

PROPERTY SETTLEMENT/PRENUPTIAL AGREEMENT

This AGREEMENT is made on this _____ day of _____, 20____, by and between _____ (hereinafter referred to as "Wife"), who lives at _____ (Wife's Address) and _____ (hereinafter referred to as "Husband"), who resides at _____ (Husband's Address.)

WHEREAS, we were married on the _____ day of _____, _____, in _____, State of _____, and now we both desire to dissolve our marriage and agree to permanently live separate and apart from each other, as if we were single, according to the terms of this agreement. We mutually agree not to annoy, harass, or interfere with the other in any manner.

WHEREAS, we each have exercised good faith and have made fair, accurate, and complete disclosure to each other regarding all financial and property matters pertaining to this marital settlement agreement.

WHEREAS, we mutually desire to settle by agreement all matters regarding our marital affairs, personal and real property, finances, spousal support and maintenance, and (if applicable) all issues relating to our children, including child support, custody and visitation.

WHEREAS, we mutually intend this agreement to be a final disposition regarding the marital issues addressed herein and intend that this agreement be incorporated into any subsequent FINAL JUDGEMENT OF DISSOLUTION OF MARRIAGE.

THEREFORE, in consideration of our mutual promises, we agree divide our property and finances according to the following mutually agreed upon terms and conditions:

DEBTS (Secured and Unsecured, Credit Cards, Student Loans, etc...)

Husband and Wife jointly hold the following outstanding debts that shall be divided as follows:

Husband assumes responsibility and agrees to pay the following debts:

(Name and Address of Institution)

Husband's Signature

1 - Witness for Husband

2 - Witness for Husband

Wife's Signature

1 - Witness for Wife

2 - Witness for Wife

NOTARY PUBLIC

STATE OF _____
COUNTY OF _____

This document was acknowledged before me on _____ [Date] by
_____ [name of principal].

(Signature of Notarial Officer) Notary Seal:

Notary Public for the State of _____

My commission expires: _____

[PLEASE PRINT OR TYPE]

COMMONWEALTH of MASSACHUSETTS
The Trial Court
Probate and Family Court Department

Hampshire, ss.

Docket No. _____

Plaintiff/Petitioner

Defendant/Petitioner

SEPARATION AGREEMENT APPLICABLE TO ALL DIVORCES

AGREEMENT made between _____
(Name of Husband)

of _____
(Street Address) (City/Town, State, Zip)

(referred to as the Husband), and _____
(Name of Wife)

of _____
(Street Address) (City, Town, State, Zip)

(referred to as the Wife.)

The Husband and Wife were married in _____
(City/Town & State)

on ____/____/____ and last lived together as Husband and Wife at _____
(Date of Marriage) (Street Address)

_____ on ____/____/____
(City/Town, State) (Date of Separation)

- No children were born of this marriage.
- None of the children born of this marriage are under the age of eighteen years or are dependent on the parties for support
- The following dependent child[ren] was/were born of this marriage (list names and dates of birth on the following page):

SUBMISSION OF AGREEMENT TO COURT

The Husband and Wife each agree that this Separation Agreement shall be submitted to the Hampshire Division of the Probate and Family Court for a judge's approval of the terms and entry of a Judgment of Divorce.

The parties further agree that the terms and provisions of this Separation Agreement shall be: (Choose one of the following)

- incorporated and merged into the Judgment of Divorce Nisi of the Court.
- incorporated, but not merged, into the Court's judgment, and shall survive and remain as an independent contract, except for the terms and provisions relating to the care, custody, support and education of the minor child[ren], (attach Schedule A) which terms and provisions shall merge in said Judgment.
- incorporated, but not merged, into the Judgment of Divorce Nisi, and shall remain as an independent contract between the parties.

EXECUTION

Signed on _____ (Date) _____ (Husband)

Signed on _____ (Date) _____ (Wife)

Commonwealth of Massachusetts

_____, ss.

Date: _____

Then personally appeared the above-named _____, and acknowledged that - he - she - signed this separation agreement as - his - her - free act and deed.

Notary Public - My Commission Expires: _____

Commonwealth of Massachusetts

_____, ss.

Date: _____

Then personally appeared the above-named _____, and acknowledged that - he - she - signed this separation agreement as - his - her - free act and deed.

Notary Public - My Commission Expires: _____

Sample

MARITAL SETTLEMENT AGREEMENT

AGREEMENT made on this _____ day of _____, 20____, by and between _____ (hereinafter referred to as "Wife"), who resides at _____ [insert full residential address of Wife] and _____ (hereinafter referred to as "Husband"), who resides at _____ [insert full residential address of Husband].

