



Petition for Alien Relative
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-130
OMB No. 1615-0012
Expires 02/28/2027

For USCIS Use Only		Fee Stamp		Action Stamp	
A-Number A-					
Initial Receipt					
Resubmitted					
Relocated					
Received		Section of Law/Visa Category			
Sent					
Completed					
Approved		Petition was filed on (Priority Date mm/dd/yyyy):		☐ Field Investigation ☐ Personal Interview ☐ 204(a)(2)(A) Resolved	
Returned		PDR request granted/denied - New priority date (mm/dd/yyyy):		☐ Previously Forwarded ☐ Pet. A-File Reviewed ☐ I-485 Filed Simultaneously	
Remarks				☐ 203(g) Resolved ☐ Ben. A-File Reviewed ☐ 204(g) Resolved	
At which USCIS office (e.g., NBC, VSC, LOS, CRO) was Form I-130 adjudicated?					

To be completed by an Attorney or Accredited Representative (if any).			
☐ Select this box if Form G-28 or G-28I is attached.	Volag Number (if any) 	Attorney State Bar Number (if applicable) 	Attorney or Accredited Representative USCIS Online Account Number (if any)

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

If you need extra space to complete any section of this petition, use the space provided in **Part 16. Additional Information**.
Complete and submit as many copies of Part 16., as necessary, with your petition.

Part 1. Relationship (You are the Petitioner. Your relative is the Beneficiary)

I am a (Select **only one** box)

1.a. ☐ U.S. Citizen **1.b.** ☐ Lawful Permanent Resident or U.S. National (who is not a U.S. citizen)

2. I am filing this petition for my (Select **only one** box):

☐ Spouse ☐ Parent ☐ Brother/Sister ☐ Child

Part 2. Information About You (Petitioner)

1. Your Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

2. Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 16. Additional Information**.

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)



Part 2. Information About You (Petitioner) (continued)

3. Date of Birth (mm/dd/yyyy) 4. Sex ☐ Male ☐ Female 5. U.S. Social Security Number (if any)
6. Alien Registration Number (A-Number) (if any) 7. USCIS Online Account Number (if any)
8. City/Town/Village of Birth 9. Country of Birth
10. Country of Citizenship or Nationality
11. **Current Mailing Address** (Safe Mailing Address, if applicable)
In Care Of Name (if any)
Street Number and Name Apt. Ste. Flr. ☐ ☐ ☐ Number
City/Town/Village State ZIP Code [\(USCIS ZIP Code Lookup\)](#)
Province Postal Code Country
12. Is your current mailing address the same as your physical address? ☐ Yes ☐ No
If you answered "No" to **Item Number 12.**, provide information on your physical address in **Item Numbers 13. - 16.**

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in **Item Number 11.** If you need extra space to complete this section, use the space provided in **Part 16. Additional Information.**

13. Physical Address 1

Street Number and Name	Apt. Ste. Flr.	Number
	☐ ☐ ☐	
City/Town/Village	State	ZIP Code
Province	Postal Code	Country

14. Date From (mm/dd/yyyy) Date To (mm/dd/yyyy) **PRESENT**



Part 2. Information About You (Petitioner) (continued)

15. Physical Address 2

Street Number and Name

Apt. Ste. Flr. **Number**

☐ ☐ ☐

City/Town/Village

State

ZIP Code

Province

Postal Code

Country

16. Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

Your Marital Information

17. How many times have you been married?



18. Current Marital Status

☐ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Annulled

Place of Your Current Marriage (if married)

19. **City/Town/Village of Marriage**

State

Province

Country

Names of All Your Spouses (if any)

Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any). **If you need extra space to complete this section, use the space provided in Part 16. Additional Information.**

20. **Spouse 1**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

21. **Date of Marriage (mm/dd/yyyy)**

Date Marriage Ended (mm/dd/yyyy) (if applicable)

22. **Spouse 2**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

23. **Date of Marriage (mm/dd/yyyy)**

Date Marriage Ended (mm/dd/yyyy)



