OMB #1615-0012; Expires 01/31/07 **I-130, Petition for Alien Relative**

Department of Homeland SecurityU.S. Citizenship and Immigration Services

DO NOT WRITE IN THIS BLOCK - FOR USCIS OFFICE ONLY							
A#	Action Stamp		Fee Stamp				
Section of Law/Visa Category							
201(b) Spouse - IR-1/CR-1							
201(b) Child - IR-2/CR-2							
201(b) Parent - IR-5							
203(a)(1) Unm. S or D - F1-1 203(a)(2)(A)Spouse - F2-1			Petition was filed on: (priority date)				
203(a)(2)(A) Child - F2-2			Personal Interview Previously Forwarded				
203(a)(2)(B) Unm. S or D - F2-4			Pet. Ben. "A" File Reviewed I-485 Filed Simultaneously				
203(a)(3) Married S or D - F3-1			Field Investigation 204(g) Resolved				
203(a)(4) Brother/Sister - F4-1			203(a)(2)(A) Resolved 203(g) Resolved				
Remarks:							
A. Relationship You are the petitioner. Your relative is the beneficiary.							
1. I am filing this petition for my: Husband/Wife Parent	Brother/Sister	—	lated by adoption? No 3. Did you gain permanent residence through adoption? Yes No				
B. Information about you			C. Information about your relative				
1. Name (Family name in CAPS)	(First) (M	iddle)	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) (Sta	te/Country) (Z	Zip/Postal Code)	(Town or City) (State/Country) (Zip/Postal Code				
3. Place of Birth (Town or City) (State/Country) 3. Place of Birth (Town or City) (State/Country)							
4 D 4 CD: 4 5 Com			A D 4 CDL d				
4. Date of Birth (mm/dd/yyyy) 5. Gen		Single	4. Date of Birth (mm/dd/vvvv) 5. Gender Marital Status Male Married Single				
	nale Widowed	Divorced	Female Widowed Divorced				
7. Other Names Used (including m	aiden name)	7. Other Names Used (including maiden name)					
7. Other Names Osca (merdanis maider name)			7. Other Paines Osea (including marker maine)				
8. Date and Place of Present Marriage (if married)			8. Date and Place of Present Marriage (if married)				
9. U.S. Social Security Number (if	any) 10. Alien Registrat	tion Number	9. U. S. Social Security Number (if any) 10. Alien Registration Number				
11. Name(s) of Prior Husband(s)/W	ive(s) 12. Date(s) Marr	riage(s) Ended	11. Name(s) of Prior Husband(s)/Wive(s) 12. Date(s) Marriage(s) Ende				
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):			14. If your relative is currently in the U.S., complete the following:				
Birth in the U.S.			He or she arrived as a::				
Naturalization. Give certificate number and date and place of issuance.			(visitor, student, stowaway, without inspection, etc.) Arrival/Departure Record (I-94) Date arrived (mm/dd/yyyy)				
Daniel Hammer shall be said to the control of the c			Arrival/Departure Record (I-94) Date arrived (mm/dd/yyyy)				
Parents. Have you obtained a certificate of citizenship in your own name?							
☐ Yes. Give certificate number, date and place of issuance. ☐ No			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)				
14a. If you are a lawful permanent resident alien, complete the			22. Frame and address of present employer (if any)				
following: Date and place of admission for or adjustment to lawful permanent residence and class of admission.			Data this ampleyment bagan (mm/dd/sagar)				
Permanent resident	or definition.		Date this employment began (mm/dd/yyyy)				
141 200			16. Has your relative ever been under immigration proceedings?				
14b. Did you gain permanent resident status through marriage to a U.S. citizen or lawful permanent resident?			No Yes Where When				
Yes No			Removal Exclusion/Deportation Recission Judicial Proceedings				
INITIAL RECEIPT RESUBM	ITTED DELOCAT	ΓED: Rec'd	SentCOMPLETED: Appv'd Denied Ret'd				

C. Information about y	your alien relative (continued)		
17. List husband/wife and all chi	·		
(Name)	(Relationship)	(Date of Birth)	(Country of Birth)
18. Address in the United State	es where your relative intends to live.		
(Street Address)	is where your remarks intomus to five	(Town or City)	(State)
19. Your relative's address abr	oad. (Include street, city, province and co	untry)	71
			Phone Number (if any)
20. If your relative's native alp (Name)	habet is other than Roman letters, write Address (Include street, city,	his or her name and foreig	n address in the native alphabet.
(Name)	Address (filelade street, city,	province and country).	
21 72 831 2			
21. If filing for your husband/w	vife, give last address at which you lived	together. (Include street, cit	y, province, if any, and country): From: To:
			(Month) (Year) (Month) (Year)
22 Complete the information	below if your relative is in the United Sta	ates and will annly for adjus	etment of status
	States and will apply for adjustment of stat		
		is not eligible for adjustment	
(City)	(State)		
will apply for a visa abroad at	the American consular post in	(6':)	
NOTE: Designation of an Am	nerican embassy or consulate outside the co	(City)	(Country)
	ptance is at the discretion of the designated		esidence does not guarantee acceptance for
D. Other information		<u> </u>	
1. If separate petitions are also	being submitted for other relatives, give	e names of each and relation	iship.
2. Have you ever before file	d a petition for this or any other alien	1? 🗆 🗆 🗆 🗆	
If "Yes," give name, place and of		Yes L No	
ii res, give name, place and e	ate of filling and result.		
WADNING. USCIS investig	rates alaimed relationshins and varifies	the validity of decuments	LISCIS goales ariminal programtions when
family relationships are falsifi		the validity of documents.	USCIS seeks criminal prosecutions when
, ,		ve years or fined \$250,000	or both, for entering into a marriage contract for
			to \$10,000 and imprisoned for up to five
			false document in submitting this petition.
			tes of America, that the foregoing is true and
		my records that the U.S. C	Citizenship and Immigration Services needs to
determine eligibility for the be			
E. Signature of petition	ner.		
		Date	Phone Number
F. Signature of person	preparing this form, if other t	han the petitioner.	
I declare that I prepared this	s document at the request of the person :	above and that it is based or	all information of which I have any knowledge.
Print Name	Signatu	ıre	Date
Address			
Audicos		G-28 ID or VOLAG Nu	mper. II anv.