

Petition for Alien Fiancé(e)

Department of Homeland Security

Form I-129F OMB No. 1615-0001

USCIS

U.S. Citizenship and Immigration Services

	ND SE			U.S. Chizens	snip and immigi	ation Ser	vices		Expires 03/31/2027
For USCIS Use Only				Fe	ee Stamp		Action Block		
Cas	se ID Number								
	Number								
	8 Number								
	The petition is approve under Section 101(a)(1:		E	xtraordinary (Circumstances V	Vaiver			
	valid for 4 months and			Approved Reason					
				Denied					
	General Waive	er		Manda	atory Waiver				
	Approved Re	eason	□ A	pproved	Reason		AMC	ON:	
	Denied			Denied			_	sonal Interview	☐ Previously Forwarded
Init	ial Receipt	Relocat	ed	Complete	d Rema	Kemarks			☐ Field Investigation
Res	submitted	Received Sent		Approved Returned			IMBR	A disclosure to th	he beneficiary required?
<u> </u>	START HERE - T		ıt in h						
Day		** *		iack iiik.	Odl	er Name	. .	J	
Pai	rt 1. Information	a About 1	ou		Oin	ier Name	es Used	u	
1.	Alien Registration l	Number (A-	Numb	er) (if any)					used, including aliases,
)	► A-						knames. If you n use the space pro	eed extra space to
2.	USCIS Online Acco	ount Numbe	er (if a	nv)	-	itional Inf			vided in 1 at t o.
	► The state of th	ount i vanioe	7 (11 4				_		
					/.a.	7.a. Family Name (Last Name)			
3.	U.S. Social Security	y Number (i	f any)		7.b.	7.b. Given Name			
						(First Na	ıme) L		
Sele	ct one box below to i	ndicate the	classif	ication you are	7.c.	Middle N	Name		
requ	esting for your benef	iciary:							
4.a.	Fiancé(e) (K-1 v	visa)			You	ır Mailin	ıg Add	ress (USPS ZI	P Code Lookup)
4.b.	Spouse (K-3 vis				8.a.	In Care (Of Nam	e	
5.	If you are filing to o you filed Form I-13		r spou		. O L	Street Nu	ımbar		
	you med Form 1-13	, o	Yes No		No 6.D.	and Nam			
17	F11 N				8.c.	Apt.	St	e. Flr.	
101	ur Full Name								
6.a.	Family Name (Last Name)				8.d.	City or T	Town		
6.b.	Given Name (First Name)				8.e.	State		8.f. ZIP Code	
6.c.	Middle Name				8.g.	Province	;		
					8.h.	Postal Co	ode		
					8.i.	Country			
					8.j.	Is your c address?		mailing address t	he same as your physical Yes No

If you answered "No," provide your physical address in

Item Numbers 9.a. - 9.h.

Part 1. Information About You (continued)

Your 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 8.a. - 8.i.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Physical Address 1 9.a. Street Number and Name Apt. Ste. Flr. **9.c.** City or Town **9.e.** ZIP Code 9.d. State Province 9.f. Postal Code **9.h.** Country 10.a. Date From (mm/dd/yyyy) 10.b. Date To (mm/dd/yyyy) **Physical Address 2** 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 **12.a.** Date From (mm/dd/yyyy) **12.b.** Date To (mm/dd/yyyy)

Your 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 need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Employer 1

13.	Full Name of E	Employer						
14.a.	Street Number and Name							
14.b.	Apt. S	te. Flr.						
14.c.	City or Town							
14.d.	State	14.e. ZIP Code						
14.f.	Province							
14.g.	Postal Code							
14.h.	. Country							
15.	Your Occupation	on (specify)						
16.a.	Employment S	tart Date (mm/dd/yyyy)						
16.b.	Employment E	nd Date (mm/dd/yyyy)						
Empl	loyer 2							
17.	Full Name of E	Employer						
18.a.	Street Number and Name							
18.b.	Apt. S	te. Flr.						
18.c.	City or Town							
18.d.	State	18.e. ZIP Code						
18.f.	Province							
18.g.	Postal Code							
18.h.	Country							
19.	Your Occupation	on (specify)						