Part 2. Information About You (Petitioner) (continued)

Information About Your Parents

24. Parent 1's Information

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

25. Date of Birth (mm/dd/yyyy) 26. Sex 27. City/Town/Village of Birth

28. State or Province of Birth 29. Country of Birth

30. City/Town/Village of Residence 31. State or Province of Residence

32. Country of Residence

33. Was this parent ever a foreign diplomatic officer accredited by the U.S. Department of State? ☐ Yes ☐ No

34. Parent 2's Information

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

35. Date of Birth (mm/dd/yyyy) 36. Sex 37. City/Town/Village of Birth

38. State or Province of Birth 39. Country of Birth

40. City/Town/Village of Residence 41. State or Province of Residence

42. Country of Residence

43. Was this parent ever a foreign diplomatic officer accredited by the U.S. Department of State? ☐ Yes ☐ No

If you are a U.S. citizen, complete Item Number 44.

44. My citizenship was acquired through (Select **only one** box):

- ☐ Birth in the United States
☐ Birth Abroad to U.S. Citizen Parent(s)
☐ Naturalization
☐ Acquisition After Birth Through Naturalization of Parent(s)

45. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 45.**, complete the following:

46.a. Certificate Number **46.b.** Place of Issuance **46.c.** Date of Issuance (mm/dd/yyyy)

Part 2. Information About You (Petitioner) (continued)

If you are a lawful permanent resident, complete **Item Numbers 47.a. - 47.d.**

47.a. Class of Admission

47.b. Date of Admission (mm/dd/yyyy)

Place of Admission

47.c. City/Town/Village

47.d. State

Employment and Educational History

Provide your employment/educational history for the last five years, whether inside or outside the United States. Provide your current employment or school first. If you are currently unemployed, type or print "Unemployed" in **Item Number 48.** If you need extra space to complete this section, use the space provided in **Part 16. Additional Information.**

48. Employer or School 1

Name of Current Employer/Company /School

49. Street Number and Name

Apt. Ste. Flr. Number

City/Town/Village

State

ZIP Code

Province

Postal Code

Country

50. Your Occupation

51. Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

PRESENT

52. Employer or School 2

Name of Employer/Company/School

53. Street Number and Name

Apt. Ste. Flr. Number

City/Town/Village

State

ZIP Code

Province

Postal Code

Country

54. Your Occupation

55. Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)



Part 2. Information About You (Petitioner) (continued)

Criminal History

56. Have you **EVER** been detained, arrested, cited, charged, or confined by any law enforcement officer, military official (in the U.S. or elsewhere), for committing or attempting to commit an offense against or involving a minor (person under 18 years of age)? If you answer "Yes," provide the details of the offense(s) below. If you answer "No," skip to **Part 3. Biographic Information**. If you need extra space to complete this section, use the space provided in **Part 16. Additional Information**. ☐ Yes ☐ No

Offense 1

57. What was the offense?
If convicted, provide the statute of conviction. If not convicted, provide the offense listed in the arrest, citation, charging, or final disposition document.

58. Place of Offense

City/Town/Village

State

Province

Country

59. Date of offense (mm/dd/yyyy)

60. What was the final result or disposition of the arrest, citation, or charge?

Select the appropriate option:



If you select "Other," please explain the result or disposition in **Part 16. Additional Information**.

61. Date of Conviction or Guilty Plea (if applicable)

(mm/dd/yyyy)

Offense 2

62. What was the offense?
If convicted, provide the statute of conviction. If not convicted, provide the offense listed in the arrest, citation, charging, or final disposition document.

63. Place of Offense

City/Town/Village

State

Province

Country

64. Date of offense (mm/dd/yyyy)

65. What was the final result or disposition of the arrest, citation, or charge?

Select the appropriate option:



If you select "Other," please explain the result or disposition in **Part 16. Additional Information**.

