Petition for Alien Relative

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

USCIS
Form I-130
OMB No. 1615-0012
Expires 02/28/2021

For USCIS Use Only	Fee Stamp	Action Stamp
A-Number A-		
Initial Receipt		
Resubmitted		
Relocated		
Received		
Sent		
Completed		
Approved		
Returned		

Section of Law/Visa Category

- ☐ 201(b) Spouse - IR-1/CR-1
- ☐ 201(b) Child - IR-2/CR-2
- ☐ 201(b) Parent - IR-5
- ☐ 203(a)(1) Unm. S/D - F1-1
- ☐ 203(a)(2)(A) Spouse - F2-1
- ☐ 203(a)(2)(A) Child - F2-2
- ☐ 203(a)(2)(B) Unm. S/D - F2-4
- ☐ 203(a)(3) Married S/D - F3-1
- ☐ 203(a)(4) Brother/Sister - F4-1

Petition was filed on (Priority Date mm/dd/yyyy):

PDR request granted/denied - New priority date (mm/dd/yyyy):

- ☐ Field Investigation
- ☐ Previously Forwarded
- ☐ 203(g) Resolved
- ☐ Personal Interview
- ☐ Pet. A-File Reviewed
- ☐ Ben. A-File Reviewed
- ☐ 204(a)(2)(A) Resolved
- ☐ I-485 Filed Simultaneously
- ☐ 204(g) Resolved

Remarks

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 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 9. Additional Information. Complete and submit as many copies of Part 9., as necessary, with your petition.**

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

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

☐ Spouse ☐ Parent ☐ Brother/Sister ☐ Child

2. If you are filing this petition for your child or parent, select the box that describes your relationship (Select **only one** box):

- ☐ Child was born to parents who were married to each other at the time of the child's birth
- ☐ Stepchild/Stepparent
- ☐ Child was born to parents who were not married to each other at the time of the child's birth
- ☐ Child was adopted (not an Orphan or Hague Convention adoptee)

3. If the beneficiary is your brother/sister, are you related by adoption? ☐ Yes ☐ No

4. Did you gain lawful permanent resident status or citizenship through adoption? ☐ Yes ☐ No

Part 2. Information About You (Petitioner)

1. Alien Registration Number (A-Number) (if any)
► **A-**

2. USCIS Online Account Number (if any)
►

3. U.S. Social Security Number (if any)
►

Your Full Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

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

Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

Other Information

6. City/Town/Village of Birth

7. Country of Birth

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

9. Sex ☐ Male ☐ Female

Mailing Address

(USPS ZIP Code Lookup)

10.a. In Care Of Name

10.b. Street Number and Name

10.c. ☐ Apt. ☐ Ste. ☐ Flr.

10.d. City or Town

10.e. State **10.f.** ZIP Code

10.g. Province

10.h. Postal Code

10.i. Country

11. Is your current mailing address the same as your physical address? ☐ Yes ☐ No

If you answered "No" to **Item Number 11.**, provide information on your physical address in **Item Numbers 12.a. - 13.b.**

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 Numbers 10.a. - 10.i.**

Physical Address 1

12.a. Street Number and Name

12.b. ☐ Apt. ☐ Ste. ☐ Flr.

12.c. City or Town

12.d. State **12.e.** ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

13.a. Date From (mm/dd/yyyy)

13.b. Date To (mm/dd/yyyy) **PRESENT**

Physical Address 2

14.a. Street Number and Name

14.b. ☐ Apt. ☐ Ste. ☐ Flr.

14.c. City or Town

14.d. State **14.e.** ZIP Code

14.f. Province

14.g. Postal Code

14.h. Country

15.a. Date From (mm/dd/yyyy)

15.b. Date To (mm/dd/yyyy)

Your Marital Information

16. How many times have you been married? ▶

17. Current Marital Status

☐ Single, Never Married ☐ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

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

18. Date of Current Marriage (if currently married) (mm/dd/yyyy)

Place of Your Current Marriage (if married)

19.a. City or Town

19.b. State

19.c. Province

19.d. 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).