Par	t 1. Information About You (continued)	Parent 2's Information
20.a.	Employment Start Date	32.a. Family Name (Last Name)
20 h	(mm/dd/yyyy) Employment End Date	32.b. Given Name (First Name)
20.0.	(mm/dd/yyyy)	32.c. Middle Name
Oth	er Information	33. Date of Birth (mm/dd/yyyy)
21.	Sex Male Female	34. Sex Male Female
22.	Date of Birth (mm/dd/yyyy)	35. Country of Birth
23.	Marital Status	
	Single Married Divorced Widowed	36.a. City/Town/Village of Residence
24.	City/Town/Village of Birth	
		36.b. Country of Residence
25.	Province or State of Birth	
		37. Have you ever been previously married?
26.	Country of Birth	Yes No
		If you answered "Yes" to Item Number 37. , provide the names
		of each spouse and the date that each prior marriage ended in Item Numbers 38.a 39. If you need extra space to complete
Info	ormation About Your Parents	this section, use the space provided in Part 8. Additional
Pare	nt 1's Information	Information.
27.a.	Family Name	Name of Previous Spouse
27 h	(Last Name) Given Name	38.a. Family Name (Last Name)
27.0.	(First Name)	38.b. Given Name
27.c.	Middle Name	(First Name)
28.	Date of Birth (mm/dd/yyyy)	38.c. Middle Name
29.		39. Date Marriage Ended (mm/dd/yyyy)
		Vous Citiconship Information
30.	Country of Birth	Your Citizenship Information
		You are a U.S. citizen through (select only one box):
31.a.	City/Town/Village of Residence	40.a. Birth in the United States
		40.b. Naturalization
31.b.	Country of Residence	40.c. U.S. citizen parents
		41. Have you obtained a Certificate of Naturalization or a
		Certificate of Citizenship in your own name? Yes No
		If you answered "Yes" to Item Number 41. , complete Item Numbers 42.a 42.c.

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Part 1	1. Information About You (continued)	Resid	dence 2
42.a. C	Certificate Number	51.a.	State
		51.b.	Country
42.b. P	Place of Issuance		
		D	4.2. TE
42.c. D	Date of Issuance (mm/dd/yyyy)		et 2. Information About Your Beneficiary
Additi	ional Information	1.a.	(Last Name)
43. H	Have you ever filed Form I-129F for any other	1.b.	(First Name)
	•	1.c.	Middle Name
	answered "Yes" to Item Number 43. , provide the ses to Item Number 44 46. for each previous	2.	A-Number (if any)
	iary. If you need to provide information for more than		► A-
Inform	neficiary, use the space provided in Part 8. Additional nation.	3.	U.S. Social Security Number (if any)
44. A	A-Number (if any) ► A-		>
	Camily Name	4.	Date of Birth (mm/dd/yyyy)
,	Last Name) Given Name	5.	Sex Male Female
	First Name)	6.	Marital Status
45.c. N	Middle Name	0.	Single Married Divorced Widowed
46. D	Date of Filing (mm/dd/yyyy)	7.	City/Town/Village of Birth
	What action did USCIS take on Form I-129F (for		
ez	xample, approved, denied, revoked)?	8.	Country of Birth
40 5			
48. D	Oo you have any children under 18 years of age? Yes No	9.	Country of Citizenship or Nationality
	inswered "Yes" to Item Number 48. , provide the ages for ildren under 18 years of age in Item Numbers 49.a 49.b.	Oth	ver Names Used
-	e the ages for your children under 18 years of age. If you		
need ex	stra space to complete this section, use the space		ide all other names you have ever used, including aliases, en name, and nicknames. If you need extra space to
provide 49.a. A	ed in Part 8. Additional Information .	comp	plete this section, use the space provided in Part 8. itional Information.
49.b. A		10.a.	Family Name (Last Name)
47.U. A	460	10.b.	Given Name
	e all U.S. states and foreign countries in which you have since your 18th birthday.		(First Name)
Reside	•	10.c.	Middle Name
50.a. S			
50.b. C	Country		

