

# List of Documentation

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- A copy of your naturalization certificate or certificate of citizenship
- copy of the front and back of your permanent resident card
- A copy of your marriage certificate.
- passport-style color photo of yourself
- Birth certificates of children born to you
- a copy of the child birth certificate showing both parent names and your marriage certificate
- A copy of Form I-94, Arrival-Departure Record
- A copy of your last EAD
- A copy of your USCIS receipt notice
- two identical color photographs of yourself
- Copy of nonimmigrant visas from a U.S. Embassy or consulate abroad
- Report of Medical Examination and Vaccination Record
- Affidavit of Support Form I-864

## I-130, Petition for Alien Relative

**DO NOT WRITE IN THIS BLOCK - FOR USCIS OFFICE ONLY**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|
| A#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Action Stamp | Fee Stamp |
| Section of Law/Visa Category<br><input type="checkbox"/> 201(b) Spouse - IR-1/CR-1<br><input type="checkbox"/> 201(b) Child - IR-2/CR-2<br><input type="checkbox"/> 201(b) Parent - IR-5<br><br><input type="checkbox"/> 203(a)(1) Unm. S or D - F1-1<br><input type="checkbox"/> 203(a)(2)(A)Spouse - F2-1<br><input type="checkbox"/> 203(a)(2)(A) Child - F2-2<br><input type="checkbox"/> 203(a)(2)(B) Unm. S or D - F2-4<br><input type="checkbox"/> 203(a)(3) Married S or D - F3-1<br><input type="checkbox"/> 203(a)(4) Brother/Sister - F4-1 |              |           |

**Remarks:**

**A. Relationship** You are the petitioner. Your relative is the beneficiary.

|                                      |                                 |                                         |                                |                                                       |                             |
|--------------------------------------|---------------------------------|-----------------------------------------|--------------------------------|-------------------------------------------------------|-----------------------------|
| 1. I am filing this petition for my: |                                 | 2. Are you related by adoption?         |                                | 3. Did you gain permanent residence through adoption? |                             |
| <input type="checkbox"/> Spouse      | <input type="checkbox"/> Parent | <input type="checkbox"/> Brother/Sister | <input type="checkbox"/> Child | <input type="checkbox"/> Yes                          | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes         | <input type="checkbox"/> No     | <input type="checkbox"/> Yes            | <input type="checkbox"/> No    | <input type="checkbox"/> Yes                          | <input type="checkbox"/> No |

## B. Information about you

### C. Information about your relative

|                                                           |                                 |                                                                    |                                                           |                                 |                                                                    |
|-----------------------------------------------------------|---------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------|--------------------------------------------------------------------|
| <b>1. Name</b> (Family name in CAPS)                      | (First)                         | (Middle)                                                           | <b>1. Name</b> (Family name in CAPS)                      | (First)                         | (Middle)                                                           |
| <b>2. Address</b> (Number and Street)                     |                                 |                                                                    | <b>2. Address</b> (Number and Street)                     |                                 |                                                                    |
| (Apt. No.)                                                |                                 |                                                                    | (Apt. No.)                                                |                                 |                                                                    |
| (Town or City)                                            |                                 | (State/Country)                                                    | (Town or City)                                            |                                 | (State/Country)                                                    |
| (Zip/Postal Code)                                         |                                 |                                                                    | (Zip/Postal Code)                                         |                                 |                                                                    |
| <b>3. Place of Birth</b> (Town or City)                   |                                 |                                                                    | <b>3. Place of Birth</b> (Town or City)                   |                                 |                                                                    |
| (State/Country)                                           |                                 |                                                                    | (State/Country)                                           |                                 |                                                                    |
| <b>4. Date of Birth</b>                                   | <b>5. Gender</b>                | <b>6. Marital Status</b>                                           | <b>4. Date of Birth</b>                                   | <b>5. Gender</b>                | <b>6. Marital Status</b>                                           |
|                                                           | <input type="checkbox"/> Male   | <input type="checkbox"/> Married <input type="checkbox"/> Single   |                                                           | <input type="checkbox"/> Male   | <input type="checkbox"/> Married <input type="checkbox"/> Single   |
|                                                           | <input type="checkbox"/> Female | <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced |                                                           | <input type="checkbox"/> Female | <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced |
| <b>7. Other Names Used</b> (including maiden name)        |                                 |                                                                    | <b>7. Other Names Used</b> (including maiden name)        |                                 |                                                                    |
| <b>8. Date and Place of Present Marriage</b> (if married) |                                 |                                                                    | <b>8. Date and Place of Present Marriage</b> (if married) |                                 |                                                                    |
| <b>9. U.S. Social Security Number</b> (If any)            |                                 |                                                                    | <b>9. U.S. Social Security Number</b> (If any)            |                                 |                                                                    |
| <b>10. Alien Registration Number</b>                      |                                 |                                                                    | <b>10. Alien Registration Number</b>                      |                                 |                                                                    |
| <b>11. Name(s) of Prior Spouse(s)</b>                     |                                 |                                                                    | <b>11. Name(s) of Prior Spouse(s)</b>                     |                                 |                                                                    |
| <b>12. Date(s) Marriage(s) Ended</b>                      |                                 |                                                                    | <b>12. Date(s) Marriage(s) Ended</b>                      |                                 |                                                                    |