WHEREAS, we were married on the _____ day of _____, _____, in _____, State of _____, and we now mutually desire to dissolve our marriage and mutually agree to live permanently separate and apart from each other, as if we were single;

WHEREAS, we each have exercised good faith and have made fair, accurate, and complete disclosure to each other regarding all financial and property matters pertaining to this marital settlement agreement;

WHEREAS, we mutually desire to settle by agreement all matters regarding our marital affairs, child custody and visitation, personal and real property, and finances;

WHEREAS, we mutually intend this agreement to be a final disposition regarding the marital issues addressed herein and intend that this agreement be incorporated into any subsequent JUDGEMENT FOR DIVORCE.

THEREFORE, in exchange for the mutual promises herein contained, we agree to live separately and to divide our property and finances according to the following mutually agreed upon terms and conditions:

1. CHILDREN

Husband and Wife have the following child(ren) born or adopted into their marriage:

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

A. CUSTODY

Witness #2 for Wife

Witness #2 for Husband

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF NEW YORK
COUNTY OF _____

This document was acknowledged before me on _____ [Date] by
_____ [name of principal].

[Notary Seal, if any]:

(Signature of Notarial Officer)

Notary Public for the State of New York

My commission expires: _____



State of California Secretary of State

FILE NO: _____

This Space For Filing Use Only

DECLARATION OF DOMESTIC PARTNERSHIP

Please read instructions on reverse side before completing form.

We the undersigned, do declare that we meet the requirements of Family Code section 297, which are as follows:

- Both persons have a common residence.
- Neither person is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity.
- Both persons are not related by blood in a way that would prevent them from being married to each other in this state.
- Both persons are at least 18 years of age.
- Both persons are members of the same sex, **OR** one or both of the persons of opposite sex are over the age of 62 and meet the eligibility criteria under Title II of the Social Security Act as defined in 42 U.S.C. Section 402(a) for old-age insurance benefits or Title XVI of the Social Security Act as defined in 42 U.S.C. Section 1381 for aged individuals.
- Both persons are capable of consenting to the domestic partnership.
- Both persons consent to the jurisdiction of the Superior Courts of California for the purpose of a proceeding to obtain a judgment of dissolution or nullity of the domestic partnership or for legal separation of partners in the domestic partnership, or for any other proceeding related to the partners' rights and obligations, even if one or both partners ceases to be a resident of, or to maintain a domicile in, this state.

The representations are true and correct, and contain no material omissions of fact to the best of our knowledge and belief. Filing an intentionally and materially false Declaration of Domestic Partnership shall be punishable as a misdemeanor. (Family Code section 298(c).)

PARTNER 1			PARTNER 2		
Printed Name (Last)	(First)	(Middle)	Printed Name (Last)	(First)	(Middle)
Signature of Partner as Stated Above			Signature of Partner as Stated Above		
OPTIONAL Name Changes:			OPTIONAL Name Changes:		
New Last Name _____			New Last Name _____		
New Middle Name _____			New Middle Name _____		
Date of Birth (required for name change) _____			Date of Birth (required for name change) _____		

Mailing Address _____ City _____ State _____ Zip _____

State of California
County of _____

NOTARIZATION IS REQUIRED

On _____, before me, _____, Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public _____ [SEAL]

CERTIFICATE OF TRUST

UPON OATH, IT IS HEREBY CERTIFIED that:

Name: _____

Social Security Number: _____

Name: _____

Social Security Number: _____

is/are entitled to the use and occupancy as to an equitable life estate in the real property under the terms of the:

Name of Trust: _____

Dated: _____

and therefore hold sufficient title to claim a Homestead Exemption in compliance with Section 196.041(2), Florida Statutes; and Rule 12D-7.011, Florida Administrative Code, on the property set forth below:

Property Identification #: _____

Property Address: _____

City: _____ Zip: _____

SIGNATURE OF TRUSTEE

PRINTED NAME OF TRUSTEE

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 201__, by _____, who is personally known by me or produced as identification, and who did take an oath.

(SEAL)

Notary Public

Print Name

Affidavit of Citizenship

Please print this form. Fill it out and sign it in the presence of a notary public. Remember to GET IT NOTARIZED. You will have to have proper documentation to prove to the notary that you are a citizen (i.e., driver's license, social security card, birth records, etc...).