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Part 2. Information About Your Beneficiary	Beneficiary's Physical Address 2
(continued)	14.a. Street Number and Name
Mailing Address for Your Beneficiary	14.b. Apt. Ste. Flr.
11.a. In Care Of Name	14.c. City or Town
11.b. Street Number and Name	14.d. State 14.e. ZIP Code
11.c.	14.f. Province
11.d. City or Town	14.g. Postal Code
11.e. State 11.f. ZIP Code	14.h. Country
11.g. Province	15.a. Date From (mm/dd/yyyy)
11.h. Postal Code	15.b. Date To (mm/dd/yyyy)
11.i. Country	Your Beneficiary's Employment History
years, whether inside or outside the United States. Provide your beneficiary's current address first if it is different from the mailing address in Item Numbers 11.a 11.i. If you need extra space to complete this section, use the space provided in Part 8. Additional Information .	Information. Beneficiary's Employer 1 16. Full Name of Employer
Beneficiary's Physical Address 1	
12.a. Street Number and Name	17.a. Street Number and Name
12.b.	17.b. Apt. Ste. Flr.
12.c. City or Town	17.c. City or Town
12.d. State 12.e. ZIP Code	17.d. State 17.e. ZIP Code
12.f. Province	17.f. Province
12.g. Postal Code	
	17.g. Postal Code
12.h. Country	17.g. Postal Code 17.h. Country
12.h. Country 13.a. Date From (mm/dd/yyyy)	
	17.h. Country
13.a. Date From (mm/dd/yyyy)	17.h. Country 18. Beneficiary's Occupation (specify)

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Part 2. Information About Your Beneficiary	Parent 2's Information				
(continued)	29.a. Family Name (Last Name)				
Beneficiary's Employer 2	29.b. Given Name (First Name)				
20. Full Name of Employer	29.c. Middle Name				
21.a. Street Number	30. Date of Birth (mm/dd/yyyy)				
and Name					
21.b. Apt. Ste. Flr.	31. Sex Male Female				
21.c. City or Town	32. Country of Birth				
21.d. State 21.e. ZIP Code	33.a. City/Town/Village of Residence				
21.f. Province					
21.g. Postal Code	33.b. Country of Residence				
21.h. Country	<u> </u>				
22. Beneficiary's Occupation (specify)	Other Information About Your Beneficiary				
	34. Has your beneficiary ever been previously married?				
23.a. Employment Start Date (mm/dd/yyyy)	Yes No				
23.b. Employment End Date (mm/dd/yyyy)	of each prior spouse and the date each prior marriage ended in Item Numbers 35.a 36. If you need to provide information for more than one spouse, use the space provided in Part 8. Additional Information .				
Information About Your Beneficiary's Parents	Name of Previous Spouse				
Parent 1's Information	35.a. Family Name (Last Name)				
24.a. Family Name (Last Name)	35.b. Given Name (First Name)				
24.b. Given Name (First Name)	35.c. Middle Name				
24.c. Middle Name	36. Date Marriage Ended				
25. Date of Birth (mm/dd/yyyy)	(mm/dd/yyyy)				
26. Sex Male Female	☐ 37. Has your beneficiary ever been in the United States? ☐ Yes ☐ No				
27. Country of Birth					
Zi. Country of Birth	If your beneficiary is currently in the United States, complete Item Numbers 38.a 38.h.				
28.a. City/Town/Village of Residence	38.a. He or she last entered as a (for example, visitor, student, exchange alien, crewman, stowaway, temporary worker, without inspection):				
28.b. Country of Residence					
	38.b. I-94 Arrival-Departure Record Number				
	38.c. Date of Arrival (mm/dd/yyyy)				

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	t 2. Information About Your Beneficiary ntinued)	Address in the United States Where Your Beneficiary Intends to Live
38.d.	Date authorized stay expired or will expire as shown on Form I-94 or I-95 (mm/dd/yyyy)	45.a. Street Number and Name
38.e.	Passport Number	45.b.
38.f.	Travel Document Number	45.c. City or Town 45.d. State 45.e. ZIP Code
38.g.	Country of Issuance for Passport or Travel Document	46. Daytime Telephone Number
38.h.	Expiration Date for Passport or Travel Document (mm/dd/yyyy)	Your Beneficiary's Physical Address Abroad 47.a. Street Number
39.	Does your beneficiary have any children? Yes No	47.a. Street Number and Name 47.b. Apt. Ste. Flr.
follo	u answered "Yes" to Item Number 39. , provide the wing information about each child. If you need to provide mation for more than one child, use the space provided in 8. Additional Information .	47.c. City or Town 47.d. Province
	lren of Beneficiary	47.e. Postal Code
	Family Name	47.f. Country
40.b.	Given Name (First Name)	48. Daytime Telephone Number
40.c.	Middle Name	
41.	Country of Birth	Your Beneficiary's Name and Address in His or Her Native Alphabet
42.	Date of Birth (mm/dd/yyyy)	49.a. Family Name (Last Name) 49.b. Given Name
43.	Does this child reside with your beneficiary?	(First Name)
	Yes No child does not reside with your beneficiary, provide the sphysical residence.	49.c. Middle Name 50.a. Street Number and Name
	Street Number and Name	50.b. Apt. Ste. Flr.
44.b.		50.c. City or Town
44.c.	City or Town	50.d. Province
	State 44.e. ZIP Code	50.e. Postal Code
44.f.	Province	50.f. Country
44.g.	Postal Code	
44.h.	Country	

