

I-130, Petition for Alien Relative

DO NOT WRITE IN THIS BLOCK - FOR USCIS OFFICE ONLY

A# Section of Law/Visa Category <input type="checkbox"/> 201(b) Spouse - IR-1/CR-1 <input type="checkbox"/> 201(b) Child - IR-2/CR-2 <input type="checkbox"/> 201(b) Parent - IR-5 <input type="checkbox"/> 203(a)(1) Unm. S or D - F1-1 <input type="checkbox"/> 203(a)(2)(A)Spouse - F2-1 <input type="checkbox"/> 203(a)(2)(A) Child - F2-2 <input type="checkbox"/> 203(a)(2)(B) Unm. S or D - F2-4 <input type="checkbox"/> 203(a)(3) Married S or D - F3-1 <input type="checkbox"/> 203(a)(4) Brother/Sister - F4-1	Action Stamp	Fee Stamp Petition was filed on: _____ (priority date) <div> <input type="checkbox"/> Personal Interview <input type="checkbox"/> Previously Forwarded </div> <div> <input type="checkbox"/> Pet. <input type="checkbox"/> Ben. " A " File Reviewed <input type="checkbox"/> I-485 Filed Simultaneously </div> <div> <input type="checkbox"/> Field Investigation <input type="checkbox"/> 204(g) Resolved </div> <div> <input type="checkbox"/> 203(a)(2)(A) Resolved <input type="checkbox"/> 203(g) Resolved </div>
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Remarks:

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

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

C. Information about your relative

1. Name (Family name in CAPS) (First) (Middle)			1. Name (Family name in CAPS) (First) (Middle)		
2. Address (Number and Street) (Apt. No.)			2. Address (Number and Street) (Apt. No.)		
(Town or City)	(State/Country)	(Zip/Postal Code)	(Town or City)	(State/Country)	(Zip/Postal Code)

3. Place of Birth (Town or City)			(State/Country)		
4. Date of Birth			5. Gender		
			<input type="checkbox"/> Male <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Female <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		

3. Place of Birth (Town or City)			(State/Country)		
4. Date of Birth			5. Gender		
			<input type="checkbox"/> Male <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Female <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		

7. Other Names Used (including maiden name)

8. Date and Place of Present Marriage (if married)

9. U.S. Social Security Number (If any)		10. Alien Registration Number	

11. Name(s) of Prior Spouse(s)	12. Date(s) Marriage(s) Ended	11. Name(s) of Prior Spouse(s)	12. Date(s) Marriage(s) Ended
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13. If you are a U.S. citizen, complete the following: 13. Has your relative ever been in the U.S.? ☐ Yes ☐ No

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

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

INITIAL RECEIPT	RESUBMITTED	RELOCATED: Rec'd	Sent	COMPLETED: Appy'd	Denied	Ret'd
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C. Information about your relative (continued)

17. List spouse and all children of your relative.

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

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

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

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

Phone Number (if any)

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):

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

From: **To:**

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.

D. Other information

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

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.

E. Signature of petitioner

Date Phone Number ()

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.