66. Date of Conviction or Guilty Plea (if applicable)

(mm/dd/yyyy)



Part 2. Information About You (Petitioner) (continued)

Sex Offender Registration

67. Have you been required to register as a sex offender? ☐ Yes ☐ No

68. If you answered "Yes" to **Item Number 67.**, provide the jurisdiction where you registered:

Part 3. Biographic Information of Petitioner

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 4. Information About Beneficiary

1. Beneficiary's Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

--	--	--

2. Other Names Used (if any)

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 16. Additional Information.**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

--	--	--

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

4. Sex

☐ Male ☐ Female

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

6. Alien Registration Number (A-Number) (if any)

▶ A-

7. USCIS Online Account Number (if any)

▶

8. City/Town/Village of Birth

9. Country of Birth



Part 4. Information About Beneficiary (continued)

10. Country of Citizenship or Nationality

Beneficiary's **Current Physical Address and History**

If the beneficiary lives outside the United States in a home without a street number or name, leave “**Street Number and Name**” and “**Apt./Ste./Flr Number**” blank.

Current Mailing Address

11. In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City/Town/Village

State

ZIP Code

Province

Postal Code

Country

Provide all physical addresses for the beneficiary (apart from the current address listed in **Item Number 11.**) for the last five years, whether inside or outside the United States, starting with the most recent address. **If you (petitioner) are filing for an adopted child, skip Item Numbers 12. - 15. and complete Part 7., Item Numbers 8. - 9.** If you need extra space to complete this section, use the space provided in **Part 16. Additional Information.**

12. Physical Address 1

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City/Town/Village

State

ZIP Code

Province

Postal Code

Country

13. Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

14. Physical Address 2

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City/Town/Village

State

ZIP Code

Province

Postal Code

Country

15. Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)



Part 4. Information About Beneficiary (continued)

Other Address and Contact Information

Provide the address in the United States where the beneficiary intends to live, if different from **Item Number 11**. If the address is the same, type or print "SAME" in "Street Number and Name."

16. Street Number and Name	Apt.	Ste.	Flr.	Number
	☐	☐	☐	
City/Town/Village	State	ZIP Code		

Provide the beneficiary's mailing address outside the United States, if different from **Item Number 11**. If the address is the same, type or print "SAME" in "Street Number and Name."

17. Street Number and Name	Apt.	Ste.	Flr.	Number
	☐	☐	☐	
City/Town/Village				
State	Province			
Postal Code	Country			

18. Daytime Telephone Number (if any)	19. Mobile Telephone Number (if any)
20. Email Address (if any)	

Beneficiary's Marital Information

21. How many times has the beneficiary been married?	
22. Current Marital Status	
☐ Single, Never Married	☐ Married
☐ Divorced	☐ Widowed
☐ Separated	☐ Annulled

Place of Beneficiary's Current Marriage (if married)

23. City/Town/Village	State
Province	Country

Names of Beneficiary's Spouses (if any)

Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any). If you need extra space to complete this section, use the space provided in **Part 16. Additional Information**.



Part 4. Information About Beneficiary (continued)

24. Spouse 1

Full Name of Spouse 1

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

25. Date of Marriage (mm/dd/yyyy)

Date Marriage Ended (mm/dd/yyyy) (if applicable)

26. Spouse 2

Full Name of Spouse 2

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

27. Date of Marriage (mm/dd/yyyy)

Date Marriage Ended (mm/dd/yyyy)

Information About Beneficiary's **Children**

Provide information about the beneficiary's **child(ren)**. If you need extra space to complete this section, use the space provided in **Part 16. Additional Information**.