**13. If you are a U.S. citizen, complete the following:**

My citizenship was acquired through (check one):

- ☐ Birth in the U.S.
- ☐ Naturalization. Give certificate number and date and place of issuance.

- ☐ Parents. Have you obtained a certificate of citizenship in your own name?  
☐ Yes. Give certificate number, date and place of issuance. ☐ No

**14. If you are a lawful permanent resident alien, complete the following:**

Date and place of admission for or adjustment to lawful permanent residence and class of admission.

**14b. Did you gain permanent resident status through marriage to a U.S. citizen or lawful permanent resident?**

- ☐ Yes ☒ No

13. Has your relative ever been in the U.S.? ☐ Yes ☐ No

**14. If your relative is currently in the U.S., complete the following:**

**He or she arrived as a:**

(visitor, student, stowaway, without inspection, etc.)

**Arrival/Departure Record (I-94)****Date arrived**

**Date authorized stay expired, or will expire, as shown on Form I-94 or I-95**

**15. Name and address of present employer (if any)**

**Date this employment began**

**16. Has your relative ever been under immigration proceedings?**

- ☐ No ☐ Yes Where \_\_\_\_\_ When \_\_\_\_\_  
☐ Removal ☐ Exclusion/Deportation ☐ Rescission ☐ Judicial Proceedings

| INITIAL RECEIPT | RESUBMITTED | RELOCATED: Rec'd | Sent | COMPLETED: Appv'd | Denied | Ret'd |
|-----------------|-------------|------------------|------|-------------------|--------|-------|
|-----------------|-------------|------------------|------|-------------------|--------|-------|

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**C. Information about your relative (continued)**

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**17. List spouse and all children of your relative.**

(Name) (Relationship) (Date of Birth) (Country of Birth)

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**18. Address in the United States where your relative intends to live.**

(Street Address) (Town or City) (State)

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**19. Your relative's address abroad.** (Include street, city, province and country)

Phone Number (if any)

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**20. If your relative's native alphabet is other than Roman letters, write his or her name and foreign address in the native alphabet.**

(Name) Address (Include street, city, province and country):

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**21. If filing for your spouse, give last address at which you lived together.** (Include street, city, province, if any, and country):

**From:** **To:**

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**22. Complete the information below if your relative is in the United States and will apply for adjustment of status.**

Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the USCIS office in:

If your relative is not eligible for adjustment of status, he or she will apply for a visa abroad at the American consular post in:

(City) (State) (City) (Country)

**NOTE:** Designation of a U.S. embassy or consulate outside the country of your relative's last residence does not guarantee acceptance for processing by that post. Acceptance is at the discretion of the designated embassy or consulate.

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**D. Other information**

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**1. If separate petitions are also being submitted for other relatives, give names of each and relationship.**

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**2. Have you ever before filed a petition for this or any other alien?** ☐ Yes ☐ No

If "Yes," give name, place and date of filing and result.

**WARNING:** USCIS investigates claimed relationships and verifies the validity of documents. USCIS seeks criminal prosecutions when family relationships are falsified to obtain visas.

**PENALTIES:** By law, you may be imprisoned for not more than five years or fined \$250,000, or both, for entering into a marriage contract for the purpose of evading any provision of the immigration laws. In addition, you may be fined up to \$10,000 and imprisoned for up to five years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

**YOUR CERTIFICATION:** I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit that I am seeking.

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**E. Signature of petitioner**

Date Phone Number ( )

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**F. Signature of person preparing this form, if other than the petitioner**

I declare that I prepared this document at the request of the person above and that it is based on all information of which I have any knowledge.

