



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 02/28/2026

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

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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)

▶ A-

9. U.S. Social Security Number (if any)

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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 7. 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)

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

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 3. Eligibility Standards (continued)

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- 26. Have you **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No
- 27. Have you **EVER** assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person? Yes No
- 28. Have you **EVER** received any type of military, paramilitary or weapons training? Yes No
- 29. Have you **EVER**:
 - A. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? Yes No
 - B. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? Yes No

Part 4. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

- 1. Applicant's Daytime Telephone Number
- 2. Applicant's Mobile Telephone Number (if any)
- 3. Applicant's Email Address (if any)

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 5.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

- 4. Applicant's Signature Date of Signature (mm/dd/yyyy)

Part 7. 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.