Child 1

28. Full Name of Child 1

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

29. Relationship

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

31. Country of Birth

Child 2

32. Full Name of Child 2

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

33. Relationship

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

35. Country of Birth



Part 4. Information About Beneficiary (continued)

Child 3

36. Full Name of Child 3

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

37. Relationship

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

39. Country of Birth

Information About Beneficiary's Parents

Parent 1

40. Full Name of Parent 1

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

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

42. Sex

☐ Male ☐ Female

43. City/Town/Village of Birth

44. State or Province of Birth

45. Country of Birth

46. City/Town/Village of Residence

47. Country of Residence

Parent 2

48. Full Name of Parent 2

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

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

50. Sex

☐ Male ☐ Female

51. City/Town/Village of Birth

52. State or Province of Birth

53. Country of Birth

54. City/Town/Village of Residence

55. Country of Residence

Beneficiary's Immigration History

56. Was the beneficiary **EVER** in the United States?

☐ Yes ☐ No

If the beneficiary is currently in the United States, complete **Item Numbers 57.a. - 57.d.**



Part 4. Information About Beneficiary (continued)

57.a. Immigration Status at Last Arrival (for example, B-2 visitor, F-1 student, or without admission or parole)

57.b. Form I-94 Arrival-Departure Record Number (if any)

▶

57.c. Date of Arrival (mm/dd/yyyy)

57.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status

58. What is the beneficiary's current immigration status (if it has changed since his or her arrival)?

59. Passport Number

60. Travel Document Number

61. Country of Issuance for Passport or Travel Document

62. Expiration Date for Passport or Travel Document

(mm/dd/yyyy)

63. Was the beneficiary **EVER** in immigration proceedings?

☐ Yes ☐ No

64. If you answered "Yes," select the type of proceedings and provide the location and dates of the proceedings.

☐ Removal

☐ Exclusion/Deportation

65. City/Town/Village

State

66. Date Proceedings Initiated (mm/dd/yyyy)

67. Date Proceedings Completed (mm/dd/yyyy) (includes any appeal or judicial proceedings related to removal or exclusion/deportation proceedings), if applicable.

68. Has the beneficiary ever been ordered excluded, deported, or removed from the United States, or been granted voluntary departure by an Immigration Judge?

☐ Yes ☐ No

Beneficiary's Employment and Educational Information

Provide the beneficiary's employment information for the last five years (if applicable), whether inside or outside of the United States, starting with the most recent employment. If the beneficiary is currently unemployed, type or print "Unemployed" in Item Number

69. If you need extra space to complete this section, use the space provided in Part 16. Additional Information.

69. Employer or School 1

Name of Current Employer/Company/School (if applicable)

Street Number and Name

Apt. Ste. Flr. Number

City/Town/Village

State

ZIP Code

Province

Postal Code

Country

70. Occupation

71. Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)



Part 4. Information About Beneficiary (continued)

72. Employer or School 2

Name of Employer/Company/School

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City/Town/Village

State

ZIP Code

Province

Postal Code

Country

73. Occupation

74. Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

Additional Information About Beneficiary

If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in the native written language.

75. Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City/Town/Village

Province

Postal Code

Country

Part 5. Complete Only If Filing for a Spouse Beneficiary

1. Did you (the petitioner) gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident? ☐ Yes ☐ No

Provide the last address at which you and your current spouse physically lived together. If you never lived together, type or print "Never lived together" for "Street Number and Name."

2. Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City/Town/Village

State

ZIP Code

Province

Postal Code

Country

3. Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)



Part 5. Complete Only If Filing for a Spouse Beneficiary (continued)

4. If your marriage to the beneficiary took place while he or she was in immigration proceedings, does either of the situations below apply?
- ☐ After conclusion of the beneficiary's immigration proceedings, he or she resided outside the United States for a two-year period beginning after the date of marriage.
- ☐ I am requesting a bona fide marriage exemption for a marriage that took place while the beneficiary was in immigration proceedings.

Part 6. Complete Only If Filing for a Child Beneficiary

1. Select the box that describes your relationship to the beneficiary (Select **only one** box):
- ☐ Legal parent at birth who was married to the beneficiary's other parent at the time of the beneficiary's birth.
- ☐ Legal parent at birth who was not married to the beneficiary's other parent at the time of the beneficiary's birth.
- ☐ Stepparent
- ☐ Adoptive parent (not for an Orphan or Hague Adoption Convention adoptee).

