



Petition for Alien Fiancé(e)
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129F
OMB No. 1615-0001
Expires 11/30/2020

| For USCIS Use Only | | Fee Stamp | | Action Block | |
|--|-----------|--|---------|---|--|
| Case ID Number | | | | | |
| A-Number | | | | | |
| G-28 Number | | | | | |
| <input type="checkbox"/> The petition is approved for status under Section 101(a)(15)(K). It is valid for 4 months and expires on: _____ | | Extraordinary Circumstances Waiver | | | |
| | | <input type="checkbox"/> Approved Reason _____ | | | |
| | | <input type="checkbox"/> Denied Reason _____ | | | |
| General Waiver | | Mandatory Waiver | | AMCON: _____ <input type="checkbox"/> Personal Interview <input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Document Check <input type="checkbox"/> Field Investigation | |
| <input type="checkbox"/> Approved Reason _____ | | <input type="checkbox"/> Approved Reason _____ | | | |
| <input type="checkbox"/> Denied Reason _____ | | <input type="checkbox"/> Denied Reason _____ | | | |
| Initial Receipt | Relocated | Completed | Remarks | IMBRA disclosure to the beneficiary required? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Resubmitted | Received | Approved | | | |
| | Sent | Returned | | | |

▶ **START HERE - Type or print in black ink.**

Part 1. Information About You

- Alien Registration Number (A-Number) (if any)
▶ A-
- USCIS Online Account Number (if any)
▶
- U.S. Social Security Number (if any)
▶

Select **one** box below to indicate the classification you are requesting for your beneficiary:

- ☐ Fiancé(e) (K-1 visa)
- ☐ Spouse (K-3 visa)
- If you are filing to classify your spouse as a K-3, have you filed Form I-130? ☐ Yes ☐ No

Your Full Name

- Family Name (Last Name)
- Given Name (First Name)
- Middle Name

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8**.

Additional Information.

- Family Name (Last Name)
- Given Name (First Name)
- Middle Name

Your Mailing Address ([USPS ZIP Code Lookup](#))

- In Care Of Name
- Street Number and Name
- ☐ Apt. ☐ Ste. ☐ Flr.
- City or Town
- State
- ZIP Code
- Province
- Postal Code
- Country
- Is your current mailing address the same as your physical address? ☐ Yes ☐ No

If you answered "No," provide your physical address in **Item Numbers 9.a. - 9.h.**