Spouse 1

20.a. Family Name (Last Name)

20.b. Given Name (First Name)

20.c. Middle Name

21. Date Marriage Ended (mm/dd/yyyy)

Spouse 2

22.a. Family Name (Last Name)

22.b. Given Name (First Name)

22.c. Middle Name

23. Date Marriage Ended (mm/dd/yyyy)

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name (Last Name)

24.b. Given Name (First Name)

24.c. Middle Name

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

26. Sex ☐ Male ☐ Female

27. Country of Birth

28. City/Town/Village of Residence

29. Country of Residence

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name)

30.b. Given Name (First Name)

30.c. Middle Name

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

32. Sex ☐ Male ☐ Female

33. Country of Birth

34. City/Town/Village of Residence

35. Country of Residence

Additional Information About You (Petitioner)

36. I am a (Select **only one** box):

☐ U.S. Citizen ☐ Lawful Permanent Resident

If you are a U.S. citizen, complete Item Number 37.

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

☐ Birth in the United States

☐ Naturalization

☐ Parents

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

If you answered "Yes" to **Item Number 38.**, complete the following:

39.a. Certificate Number

39.b. Place of Issuance

39.c. Date of Issuance (mm/dd/yyyy)

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

If you are a lawful permanent resident, complete **Item Numbers 40.a. - 41.**

40.a. Class of Admission

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

Place of Admission

40.c. City or Town

40.d State

41. Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident?

☐ Yes ☐ No

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 42.**

Employer 1

42. Name of Employer/Company

43.a. Street Number and Name

43.b. ☐ Apt. ☐ Ste. ☐ Flr.

43.c. City or Town

43.d. State **43.e.** ZIP Code

43.f. Province

43.g. Postal Code

43.h. Country

44. Your Occupation

45.a. Date From (mm/dd/yyyy)

45.b. Date To (mm/dd/yyyy) **PRESENT**

Employer 2

46. Name of Employer/Company

47.a. Street Number and Name

47.b. ☐ Apt. ☐ Ste. ☐ Flr.

47.c. City or Town

47.d. State **47.e.** ZIP Code

47.f. Province

47.g. Postal Code

47.h. Country

48. Your Occupation

49.a. Date From (mm/dd/yyyy)

49.b. Date To (mm/dd/yyyy)

Part 3. Biographic Information

NOTE: Provide the biographic information about you, the petitioner.

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

Part 3. Biographic Information (continued)

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

► **A-**

2. USCIS Online Account Number (if any)

►

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

►

Beneficiary's Full Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

Other Names Used (if any)

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

Other Information About Beneficiary

6. City/Town/Village of Birth

7. Country of Birth

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

9. Sex ☐ Male ☐ Female

10. Has anyone else ever filed a petition for the 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.

Beneficiary's Physical Address

If the beneficiary lives outside the United States in a home without a street number or name, leave **Item Numbers 11.a.** and **11.b.** blank.

11.a. Street Number and Name

11.b. ☐ Apt. ☐ Ste. ☐ Flr.

11.c. City or Town

11.d. State **11.e.** ZIP Code

11.f. Province

11.g. Postal Code

11.h. Country

Other Address and Contact Information

Provide the address in the United States where the beneficiary intends to live, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 12.a.**

12.a Street Number and Name

12.b. ☐ Apt. ☐ Ste. ☐ Flr.

12.c. City or Town

12.d. State **12.e.** ZIP Code

Provide the beneficiary's address outside the United States, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 13.a.**

13.a. Street Number and Name

13.b. ☐ Apt. ☐ Ste. ☐ Flr.

13.c. City or Town

13.d. Province

13.e. Postal Code

13.f. Country

14. Daytime Telephone Number (if any)

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)

16. Email Address (if any)

Beneficiary's Marital Information

17. How many times has the beneficiary been married?

►

18. Current Marital Status

☐ Single, Never Married ☐ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

19. Date of Current Marriage (if currently married) (mm/dd/yyyy)

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town

20.b. State

20.c. Province

20.d. 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).