NOTE: If you adopted your stepchild, please see **Part 7., Item D.** in the **Specific Instructions by Item Number** section of the Form Instructions for information on which box to select.

2. Does either of these situations involving assisted reproductive technology apply to you?
- ☐ I am the beneficiary's non-genetic, gestational parent (person who gave birth to the child), and I was recognized as his or her legal parent under the law of the relevant jurisdiction at the time of his or her birth.
- ☐ I am the beneficiary's non-genetic, non-gestational parent, and I was married to his or her genetic or gestational parent at the time of his or her birth, and both parents were recognized by the relevant jurisdiction as the beneficiary's legal parents.
- ☐ Neither situation applies to me.
3. Has the beneficiary ever been adopted? ☐ Yes ☐ No

NOTE: Generally, a birth parent may not file a petition for a birth child who has been adopted. See the **Who May Not Be Eligible to Have Form I-130 Approved?** section of these Instructions.

NOTE: If you became a U.S. citizen before your child turned 18 years of age, he or she may already be a U.S. citizen. Do not file this form for a U.S. citizen. For more information see Form N-600 and Form N-600K.

Stepchildren

If you are petitioning for the beneficiary based on a step-relationship, provide information on the marital history of the beneficiary's other parent (your spouse), if applicable, listing all previous spouses in reverse order. If you need extra space to complete this section, use the space provided in **Part 16. Additional Information.**

Spouse 1

4. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
5. Date of Marriage (mm/dd/yyyy)
- Date Marriage Ended (mm/dd/yyyy) (if applicable)



Part 6. Complete Only If Filing for a Child Beneficiary (continued)

Spouse 2

6. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
7. Date of Marriage (mm/dd/yyyy)
- Date Marriage Ended (mm/dd/yyyy) (if applicable)

Part 7. Complete Only If Filing for an Adopted Child Beneficiary

If you are filing for the child beneficiary based on adoption, complete **Part 6.** and the **Item Numbers** below. Read the instructions relating to **Part 7. Complete Only If Filing for an Adopted Child Beneficiary** in the **Specific Instructions by Item Number** section in these Instructions before completing.

Hague Adoption Convention Restrictions

If the Hague Adoption Convention applies, **STOP.** Do not file Form I-130. See our webpage on the Hague Adoption Convention process at uscis.gov/adoption.

1. Are you or your spouse (if married) a U.S. citizen who adopted a child from a Hague Adoption Convention country?
- ☐ Yes
- ☐ No (Skip **Item Number 2.**, and go to **Item Number 3.**)
2. If you answered “Yes” to **Item Number 1.**, indicate why the Hague Adoption Convention does not apply to your adoption.
- ☐ You (and your spouse, if married) were not U.S. citizen(s) at the time of the adoption.
- ☐ You completed the adoption before the Hague Adoption Convention went into effect for the United States (April 1, 2008), or for the country where the child was habitually resident.
- ☐ You (and your U.S. citizen spouse, if married at the time of adoption) were not habitually resident in the United States at the time of the adoption.
- ☐ The child was not habitually resident in a Hague Adoption Convention country, other than the United States, at the time of the adoption.

Age Requirements

3. Did you adopt the child before his or her 16th birthday?
- ☐ Yes (Skip **Item Number 4.**, and go to **Item Number 5.**) ☐ No
4. If you answered “No” to **Item Number 3.**, does the child qualify for the sibling exception because you meet all three of the conditions below?
- You adopted the child before his or her 18th birthday;
 - You also adopted the child's birth sibling; and
 - You adopted the child's birth sibling before he or she turned 16 years of age and the birth sibling qualifies as an adopted child, OR you filed an orphan petition on behalf of the child's birth sibling before he or she turned 16 years of age and the birth sibling qualifies as an orphan.
- ☐ Yes ☐ No (**STOP.** You cannot file Form I-130 for this child.)