Print Name Signature Date  
Address G-28 ID or VOLAG Number, if any.

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

**I-765, Application For  
Employment Authorization**

**Do not write in this block.**

|                                                                                                                                                                                                                                                                                                                                                                                                                           |              |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|
| Remarks                                                                                                                                                                                                                                                                                                                                                                                                                   | Action Block | Fee Stamp |
| A#                                                                                                                                                                                                                                                                                                                                                                                                                        |              |           |
| Applicant is filing under §274a.12 _____                                                                                                                                                                                                                                                                                                                                                                                  |              |           |
| <input type="checkbox"/> Application Approved. Employment Authorized / Extended ( <i>Circle One</i> ) until _____ (Date).<br>Subject to the following conditions: _____ (Date).<br>Application Denied.<br><input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c).<br><input type="checkbox"/> Failed to establish economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f) |              |           |

I am applying for: ☐ Permission to accept employment.  
☐ Replacement (*of lost employment authorization document*).  
☐ Renewal of my permission to accept employment (*attach a copy of your previous employment authorization document*).

|                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 1. Name (Family Name in CAPS) (First) _____ (Middle) _____                                                                                                                                          | Which USCIS Office? _____                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date(s) _____ |
| 2. Other Names Used (include Maiden Name) _____                                                                                                                                                     | Results (Granted or Denied - attach all documentation) _____                                                                                                                                                                                                                                                                                                                                                                                                              |               |
| 3. U.S. Mailing Address (Street Number and Name) _____ (Apt. Number) _____                                                                                                                          | 12. Date of Last Entry into the U.S., on or about: (mm/dd/yyyy) _____                                                                                                                                                                                                                                                                                                                                                                                                     |               |
| (Town or City) _____ (State/Country) _____ (ZIP Code) _____                                                                                                                                         | 13. Place of Last Entry into the U.S. _____                                                                                                                                                                                                                                                                                                                                                                                                                               |               |
| 4. Country of Citizenship/Nationality _____                                                                                                                                                         | 14. Status at Last Entry (B-2 Visitor, F-1 Student, No Lawful Status, etc.) _____                                                                                                                                                                                                                                                                                                                                                                                         |               |
| 5. Place of Birth (Town or City) _____ (State/Province) _____ (Country) _____                                                                                                                       | 15. Current Immigration Status (Visitor, Student, etc.) _____                                                                                                                                                                                                                                                                                                                                                                                                             |               |
| 6. Date of Birth (mm/dd/yyyy) _____ 7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                         | 16. Go to the " <b>Who May File Form I-765?</b> " section of the instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. (For example, (a)(8), (c)(17)(iii), etc.).<br><br>( ) ( ) ( )                                                                                                                                                                                                              |               |
| 8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced                                               | 17. If you entered the eligibility category, (c)(3)(C), in Question 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.<br>Degree: _____<br>Employer's Name as listed in E-Verify: _____<br>Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number: _____ |               |
| 9. Social Security Number (Include all numbers you have ever used, if any) _____                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |
| 10. Alien Registration Number (A-Number) or I-94 Number (if any) _____                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |
| 11. Have you ever before applied for employment authorization from USCIS?<br><input type="checkbox"/> Yes (Complete the following questions.) <input type="checkbox"/> No (Proceed to Question 12.) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |

**Certification**

**Your Certification:** I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the "**Who May File Form I-765?**" section of the instructions and have identified the appropriate eligibility category in **Question 16**.

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Person Preparing Form, If Other Than Above:** I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name \_\_\_\_\_ Address \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

|         |                 |             |           |      |           |        |          |
|---------|-----------------|-------------|-----------|------|-----------|--------|----------|
| Remarks | Initial Receipt | Resubmitted | Relocated |      | Completed |        |          |
|         |                 |             | Received  | Sent | Approved  | Denied | Returned |
|         |                 |             |           |      |           |        |          |

