

A-Number <i>(If available)</i>	Date
Applicant's Name	Applicant's Signature

List All of Your Children, Regardless of Age or Marital Status

(NOTE: Use this form and attach additional pages and documentation as needed, if you have more than four children)

1. Alien Registration Number (A-Number) <i>(if any)</i>	2. Passport/ID Card Number <i>(if any)</i>	3. Marital Status <i>(Married, Single, Divorced, Widowed)</i>	4. U.S. Social Security Number <i>(if any)</i>
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth <i>(mm/dd/yyyy)</i>
9. City and Country of Birth	10. Nationality <i>(Citizenship)</i>	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S. ? <input type="checkbox"/> Yes <i>(Complete Blocks 14 to 21.)</i> <input type="checkbox"/> No <i>(Specify location):</i> _____			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. <i>(mm/dd/yyyy)</i>	16. I-94 Number <i>(If any)</i>	17. Status when last admitted <i>(Visa type, if any)</i>
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i>	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? <i>(Check the appropriate box.)</i> <input type="checkbox"/> Yes <i>(Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)</i> <input type="checkbox"/> No			

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