Legal Custody and Joint Residence

5. Date You Obtained Legal Custody of the Adopted Child (mm/dd/yyyy)



Part 7. Complete Only If Filing for an Adopted Child Beneficiary (continued)

6. Have you had legal custody of the adopted child for at least 2 years?

- ☐ Yes
- ☐ No (**STOP.** You cannot file Form I-130 for this child.)

7. Have you jointly resided with the adopted child for at least 2 years?

- ☐ Yes
- ☐ No (**STOP.** You cannot file Form I-130 for this adopted child.)

Provide **the beneficiary's current address with the start date.** Include the name(s) of all individual(s) over 18 years of age that the beneficiary has lived with at this address and their relationship to the beneficiary (for example: "Jane Smith (adoptive parent)"); or if the beneficiary lived under the care of a legal entity, include the name and type of entity (for example, "Hope Haven (group home)"). Also include the name(s) of the individual(s) or legal entity who had legal custody of the beneficiary at this address.

If the beneficiary lives outside the United States in a home without a street number or name, leave "Street Number and Name" and "Apt./Ste./Flr Number" blank.

8. Current Physical Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City/Town/Village

State

ZIP Code

Province

Postal Code

Country

9. Date From (mm/dd/yyyy)

10. Names of all individuals living with the beneficiary and their relationship to the beneficiary (use next field if the beneficiary is living in care of a separate legal entity).

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Relationship

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Relationship

Name and type of legal entity that the beneficiary is living in the care of (if applicable).

Name of Legal Entity

Type of Legal Entity

Name of Legal Entity

Type of Legal Entity



Part 7. Complete Only If Filing for an Adopted Child Beneficiary (continued)

Name of the individual(s) or legal entity having legal custody of the beneficiary.

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Name of Legal Entity

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Name of Legal Entity

Provide all previous physical addresses for the beneficiary whether inside or outside the United States, starting with the most recent address. **Include the dates the beneficiary resided at each address.** Include the name(s) of the individual(s) over 18 years of age that the beneficiary lived with at each address and their relationship to the beneficiary (for example: "Jane Smith (birth parent)"); or if the beneficiary lived under the care of a legal entity, provide the name and type of entity (for example, "Hope Haven (group home)"). Also include the name(s) of the individual(s) or legal entity who had legal custody of the child at each address.

If you need extra space to complete this section, use the space provided in **Part 16. Additional Information.**

11. Physical Address 1

Street Number and Name

Apt. Ste. Flr. Number

City/Town/Village

State

ZIP Code [\(USCIS ZIP Code Lookup\)](#)

Province

Postal Code

Country

12. Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

13. Names of all individuals over 18 years of age who lived with the beneficiary at this address and their relationship to the beneficiary (skip this item if the beneficiary was living in the care of a separate legal entity).

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Relationship

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Relationship

Name and type of legal entity that the beneficiary was living in the care of (if applicable).

Name of Legal Entity

Type of Legal Entity



Part 7. Complete Only If Filing for an Adopted Child Beneficiary (continued)

Name of Legal Entity

Type of Legal Entity

Name of the individual(s) or legal entity having legal custody of the beneficiary at this address.

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Name of Legal Entity

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Name of Legal Entity

14. Physical Address 2

Street Number and Name

Apt. Ste. Flr. Number

City/Town/Village

State

ZIP Code

Province

Postal Code

Country

15. Date From (mm/dd/yyyy)

Date To (mm/dd/yyyy)

16. Names of all individuals over 18 years of age who lived with the beneficiary at this address and their relationship to the beneficiary (skip this item if the beneficiary is living in the care of a separate legal entity).

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Relationship

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Relationship

Name and type of legal entity that the beneficiary was living in the care of (if applicable).

Name of Legal Entity

Type of Legal Entity

Name of Legal Entity



Part 7. Complete Only If Filing for an Adopted Child Beneficiary (continued)

Type of Legal Entity

Name of the individual(s) or legal entity having legal custody of the beneficiary at this address.