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Par	t 2. Information About Your Beneficiary	58.	Organization Name of IMB
	ntinued)		
51.	Is your fiancé(e) related to you?	59.	Website of IMB
	Yes No N/A, beneficiary is my spouse		
52.	Provide the nature and degree of relationship (for example, third cousin or maternal uncle).	60.a.	Street Number and Name
		60.b.	Apt. Ste. Flr.
53.	Have you and your fiancé(e) met in person during the two years immediately before filing this petition?	60.c.	City or Town
	Yes No N/A, beneficiary is my spouse	60.d.	Province
circu	u answered "Yes" to Item Number 53. , describe the mstances of your in-person meeting in Item Number 54.		Postal Code
	th evidence to demonstrate that you were in each other's ical presence during the required two year period.	60.f.	Country
If you	u answered "No," explain your reasons for requesting an	61.	Daytime Telephone Number
	ption from the in person meeting requirement in Item ber 54. and provide evidence that you should be exempt		
from	this requirement. Refer to Part 2., Item Numbers 53 54.	Con	nsular Processing Information
	e Specific Instructions section of the Instructions for ional information about the requirement to meet. If you	You	r beneficiary will apply for a visa abroad at the U.S.
need	extra space to complete this section, use the space		assy or U.S. Consulate at:
-	ded in Part 8. Additional Information.	62.a.	City or Town
54.			
		62.b.	Country
		Par	t 3. Other Information
		Crin	minal Information
Inte	ernational Marriage Broker (IMB) Information		E: These criminal information questions must be
55.	Did you meet your beneficiary through the services of an		rered even if your records were sealed, cleared, or if ne, including a judge, law enforcement officer, or attorney,
	IMB?	told y	you that you no longer have a record. If you need extra
•	u answered "Yes" to Item Number 55. , provide the IMB's		e to complete this section, use the space provided in Part 8. itional Information.
	act information and Website information below. In ion, attach a copy of the signed, written consent form the	1.	Have you EVER been subject to a temporary or
IMB	obtained from your beneficiary authorizing your ficiary's personal contact information to be released to you.		permanent protection or restraining order (either civil or criminal)? Yes No
56.	IMB's Name (if any)		
			e you EVER been arrested or convicted of any of the wing crimes:
57.a.	Family Name of IMB (Last Name)	2.a.	Domestic violence, sexual assault, child abuse, child
			neglect, dating violence, elder abuse, stalking or an attempt to commit any of these crimes? (See Part 3.
57.b.	Given Name of IMB (First Name)		Other Information, Item Numbers 1 3.c. of the
			Instructions for the full definition of the term "domestic violence.")

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Par	et 3. Other Information (continued)	Multiple Filer Waiver Request Information
2.b.	Homicide, murder, manslaughter, rape, abusive sexual contact, sexual exploitation, incest, torture, trafficking, peonage, holding hostage, involuntary servitude, slave trade, kidnapping, abduction, unlawful criminal restraint, false imprisonment, or an attempt to commit any of these crimes?	Refer to Part 3. Types of Waivers in the Specific Instructions section of the Instructions for an explanation of the filing waivers. Indicate which one of the following waivers you are requesting: 5.a. Multiple Filer, No Permanent Restraining Orders or Convictions for a Specified Offense (Converted)
2.c.	Three or more arrests or convictions, not from a single act, for crimes relating to a controlled substance or alcohol? Yes No	Convictions for a Specified Offense (General Waiver) 5.b. Multiple Filer, Prior Permanent Restraining Orders or Criminal Conviction for Specified Offense
speciand pevery were whet attorn	TE: If you were ever arrested or convicted of any of the ified crimes, you must submit certified copies of all court police records showing the charges and disposition for y arrest or conviction. You must do so even if your records sealed, expunged, or otherwise cleared, and regardless of ther anyone, including a judge, law enforcement officer, or ney, informed you that you no longer have a criminal rd. If you need extra space to complete this section, use the exprovided in Part 8. Additional Information .	 (Extraordinary Circumstances Waiver) 5.c. Multiple Filer, Prior Permanent Restraining Order or Criminal Convictions for Specified Offense Resulting from Domestic Violence (Mandatory Waiver) 5.d. Not applicable, beneficiary is my spouse or I am not a multiple filer
_		Part 4. Biographic Information
listed or su selec	u have provided information about a conviction for a crime in Item Numbers 2.a 2.c. and you were being battered bjected to extreme cruelty at the time of your conviction, it all of the following that apply to you:	1. Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino
3.a. 3.b. 3.c.	 I was acting in self-defense. I violated a protection order issued for my own protection. I committed, was arrested for, was convicted of, or pled guilty to a crime that did not result in serious bodily injury and there was a connection between the crime and me having been battered or subjected to 	2. Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
4.a.	extreme cruelty. Have you ever been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance in any country, excluding traffic violations (unless a traffic violation was alcohol- or drugrelated or involved a fine of \$500 or more)? Yes No	 3. Height Feet Inches 4. Weight Pounds I Inches 5. Eye Color (Select only one box) Black Blue Brown Gray Green Hazel
4.b.	If the answer to Item Number 4.a. is "Yes," provide information about each of those arrests, citations, charges, indictments, convictions, fines, or imprisonments in the space below. If you were the subject of an order of protection or restraining order and believe you are the victim, please explain those circumstances and provide any evidence to support your claims. Include the dates and outcomes. If you need extra space to complete this section, use the space provided in Part 8. Additional Information .	Maroon Pink Unknown/Other 6. Hair Color (Select only one box) Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/ Other