Spouse 1

21.a. Family Name (Last Name)

21.b. Given Name (First Name)

21.c. Middle Name

22. Date Marriage Ended (mm/dd/yyyy)

Spouse 2

23.a. Family Name (Last Name)

23.b. Given Name (First Name)

23.c. Middle Name

24. Date Marriage Ended (mm/dd/yyyy)

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

25.a. Family Name (Last Name)

25.b. Given Name (First Name)

25.c. Middle Name

26. Relationship

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

28. Country of Birth

Person 2

29.a. Family Name (Last Name)

29.b. Given Name (First Name)

29.c. Middle Name

30. Relationship

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

32. Country of Birth

Person 3

33.a. Family Name (Last Name)

33.b. Given Name (First Name)

33.c. Middle Name

34. Relationship

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

36. Country of Birth

Part 4. Information About Beneficiary (continued)

Person 4

37.a. Family Name (Last Name)

37.b. Given Name (First Name)

37.c. Middle Name

38. Relationship

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

40. Country of Birth

Person 5

41.a. Family Name (Last Name)

41.b. Given Name (First Name)

41.c. Middle Name

42. Relationship

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

44. Country of Birth

Beneficiary's Entry Information

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

☐ Yes ☐ No

If the beneficiary is currently in the United States, complete **Items Numbers 46.a. - 46.d.**

46.a. He or she arrived as a (Class of Admission):

46.b. Form I-94 Arrival-Departure Record Number

►

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

46.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

47. Passport Number

48. Travel Document Number

49. Country of Issuance for Passport or Travel Document

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

Beneficiary's Employment Information

Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in **Item Number 51.a.**

51.a. Name of Current Employer (if applicable)

51.b. Street Number and Name

51.c. ☐ Apt. ☐ Ste. ☐ Flr.

51.d. City or Town

51.e. State **51.f.** ZIP Code

51.g. Province

51.h. Postal Code

51.i. Country

52. Date Employment Began (mm/dd/yyyy)

Additional Information About Beneficiary

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

☐ Yes ☐ No

54. If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.

☐ Removal ☐ Exclusion/Deportation

☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town

55.b. State

56. Date (mm/dd/yyyy)

Part 4. Information About Beneficiary (continued)

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

57.a. Family Name (Last Name)

57.b. Given Name (First Name)

57.c. Middle Name

58.a. Street Number and Name

58.b. ☐ Apt. ☐ Ste. ☐ Flr.

58.c. City or Town

58.d. Province

58.e. Postal Code

58.f. Country

If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number 59.a.

59.a. Street Number and Name

59.b. ☐ Apt. ☐ Ste. ☐ Flr.

59.c. City or Town

59.d. State **59.e.** ZIP Code

59.f. Province

59.g. Postal Code

59.h. Country

60.a. Date From (mm/dd/yyyy)

60.b. Date To (mm/dd/yyyy)

The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:

61.a. City or Town

61.b. State

The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:

62.a. City or Town

62.b. Province

62.c. Country

NOTE: Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that it 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.

Part 5. Other Information

1. Have you **EVER** previously filed a petition for this beneficiary or any other alien? ☐ Yes ☐ No

If you answered "Yes," provide the name, place, date of filing, and the result.

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. City or Town

3.b. State

4. Date Filed (mm/dd/yyyy)

5. Result (for example, approved, denied, withdrawn)

If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.

Relative 1

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

7. Relationship

Part 5. Other Information (continued)

Relative 2

8.a. Family Name (Last Name)

8.b. Given Name (First Name)

8.c. Middle Name

9. Relationship

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 6. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-130 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

1.b. ☐ The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in _____, a language in which I am fluent. I understood all of this information as interpreted.

2. ☐ At my request, the preparer named in **Part 8.**, _____, prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

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

5. Petitioner's Email Address (if any)

Petitioner's Declaration and 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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

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

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I provided or authorized all of the information contained in, and submitted with, my petition;

2) I reviewed and understood all of the information in, and submitted with, my petition; and

3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink)

➡

6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter if you used one.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

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

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State **3.e.** ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and _____, which is the same language provided in **Part 6.**, **Item Number 1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

7.b. Date of Signature (mm/dd/yyyy)

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

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

Preparer's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State **3.e.** ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.

7.b. ☐ I am an attorney or accredited representative and my representation of the petitioner in this case ☐ extends ☐ does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the **Petitioner's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)

8.b. Date of Signature (mm/dd/yyyy)

Part 9. 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.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ► **A-**

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d.

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

4.d.

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

5.d.

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

6.d.

7.a. Page Number **7.b.** Part Number **7.c.** Item Number

7.d.