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Name of Legal Entity

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

Name of Legal Entity

Other Address and Contact Information

Provide the address in the United States where the beneficiary intends to live, if different from **Item Number 8**. If the address is the same, type or print "SAME" in "Street Number and Name."

17. Street Number and Name

Apt. Ste. Flr. Number

City/Town/Village

State

ZIP Code

Province

Postal Code

Country

18. Names of individual(s) or entity that the beneficiary will live with and their relationship to the beneficiary.

Name of individual(s) who will have legal custody of the beneficiary.

Provide the beneficiary's mailing address outside the United States, if different from **Item Numbers 8**. If the address is the same, type or print "SAME" in "Street Number and Name."

19. Street Number and Name

Apt. Ste. Flr. Number

City/Town/Village

State

ZIP Code

Province

Postal Code

Country

20. Daytime Telephone Number (if any)



Part 7. Complete Only If Filing for an Adopted Child Beneficiary (continued)

21. Mobile Telephone Number (if any)

22. Email Address (if any)

Part 8. Complete Only if Filing for a Parent Beneficiary

1. I am applying for my legal parent who (Select **only one** box):

- ☐ Was married to my other legal parent at the time of my birth.
- ☐ Was not married to my other legal parent at the time of my birth.
- ☐ Is my stepparent.
- ☐ Is my adoptive parent.

NOTE: If your stepparent adopted you, please see **Specific Instructions by Item Number** section in the Form Instructions for information on which box to select.

2. Does either of these situations involving assisted reproductive technology apply to you?

- ☐ The beneficiary is my non-genetic, gestational parent (person who gave birth to the child) who was recognized as my legal parent under the law of the relevant jurisdiction at the time of my birth.
- ☐ The beneficiary is my non-genetic, non-gestational parent who was married to my genetic or gestational parent at the time of my birth, and both parents were recognized by the relevant jurisdiction as my legal parents at the time of my birth.
- ☐ Neither of these situations applies to me.

3. Have you ever been adopted?

☐ Yes ☐ No

4. Have you ever been granted Special Immigrant Juvenile classification by an approved Form I-360, Petition for Amerasian, Widow(er), or Special Immigrant?

☐ Yes ☐ No

NOTE: In general, if you were adopted, you may not petition for a birth parent. If you received Special Immigrant Juvenile classification, you may not petition for a birth parent or prior adoptive parent. See **Who May Not Be Eligible to Have Form I-130 Approved?** in the Instructions.



Part 8. Complete Only if Filing for a Parent Beneficiary (continued)

Stepparents

If you are applying for a stepparent beneficiary, provide information on the marital history of the beneficiary's spouse (your other legal parent), if applicable, listing all previous spouses in reverse order. If you need extra space to complete this section, use the space provided in **Part 16. Additional Information**.

5. Spouse 1

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

6. Date of Marriage (mm/dd/yyyy)

Date Marriage Ended (mm/dd/yyyy) (if applicable)

7. Spouse 2

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

8. Date of Marriage (mm/dd/yyyy)

Date Marriage Ended (mm/dd/yyyy) (if applicable)

Part 9. Complete Only if Filing for a Brother or Sister Beneficiary

To petition for your brother or sister, you must have once shared a common parent.

1. Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

2. How are you (the petitioner) related to the common parent? (Select **only one** box.)

- ☐ Born to the common parent, who was married to my other parent at the time of my birth.
- ☐ Born to the common parent, who was not married to my other parent at the time of my birth.
- ☐ Stepchild of the common parent (if also adopted, select the adoption box, rather than this box).
- ☐ Adopted by the common parent.

3. How is your brother or sister (the beneficiary) related to the common parent? (Select **only one** box.)

- ☐ Born to the common parent, who was married to the beneficiary's other parent at the time of the beneficiary's birth.
- ☐ Born to the common parent, who was not married to the beneficiary's other parent at the time of the beneficiary's birth.
- ☐ Stepchild of the common parent.
- ☐ Adopted by the common parent.

