Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker (continued)					
Employer or Organization Address (do not use a post office or private mail box)					
Street Number and Name				Apt. Ste. Flr.	Number
City or Town				State	ZIP Code
Employer or Organization's Contact Information					
Daytime Telephone Number	ephone Number Fax Number Email Address (if any)				
Section 2. This Section Is Required For Petitioners Affiliated With The Religious Denomination					
Religious Denomination Certification					
I certify, under penalty of perju	ury, that:				
Name of Employing Organiz	ation				
is affiliated with:					
Name of Religious Denomination					
and that the attesting organization within the religious denomination is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986 (codified at 26 U.S.C. 501(c)(3)), any subsequent amendment(s), subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and correct to the best of my knowledge.					
Name of Authorized Representative of Attesting Organization Title					
Name of Authorized Representative of Attesting Organization Title					
Signature of Authorized Representative of Attesting Organization				Date (mm/dd/yyyy)	
Attesting Organization Name Attesting Organization Name	e and Address (de	o not use a post o	ffice or priv	ate mail box)
Street Number and Name				Apt. Ste. Flr.	Number
City or Town				State	ZIP Code
Attesting Organization's Contact Information					
Daytime Telephone Number Fax Number Email Address (if					
-				-	

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