Date: _____

To Whom It May Concern:

I _____, hereby state that I was born on _____
(date of birth) in _____ (city, state) and that I am a citizen of
the United States of America. I will be traveling to _____
(destination) on _____, (date) and returning on _____, (date).

(Signature)

On the _____ day of _____, _____, before me came

known to be the individual described in, and who executed, the forgoing instrument, and
acknowledged the he/she executed the same.

(Notary Signature)

AFFIDAVIT OF PARENTAL CONSENT
For Travel Outside The United States Of A Minor Child
Without Both Birth Parents Traveling

FORM # 1 - BOTH BIRTH PARENTS ARE ALIVE • PLEASE TYPE OR PRINT CLEARLY!

I, _____ [a]

_____ [b] Of Said Minor Child, Do Hereby Authorize

_____ [c]

_____ [d] Of Said Minor Child To Travel As A Guardian Of

_____ [e], Age: _____ [f]

To The Following Countries Without _____ : [g]

_____ [h]

_____ [h]

From: Day: _____ / Month: _____ / Year: _____ [i]

To: Day: _____ / Month: _____ / Year: _____ [j]

[k] I/We [_] HAVE; [_] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [_] AUTHORIZE; [_] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: _____

Address: _____

City / State / Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Alternate Name & Phone: _____

Signature: _____

(Signature Of Non-Traveling Birth Parent(s) • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 200__

Signature Of Notary Public: _____

Notary Public in and for the County of _____, And the State Of _____.

My Commission Expires: _____

Affix Notary Seal At The Right Side Of Page

AFFIDAVIT OF PARENTAL CONSENT
For Travel Outside The United States Of A Minor Child
Without Both Birth Parents Traveling

FORM # 2 - ONE BIRTH PARENT IS DECEASED • PLEASE TYPE OR PRINT CLEARLY!

I, _____ [a]

_____ [b] And Surviving Birth Parent Of Said Minor Child, Do Hereby Authorize

_____ [c]

_____ [d] Of Said Minor Child To Travel As A Guardian Of

_____ [e], Age: _____ [f]

To The Following Countries Without Me:

_____ [h]

_____ [h]

From: Day: _____ / Month: _____ / Year: _____ [i]

To: Day: _____ / Month: _____ / Year: _____ [j]

[k] I/We [_] HAVE; [_] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [_] AUTHORIZE; [_] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: _____

Address: _____

City / State / Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Alternate Name & Phone: _____

Signature: _____

(Signature Of Surviving Non-Traveling Birth Parent • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 200__

Signature Of Notary Public: _____

Notary Public in and for the County of _____, And the State Of _____.

My Commission Expires: _____

Affix Notary Seal At The Right Side Of Page

AFFIDAVIT OF PARENTAL CONSENT
For Travel Outside The United States Of A Minor Child
Without Both Birth Parents Traveling

FORM # 3 - GUARDIAN FOR MINOR CHILD • PLEASE TYPE OR PRINT CLEARLY!

I, _____ [a]

The Legal Guardian Of Said Minor Child, Do Hereby Authorize

_____ [c]

_____ [d] Of Said Minor Child To Travel As A Guardian Of

_____ [e], Age: _____ [f]

To The Following Countries Without _____ : [g]

_____ [h]

_____ [h]

From: Day: _____ / Month: _____ / Year: _____ [i]

To: Day: _____ / Month: _____ / Year: _____ [j]

[k] I/We [_] HAVE; [_] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [_] AUTHORIZE; [_] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: _____

Address: _____

City / State / Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Alternate Name & Phone: _____

Signature: _____

(Signature Of Non-Traveling Legal Guardian(s) • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 200__

Signature Of Notary Public: _____

Notary Public in and for the County of _____, And the State Of _____.

My Commission Expires: _____

Affix Notary Seal At The Right Side Of Page

AUTHORIZATION BY PARENTS FOR ANOTHER TO CONSENT TO HOSPITALIZATION, SURGERY, OR MEDICAL TREATMENT OF A MINOR CHILD

All blanks must be filled out. All blanks not applicable should be indicated N/A (not applicable).

