## 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  | r                                 |                |   |  |                                 |  |
| 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<br>203(a)(2)(A)Spouse - F2-1                                     |                                   |                | Petition w  | as filed on                                    | (priority date)                 |  |
| 203(a)(2)(A) Child - F2-2   |                                   |                |   | as med on. ——————————————————————————————————— | 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 1   | Investigation                                  | 204(g) Resolved                 |  |
| 203(a)(4) Brother/Sister - F4-1   |                                   |                | 203(a   | )(2)(A) Resolved                               | 203(g) Resolved                 |  |
| Remarks:  |                                   |                |   |  |                                 |  |
|   | the petitioner. Your re           |                | -   |  |                                 |  |
| 1. I am filing this petition for my:  |                                   | 2. Are you rel | ated by adoption?   | 3. Did you gain perman                         | ent residence through adoption? |  |
| Spouse Parent   | Brother/Sister Child              | Yes            | ☐ No  | Ye   | es No                           |  |
| B. Information about you  | 1                                 |                | C. Informati  | on about your rel                              | ative                           |  |
| 1. Name (Family name in CAPS)   | (First) (Mid                      | ddle)          | 1. Name (Family nar   | me in CAPS) (First)                            | (Middle)                        |  |
| 2. Address (Number and Street) (Apt. No.)   |                                   |                | 2. Address (Number and Street) (Apt. No.)   |  |                                 |  |
| (Town or City) (State   | e/Country) (Zip/                  | Postal Code)   | (Town or City)  | (State/Coun                                    | try) (Zip/Postal Code)          |  |
| 3. Place of Birth (Town or City)  | (State/                           | Country)       | 3. Place of Birth (To   | own or City)                                   | (State/Country)                 |  |
|   |                                   |                |   |  |                                 |  |
| 4. Date of Birth 5. Gen   |                                   | atus<br>¬      | 4. Date of Birth  | 5. Gender                                      | 6. Marital Status               |  |
| ∐ Ma  |                                   | Single         |   | ∐ Male   | Married Single                  |  |
|   | nale Widowed                      | Divorced       |   | Female   | Widowed Divorced                |  |
| 7. Other Names Used (including maide  | n name)                           |                | 7. Other Names Us   | ed (including maiden name                      | )                               |  |
| 8. Date and Place of Present Marriage   | (if married)                      |                | 8. Date and Place of  | Present Marriage (if ma                        | rried)                          |  |
| 9. U.S. Social Security Number (If any  | 7) 10. Alien Registration         | on Number      | 9. U.S. Social Secur  | rity Number (If any)                           | 10. Alien Registration Number   |  |
| 11. Name(s) of Prior Spouse(s)  | 12. Date(s) Mari                  | riage(s) Ended | 11. Name(s) of Prio   | r Spouse(s)                                    | 12. Date(s) Marriage(s) Ended   |  |
| 13. If you are a U.S. citizen, complete   | the following:                    |                | 12. Has your relativ  | o over been in the U.S.?                       |                                 |  |
|   |                                   |                |   | e 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:  He or she arrived as a: |  |                                 |  |
| ☐ Birth in the U.S. ☐ Naturalization. Give certificate number and date and place of issuance. |                                   |                |   | stowaway, without inspect                      | ion, etc.)                      |  |
| Traturanzation. Give certificati  | e number and date and place of    | i issuance.    | Arrival/Departure   | e Record (I-94)                                | Date arrived                    |  |
| Parents. Have you obtained a  | portificate of citizanchin in vov |                |   |  |                                 |  |
|   | er, date and place of issuance.   | No No          | Date authorized s<br>shown on Form I-   | tay expired, or will expire<br>94 or I-95      | , as                            |  |
| 14. If you are a lawful permanent resi  | dent alien, complete the follo    | owing:         | 15. Name and addr   | ess of present employer (i                     | fany)                           |  |
| Date and place of admission for o   |                                   | _              | zo. Tame and addi   | -22 or bresent employel (I                     | - waag /                        |  |
| residence and class of admission.   | , F                               |                | Det die   |  |                                 |  |
|   |                                   |                | Date this employ  | ment began                                     |                                 |  |