4. Have you or your brother or sister ever been adopted?

☐ Yes ☐ No

NOTE: Generally, you may not petition for a brother or sister by birth if you or the brother or sister were later adopted by someone not married to your common parent. See the **Who May Not Be Eligible to Have Form I-130 Approved?** section of these Instructions.



Part 10. Previous Petitions

1. Has anyone else ever filed a petition for this beneficiary? ☐ Yes ☐ No ☐ Unknown

NOTE: Select "Unknown" only if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.

2. Have you **EVER** previously filed a **Form I-130** for this beneficiary or any other alien? ☐ Yes ☐ No

If you answered "Yes," provide the name of the beneficiary, receipt number, and the result below. If you need extra space for additional beneficiaries, use the space provided in **Part 16. Additional Information**.

Full Name of Beneficiary

3. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
4. Receipt Number (if any) 5. Result (for example, approved, denied, withdrawn)

Part 11. Petitions for Other Relatives

If you are **concurrently** submitting separate petitions for other relatives, provide the names of and your relationship to each relative. If you need extra space to complete this section, use the space provided in **Part 16. Additional Information**.

Relative 1

1. Full Name of Relative 1
- Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
2. Relationship

Relative 2

3. Full Name of Relative 2
- Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
4. Relationship

Part 12. Processing Information

Provide the following information about your beneficiary (You must select **only one** box).

1. ☐ The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident concurrently with or subsequent to the filing of this petition or following approval of this petition.
2. ☐ The beneficiary will, following approval of this petition, apply for an immigrant visa at the U.S. Embassy or U.S. Consulate in:

City/Town/Village

State or Province

Country



Part 12. Processing Information (continued)

NOTE: If you do not select whether the beneficiary will adjust status in the United States or apply for a visa at a U.S. Embassy or U.S. Consulate, your Form I-130 processing may be delayed. If this information changes after you submit your Form I-130 and before U.S. Citizenship and Immigration Services (USCIS) makes a decision on your petition, you may notify USCIS by using the USCIS address provided on your receipt, through the USCIS Contact Center, or by sending an update through your myUSCIS account.

NOTE: Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that the U.S. Embassy or U.S. Consulate will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary's case.

WARNING: USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsify a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted.

PENALTIES: By law, you may be imprisoned for up to 5 years or fined \$250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In addition, you may be fined up to \$10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

Part 13. Petitioner's Statement, Contact Information, and Signature

Petitioner's Contact Information

1. Petitioner's Daytime Telephone Number

2. Petitioner's Mobile Telephone Number (if any)

3. Petitioner's Email Address (if any)

Petitioner'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 petition, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 14.**, understood, all of the responses and information contained in, and submitted with, my petition, 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. Petitioner's Signature



Date of Signature (mm/dd/yyyy)

Part 14. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

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



Part 14. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

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

5. Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and ,
and I have interpreted every question on the petition and Instructions and interpreted the petitioner's answers to the questions in that
language, and the petitioner informed me that he or she understood every instruction, question, and answer on the petition.

6. Interpreter's Signature (sign in ink)

Date of Signature (mm/dd/yyyy)

Part 15. Contact Information, Certification, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

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

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

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

5. Preparer's Email Address (if any)

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this petition for the petitioner at his or her request and with express consent and that
all of the responses and information contained in and submitted with the petition are complete, true, and correct and reflects only
information provided by the petitioner. The petitioner reviewed the responses and information and informed me that he or she
understands the responses and information in or submitted with the petition.

6. Preparer's Signature (sign in ink)

Date of Signature (mm/dd/yyyy)



Part 16. Additional Information

If you need extra space to provide any additional information within this petition, 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 petition 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.

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

2. Page Number Part Number Item Number

3. Page Number Part Number Item Number

4. Page Number Part Number Item Number

5. Page Number Part Number Item Number