Names of Parents or Legal Guardian <i>(please print)</i> :					
First	Last	Relationship	First	Last	Relationship
Address		Phone No.	Address		Phone No.
City	State	ZIP	City	State	ZIP

Name of Child and Medical Information <i>(please print)</i> :		
First	Last	Birthdate
Allergies		Medications

Health Insurance <i>(please print)</i> :	
Insurance Carrier	Policy Number

During my (our) absence from _____ to _____ we appoint the following competent adult(s):			
Name	Telephone Number		
Address	City	State	ZIP
Name	Telephone Number		
Address	City	State	ZIP
<p>to consent (each individually) for all medical or surgical treatment or other medical procedures to the child named above (including, but not limited to, emergency services, administration of anesthesia, blood transfusions, diagnostic tests, etc.) that may be required during such absence.</p> <p>Without in any manner limiting the foregoing appointment and authorization, if circumstances permit, we would like to have the following physician consulted in connection with such medical or surgical treatment or medical procedures:</p>			
Name of Physician	Telephone Number		
<p>This appointment and authorization shall include and extend to all matters for which consent is required under the policies of any hospital or medical treatment facility. In consideration of the services that are rendered to the child named above, pursuant hereto, I (we) agree to pay for all such services. This appointment and authorization shall be effective until _____, 20____, unless sooner revoked by me (us).</p> <p>Any hospital or medical facility, its officers and personnel, and any physician providing medical or surgical services to the child named above may rely upon the consent given by the above-named appointee(s) (or either of them) with the same force and effect as if personally given by me (us).</p>			
Signature of Parent or Legal Guardian	Date		
Signature of Parent or Legal Guardian	Date		

STATE OF _____) SS:	Subscribed and sworn to before me this _____ day of _____, 20____ in the State of _____.
My Commission Expires: _____	Notary Public
County of Residence: _____	Printed

In the event that this form is executed by a legal guardian or only one parent, please state the reason why the signature of two parents cannot be obtained: _____

**IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
MEDINA COUNTY, OHIO**

**DECLARATION UNDER UNIFORM CHILD CUSTODY
JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

Case No. _____

I, (full legal name) _____, being sworn according to law, certify that these proceedings involve the custody of a child, or children and the following statements are true:

1. I am requesting the court to not disclose my address or that of the child(ren). My address is confidential pursuant to ORC 3127.23(D) and should be placed under seal in that the health, safety, or liberty of myself and/or the child(ren) would be jeopardized by the disclosure of the identifying information.

2. **(Number):** _____ **Minor Child(ren) are subject to this proceeding as follows:**
(Insert the information requested below. The residence information must be given for the **last FIVE years.**)

a. Child's name		Place of birth	Date of birth	Sex
Period of residence To Present	Address Confidential	Person child lived with (name & address)		Relationship
to				
to				
to				
to				

a. Child's name		Place of birth	Date of birth	Sex
Period of residence to Present	Address Confidential	Person child lived with (name & address)		Relationship
to				
to				

dependency) concerning the child(ren) in this state or any other state about which information is obtained during this proceeding.

I certify that a copy of this document was **(Check only one)** () mailed () faxed and mailed () hand delivered to the person(s) listed below on (date _____)

Other party or his/her attorney:

Name: _____ Address: _____

City, State, Zip: _____ Fax Number _____

I understand that I am swearing or affirming under oath to the truthfulness of the statements made in this affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment.

Dated: _____

Signature of Party

Printed name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

STATE OF OHIO

COUNTY OF _____

Sworn to or affirmed and signed before me

on _____ by _____

Notary Public

_____ County

In The General Court Of Justice
District Court Division

Name Of Obligee (Index As Plaintiff)

VERSUS

Name Of Obligor (Index As Defendant)

**VOLUNTARY SUPPORT AGREEMENT
AND APPROVAL BY COURT
(NON-IV-D CASES)**

G.S. 110-133

VOLUNTARY SUPPORT AGREEMENT

I acknowledge that I am the parent of the child(ren) named below and that I am legally responsible for his/her/their support.

Name Of Child(ren)	Date Of Birth

1. I agree to pay \$ _____ per month in child support beginning (date): _____ .
 - a. The amount of my child support payment is based on the child support guidelines.
 - b. The amount of my child support payment is not based on the child support guidelines but has been determined by the parties to be adequate to meet the reasonable needs of the child(ren) considering the parties' ability to support the child(ren).
2. The parties agree that child support payments will be made:
 - a. through immediate income withholding. (*Attach Order To Withhold Wages To Enforce Child Support, AOC-CV-618*)
 - b. to the North Carolina Centralized Collection Office.
 - c. directly to the obligee.
3. I agree to provide health insurance for the benefit of my child(ren) through the employment or group policy indicated below and to maintain this coverage as long as it is available to me at a reasonable cost.