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

# Form I-485, Application to Register Permanent Residence or Adjust Status

**START HERE - Type or Print (Use black ink)**

**For USCIS Use Only**

## Part 1. Information About You

|                                    |                                   |                      |
|------------------------------------|-----------------------------------|----------------------|
| Family Name (Last Name)            | Given Name (First Name)           | Middle Name          |
| <input type="text"/>               | <input type="text"/>              | <input type="text"/> |
| Address - Street Number and Name   |                                   | Apt. No.             |
| <input type="text"/>               |                                   | <input type="text"/> |
| C/O (in care of)                   |                                   |                      |
| <input type="text"/>               |                                   |                      |
| City                               | State                             | ZIP Code             |
| <input type="text"/>               | <input type="text"/>              | <input type="text"/> |
| Date of Birth (mm/dd/yyyy)         | Country of Birth                  |                      |
| <input type="text"/>               | <input type="text"/>              |                      |
| Country of Citizenship/Nationality | U.S. Social Security No. (if any) | A-Number (if any)    |
| <input type="text"/>               | <input type="text"/>              | <input type="text"/> |
| Date of Last Arrival (mm/dd/yyyy)  | I-94 Number                       |                      |
| <input type="text"/>               | <input type="text"/>              |                      |
| Current USCIS Status               | Expires on (mm/dd/yyyy)           |                      |
| <input type="text"/>               | <input type="text"/>              |                      |

## Part 2. Application Type (Check one)

**I am applying for an adjustment to permanent resident status because:**

- a. ☐ An immigrant petition giving me an immediately available immigrant visa number that has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. ☐ My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate.)
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- f. ☐ I am the husband, wife, or minor unmarried child of a Cuban described above in (e), and I am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- g. ☐ I have continuously resided in the United States since before January 1, 1972.
- h. ☐ Other basis of eligibility. Explain (for example, I was admitted as a refugee, my status has not been terminated, and I have been physically present in the United States for 1 year after admission). If additional space is needed, see **Page 3** of the instructions.

**I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and:**  
(Check one)

- i. ☐ I am a native or citizen of Cuba and meet the description in (e) above.
- j. ☐ I am the husband, wife, or minor unmarried child of a Cuban and meet the description in (f) above.

|                                                                                                                                                                                                                                                                                                                                                                                                     |         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Returned                                                                                                                                                                                                                                                                                                                                                                                            | Receipt |
| Resubmitted                                                                                                                                                                                                                                                                                                                                                                                         |         |
| Reloc Sent                                                                                                                                                                                                                                                                                                                                                                                          |         |
| Reloc Rec'd                                                                                                                                                                                                                                                                                                                                                                                         |         |
| Applicant Interviewed                                                                                                                                                                                                                                                                                                                                                                               |         |
| <b>Section of Law</b><br><input type="checkbox"/> Sec. 209(a), INA<br><input type="checkbox"/> Sec. 209(b), INA<br><input type="checkbox"/> Sec. 13, Act of 9/11/57<br><input type="checkbox"/> Sec. 245, INA<br><input type="checkbox"/> Sec. 249, INA<br><input type="checkbox"/> Sec. 1 Act of 11/2/66<br><input type="checkbox"/> Sec. 2 Act of 11/2/66<br><input type="checkbox"/> Other _____ |         |
| <b>Country Chargeable</b><br><input type="text"/>                                                                                                                                                                                                                                                                                                                                                   |         |
| <b>Eligibility Under Sec. 245</b><br><input type="checkbox"/> Approved Visa Petition<br><input type="checkbox"/> Dependent of Principal Alien<br><input type="checkbox"/> Special Immigrant<br><input type="checkbox"/> Other _____                                                                                                                                                                 |         |
| <b>Preference</b><br><input type="text"/>                                                                                                                                                                                                                                                                                                                                                           |         |
| <b>Action Block</b><br><input type="text"/>                                                                                                                                                                                                                                                                                                                                                         |         |
| <b>To be Completed by Attorney or Representative, if any</b><br><input type="checkbox"/> Fill in box if Form G-28 is attached to represent the applicant.<br>VOLAG No _____<br>ATTY State License No. _____                                                                                                                                                                                         |         |

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**Part 3. Processing Information**

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A. City/Town/Village of Birth

Current Occupation

Your Mother's First Name

Your Father's First Name

Give your name exactly as it appears on your Form I-94, Arrival-Departure Record

Place of Last Entry Into the United States  
(City/State)In what status did you last enter? (*Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.*)Were you inspected by a U.S. Immigration Officer? Yes ☐No ☐

Nonimmigrant Visa Number

Consulate Where Visa Was Issued

Date Visa Issued (mm/dd/yyyy)

Gender

☐

Male

☐

Female

Marital Status

☐

Married

☐

Single

☐

Divorced

☐

Widowed

Have you ever applied for permanent resident status in the U.S.?