| 14b. Did you gain permanent resident status through marriage to a                             |                                   |                | 16. Has vour relativ  | e ever been under immior                       | ration proceedings?             |  |
| U.S. citizen or lawful permanent resident?  |                                   |                | 16. Has your relative ever been under immigration proceedings?  No Yes Where When               |  |                                 |  |
| Yes No  |                                   |                |   | Exclusion/Deportation                          | Rescission Judicial Proceedings |  |
| INITIAL RECEIPT RESUBM  | ITTED RELOCAT                     | ED: Rec'd      |   | MPLETED: Appv'd                                | Denied Ret'd                    |  |

| C. Information about your relative 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 re   | elative intends to live   |                        |                                      |
| (Street Address)   | (Town or City)  |                        | (State)                              |
| (Sirect Madress)   |   |                        |                                      |
| 10 Vermusaletinale address above de (Luchede et  |   |                        | Dhana Namhan (if an                  |
| 19. Your relative's address abroad. (Include st  | reet, city, province and country)                               |                        | Phone Number (if any                 |
|  |   |                        |                                      |
| 20. If your relative's native alphabet is other the  |   | _                      | n the native alphabet.               |
| (Name) Ac  | ddress (Include street, city, province and count                | ry):                   |                                      |
|  |   |                        |                                      |
| 21. If filing for your spouse, give last address a   | at which you lived together. (Include street, o                 | city, province, if any |                                      |
|  |   |                        | From: To:                            |
| 22. Complete the information below if your re  | elative is in the United States and will apply                  | for adjustment of s    | status.                              |
|  | apply for adjustment of status to that of a lawfu               | ıl permanent resider   | nt at the USCIS office in:           |
|  | If your relative is not eligible visa abroad at the American of |                        | tatus, he or she will apply for a    |
|  | visa abroad at the ranterican                                   | consular post in.      |                                      |
| (City) (State)   | (City)  |                        | (Country                             |
|  | consulate outside the country of your relative                  |                        | does not guarantee acceptance for    |
|  | discretion of the designated embassy or consu                   | iaie.                  |                                      |
| D. Other information  1. If separate petitions are also being submitte                             | d for other relatives, give names of each and                   | relationship.          |                                      |
| and a separate personal are also being summere   | a los conces conces es, gave manes or curve mane                |                        |                                      |
| 2. Have you ever before filed a petition for   | r this or any other alien? Yes N                                | [0                     |                                      |
| If "Yes," give name, place and date of filing and res  |   |                        |                                      |
|  |   |                        |                                      |
| WARNING: USCIS investigates claimed relation   | onships and verifies the validity of documents.                 | USCIS seeks crimi      | nal prosecutions when family         |
| relationships are falsified to obtain visas.   |   |                        |                                      |
| <b>PENALTIES:</b> By law, you may be imprisoned to purpose of evading any provision of the immigra |   |                        |                                      |
| knowingly and willfully falsifying or concealing   |   |                        |                                      |
| YOUR CERTIFICATION: I certify, under pen   | nalty of periury under the laws of the United St                | ates of America, tha   | t the foregoing is true and correct. |
| Furthermore, I authorize the release of any information  |   |                        |                                      |
| the benefit that I am seeking.   |   |                        |                                      |
| E. Signature of petitioner   | D.  |                        | n v i ( )                            |
|  | Date  |                        | Phone Number ( )                     |
|  |   | nor                    |                                      |
| F. Signature of person preparing t   | this form, if other than the petitio                            |                        | f which I have any knowledge         |
| F. Signature of person preparing to I declare that I prepared this document at the reprint Name    | this form, if other than the petitio                            |                        | f which I have any knowledge.  Date  |