Name Of Insurance Company or Employer-Related Insurance Plan (If Currently Available)	Policy No.
---	------------
4. I further agree to be responsible for _____ % of unreimbursed medical expenses.
5. I agree to keep the plaintiff informed of my current residence and mailing address and to cooperate fully with the plaintiff in the verification of my income.
6. Other (specify):

NOTE: Complete and attach *Child Support Worksheet* (AOC-CV-627, 628 or 629), as applicable, and *Cover Sheet For Child Support Cases (Non-IV-D Only)* AOC-CV-640.

ACKNOWLEDGMENT AND AGREEMENT BY OBLIGOR

I understand that this Agreement to support when signed by me, approved by a District Court Judge, and filed in the office of the Clerk of Superior Court will have the same force and effect as a child support order entered by the district court, and that it may be enforced and modified in the same manner as a court order for child support.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature	Name Of Obligor (Type Or Print)
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		Signature Of Obligor
<input type="checkbox"/> Notary	Date My Commission Expires	
SEAL	County Where Notarized	

ACKNOWLEDGMENT AND CONSENT BY OBLIGEE

I have read this Agreement and understand that when it is approved by a District Court Judge and filed in the office of the Clerk of Superior Court it will have the same force and effect as a child support order entered by the district court, and that it may be enforced and modified in the same manner as a court order for child support.

SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME		Date
Date	Signature	Name Of Obligee (Type Or Print)
<input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court		Signature Of Obligee
<input type="checkbox"/> Notary	Date My Commission Expires	
SEAL	County Where Notarized	

APPROVAL BY COURT

The above Voluntary Support Agreement, the terms of which are incorporated by reference herein, is approved by the Court, and shall have the same force and effect as an order of the court and shall be enforceable and subject to modification in the same manner as is provided by law for orders of this Court entered in child support cases, including contempt of court.

Immediate income withholding

- is required. (**Attach Order To Withhold Wages To Enforce Child Support, AOC-CV-618.**)
- is not required because the parties have agreed in writing to an alternative arrangement for payment of child support, or there is good cause not to require immediate income withholding.

Date Entered	Name Of Judge (Type Or Print)	Signature Of Judge
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Form I-134, Affidavit of Support

(Answer all items. Type or print in black ink.)

I, _____ residing at _____
(Name) (Street Number and Name)

(City) (State) (Zip Code if in U.S.) (Country)

certify under penalty of perjury under U.S. law, that:

1. I was born on _____ in _____
(Date-mm/dd/yyyy) (City) (State) (Country)

If you are not a U.S. citizen based on your birth in the United States, or a non-citizen U.S. national based on your birth in American Samoa (including Swains Island), answer the following as appropriate:

- a. If a U.S. citizen through naturalization, give Certificate of Naturalization number _____
- b. If a U.S. citizen through parent(s) or marriage, give Certificate of Citizenship number _____
- c. If U.S. citizenship was derived by some other method, attach a statement of explanation.
- d. If a Lawful Permanent Resident of the United States, give A-Number _____
- e. If a lawfully admitted nonimmigrant, give Form I-94, Arrival-Departure Record, number _____

2. I am _____ years of age and have resided in the United States since _____
(Date-mm/dd/yyyy)

3. This affidavit is executed on behalf of the following person:

Name (Family Name)	(First Name)	(Middle Name)	Gender	Age
Citizen of (Country)		Marital Status	Relationship to Sponsor	
Presently resides at (Street Number and Name)		(City)	(State)	(Country)

Name of spouse and children accompanying or following to join person:

Spouse	Gender	Age	Child	Gender	Age
Child	Gender	Age	Child	Gender	Age
Child	Gender	Age	Child	Gender	Age

- 4. This affidavit is made by me for the purpose of assuring the U.S. Government that the person(s) named in **item (3)** will not become a public charge in the United States.
- 5. I am willing and able to receive, maintain, and support the person(s) named in **item 3**. I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named person(s) will maintain his or her nonimmigrant status, if admitted temporarily, and will depart prior to the expiration of his or her authorized stay in the United States.
- 6. I understand that:
 - a. Form I-134 is an "undertaking" under section 213 of the Immigration and Nationality Act, and I may be sued if the person(s) named in **item 3** becomes a public charge after admission to the United States;
 - b. Form I-134 may be made available to any Federal, State, or local agency that may receive an application from the person(s) named in **item 3** for Food Stamps, Supplemental Security Income, or Temporary Assistance to Needy Families; and
 - c. If the person(s) named in **item 3** does apply for Food Stamps, Supplemental Security Income, or Temporary Assistance for Needy Families, my own income and assets may be considered in deciding the person's application. How long my income and assets may be attributed to the person(s) named in **item 3** is determined under the statutes and rules governing each specific program.