☐Yes (*If "Yes" give date and place of filing and final disposition.*)☐

No

**B.** List your present spouse and all of your children (include adult sons and daughters). (If you have none, write "None." If additional space is needed, see **Page 3** of the instructions.)

|                                  |                                  |                            |                                                                                |
|----------------------------------|----------------------------------|----------------------------|--------------------------------------------------------------------------------|
| Family Name ( <i>Last Name</i> ) | Given Name ( <i>First Name</i> ) | Middle Initial             | Date of Birth ( <i>mm/dd/yyyy</i> )                                            |
| <input type="text"/>             | <input type="text"/>             | <input type="text"/>       | <input type="text"/>                                                           |
| Country of Birth                 | Relationship                     | A-Number ( <i>if any</i> ) | Applying with you?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="text"/>             | <input type="text"/>             | <input type="text"/>       | <input type="text"/>                                                           |
| Family Name ( <i>Last Name</i> ) | Given Name ( <i>First Name</i> ) | Middle Initial             | Date of Birth ( <i>mm/dd/yyyy</i> )                                            |
| <input type="text"/>             | <input type="text"/>             | <input type="text"/>       | <input type="text"/>                                                           |
| Country of Birth                 | Relationship                     | A-Number ( <i>if any</i> ) | Applying with you?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="text"/>             | <input type="text"/>             | <input type="text"/>       | <input type="text"/>                                                           |
| Family Name ( <i>Last Name</i> ) | Given Name ( <i>First Name</i> ) | Middle Initial             | Date of Birth ( <i>mm/dd/yyyy</i> )                                            |
| <input type="text"/>             | <input type="text"/>             | <input type="text"/>       | <input type="text"/>                                                           |
| Country of Birth                 | Relationship                     | A-Number ( <i>if any</i> ) | Applying with you?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="text"/>             | <input type="text"/>             | <input type="text"/>       | <input type="text"/>                                                           |
| Family Name ( <i>Last Name</i> ) | Given Name ( <i>First Name</i> ) | Middle Initial             | Date of Birth ( <i>mm/dd/yyyy</i> )                                            |
| <input type="text"/>             | <input type="text"/>             | <input type="text"/>       | <input type="text"/>                                                           |
| Country of Birth                 | Relationship                     | A-Number ( <i>if any</i> ) | Applying with you?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="text"/>             | <input type="text"/>             | <input type="text"/>       | <input type="text"/>                                                           |
| Family Name ( <i>Last Name</i> ) | Given Name ( <i>First Name</i> ) | Middle Initial             | Date of Birth ( <i>mm/dd/yyyy</i> )                                            |
| <input type="text"/>             | <input type="text"/>             | <input type="text"/>       | <input type="text"/>                                                           |
| Country of Birth                 | Relationship                     | A-Number ( <i>if any</i> ) | Applying with you?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| <input type="text"/>             | <input type="text"/>             | <input type="text"/>       | <input type="text"/>                                                           |

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**Part 5. Signature (Continued)**

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**Applicant's Statement (Check one)**

☐ I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.

☐ Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the \_\_\_\_\_ language, a language in which I am fluent, by the person named in **Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

| Signature (Applicant) | Print Your Full Name | Date<br>(mm/dd/yyyy) | Daytime Phone Number<br>(include area code) |
|-----------------------|----------------------|----------------------|---------------------------------------------|
| <input type="text"/>  | <input type="text"/> | <input type="text"/> | <input type="text"/>                        |

**NOTE:** If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit, and this application may be denied.

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**Interpreter's Statement and Signature**

I certify that I am fluent in English and the below-mentioned language.

**Language Used** (language in which applicant is fluent)

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

| Signature (Interpreter) | Print Your Full Name | Date<br>(mm/dd/yyyy) | Phone Number<br>(include area code) |
|-------------------------|----------------------|----------------------|-------------------------------------|
| <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/>                |

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**Part 6. Signature of Person Preparing Form, If Other Than Above**

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I declare that I prepared this application at the request of the above applicant, and it is based on all information of which I have knowledge.

| Signature            | Print Your Full Name | Date<br>(mm/dd/yyyy) | Phone Number<br>(include area code) |
|----------------------|----------------------|----------------------|-------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>                |

Firm Name and Address

E-Mail Address (if any)