

Applicant's Signature

6. Applicant's Signature

➔

Date of Signature (mm/dd/yyyy)

Part 6. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

Provide the following information concerning the interpreter.

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Part 6. Interpreter's Contact Information, Certification, and Signature
(continued)

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Interpreter's Mailing Address

3. Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number 5. Interpreter's Email Address (if any)

Interpreter's Certification

I certify that:

I am fluent in English and , which is the same language provided in **Part 5., Item B.** in **Item Number 1.**;

I have read to this applicant every question and instruction on this application, as well as the answer to every question, in the language provided in **Part 5., Item B.** in **Item Number 1.**; and

I have read the **Acknowledgement of Appointment at USCIS Application Support Center** to the applicant in the same language provided in **Part 5., Item B.** in **Item Number 1.**

The applicant has informed me that he or she understands every instruction and question on the application, as well as the answer to every question, and the applicant verified the accuracy of every answer; and

The applicant has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photographs, and/or signature, he or she is re-affirming that the contents of this application and all supporting documentation are complete, true, and correct.

Interpreter's Signature

6. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 7. Contact Information, Statement, Certification, and Signature of the Person Preparing This Application, If Other Than the Applicant

Preparer's Full Name

Provide the following information concerning the preparer.

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2. Preparer's Business or Organization (if any)

Part 8. 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. Include 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.

1. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ▶ A-

3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.