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	rt 5. Petitioner's Contact Information, rtification, and Signature	In	terpreter's Contact Information
CC	i inication, and Signature	3.	Interpreter's Daytime Telephone Number
Per	titioner's Contact Information		
	vide your daytime telephone number, mobile telephone	4.	Interpreter's Mobile Telephone Number (if any)
num	ber (if any), and email address (if any).		
1.	Petitioner's Daytime Telephone Number	5.	Interpreter's Email Address (if any)
2.	Petitioner's Mobile Telephone Number (if any)	In	terpreter's Certification and Signature
3.	Petitioner's Email Address (if any)	I ce	rtify, under penalty of perjury, that I am fluent in English
		and	
Per	titioner's Certification and Signature	Inst	I have interpreted every question on the petition and ructions and interpreted the petitioner's answers to the stions in that language, and the petitioner informed me that
all of with in a Part contresp Furt any my of and	rtify, under penalty of perjury, that I provided or authorized of the responses and information contained in and submitted a my petition, I read and understand or, if interpreted to me language in which I am fluent by the interpreter listed in to to, understood, all of the responses and information rained in, and submitted with, my petition, and that all of the conses and the information are complete, true, and correct. Thermore, I authorize the release of any information from and all of my records that USCIS may need to determine eligibility for an immigration request and to other entities persons where necessary for the administration and orcement of U.S. immigration law.	the 6. Pa	or she understands every instruction, question, and answer of petition. Interpreter's Signature Date of Signature (mm/dd/yyyy) The contact Information, Declaration, and gnature of the Person Preparing this Petition, if ther Than the Petitioner
4.	Petitioner's Signature	p_r	eparer's Full Name
\rightarrow			
	Date of Signature (mm/dd/yyyy)	1.	Preparer's Family Name (Last Name)
	rt 6. Interpreter's Contact Information, rtification, and Signature		Preparer's Given Name (First Name)
T 4	E.H.N.	2.	Preparer's Business or Organization Name
Int	erpreter's Full Name		
1.	Interpreter's Family Name (Last Name)	Pr	eparer's Contact Information
	Interpreter's Given Name (First Name)	3.	Preparer's Daytime Telephone Number
		,	
2.	Interpreter's Business or Organization Name	4.	Preparer's Mobile Telephone Number (if any)

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5.

Preparer's Email Address (if any)

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

Preparer's Certification and Signature

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							

Part 8. Additional Information						5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
withi space to co of pa top o and I	u need extra space in this petition, use than what is pro- mplete and file was per. Type or pri- f each sheet; ind tem Number to each sheet.	ise the space ovided, you with this petion to your name licate the Pa	below. If may make tion or attace and A-Nge Number	you no copies ach a s fumber er, Par	eed more s of this page eparate sheet (if any) at the t Number,	5.d.					
	Family Name (Last Name)										
1.b.	Given Name (First Name)										
1.c.	Middle Name										
2.	A-Number (if a	any) ► A-									
3.a.	Page Number	3.b. Part	Number	3.c.	Item Number	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.						6.d.					
4.a.	Page Number	4.b. Part	Number	4.c.	Item Number	7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
4.d.						7.d.					

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