7. I am employed as or engaged in the business of _____ with _____
 (Type of Business) (Name of Concern)

at _____
 (Street Number and Name) (City) (State) (Zip Code)

I derive an annual income of: *(If self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instructions for nature of evidence of net worth to be submitted.)* \$ _____

I have on deposit in savings banks in the United States: \$ _____

I have other personal property, the reasonable value of which is: \$ _____

I have stocks and bonds with the following market value, as indicated on the attached list, which I certify to be true and correct to the best of my knowledge and belief: \$ _____

I have life insurance in the sum of: \$ _____

With a cash surrender value of: \$ _____

I own real estate valued at: \$ _____

With mortgage(s) or other encumbrance(s) thereon amounting to: \$ _____

Which is located at: _____
 (Street Number and Name) (City) (State) (Zip Code)

8. The following persons are dependent upon me for support: *(Check the box in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.)*

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me
_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	<input type="checkbox"/>	<input type="checkbox"/>		
_____	<input type="checkbox"/>	<input type="checkbox"/>		

9. I have previously submitted affidavit(s) of support for the following person(s). If none, state "None".

Name of Person	Date submitted

10. I have submitted a visa petition(s) to U.S. Citizenship and Immigration Services on behalf of the following person(s). If none, state "None".

Name of Person	Relationship	Date submitted

11. I intend do not intend to make specific contributions to the support of the person(s) named in item 3.

(If you check "intend," indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in U.S. dollars and whether it is to be given in a lump sum, weekly or monthly, and for how long.)

Oath or Affirmation of Sponsor

I acknowledge that I have read "Sponsor and Alien Liability" on Page 2 of the instructions for this form, and am aware of my responsibilities as a sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended. _____
 I certify under penalty of perjury under United States law that I know the contents of this affidavit signed by me and that the statements are true and correct.

Signature of Sponsor _____ Date _____



N-600, Application for Certificate of Citizenship

Print clearly or type your answers, using CAPITAL letters in black ink. Failure to print clearly may delay processing of your application.

Part I. Information About You (Provide information about yourself, if you are a person applying for the Certificate of Citizenship. If you are a U.S. citizen parent applying for a Certificate of Citizenship for your minor child, provide information about your child).

If your child has an A-Number, write it here:

A

For USCIS Use Only

Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Date	
Reloc Rec'd	
Date	
Date	

1. Current legal name

Family Name (Last Name)

Given Name (First Name)

Full Middle Name (if applicable)

2. Name exactly as it appears on your Permanent Resident Card (if applicable)

Family Name (Last Name)

Given Name (First Name)

Full Middle Name (if applicable)

3. Other names used since birth

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. U.S. Social Security # (if applicable)

5. Date of Birth (mm/dd/yyyy)

6. Country of Birth

7. Country of Prior Nationality

8. Gender

Male Female

9. Height

Remarks

Part 2. Information About Your Eligibility (Check only one)

A. I am claiming U.S. citizenship through:

- A U.S. citizen father or a U.S. citizen mother
- Both U.S. citizen parents
- A U.S. citizen adoptive parent(s)
- An alien parent(s) who naturalized

B. I am a U.S. citizen parent applying for a Certificate of Citizenship on behalf of my minor (under 18 years of age) BIOLOGICAL child

C. I am a U.S. citizen parent applying for a Certificate of Citizenship on behalf of my minor (under 18 years of age) ADOPTED child

D. Other (Explain fully) _____

Action Block

To Be Completed by

- Attorney or Representative, if any
- Fill in box if Form G-28 is attached to represent the applicant.

ATTY State License #



NOTE: Do not complete the following parts unless a USCIS officer instructs you to do so at the interview

Part 9. Affidavit

I, the (applicant, parent or legal guardian) _____ do swear or affirm, under penalty of perjury laws of the United States, that I know and understand the contents of this application signed by me, and the attached supplementary pages number (___) to (___) inclusive, that the same are true and correct to the best of my knowledge, and that corrections number (___) to (___) were made by me or at my request.

Signature of parent, guardian, or applicant

Date (mm/dd/yyyy)

Subscribed and sworn or affirmed before me upon examination of the applicant (parent, guardian) on _____ at _____

Signature of Interviewing Officer

Title

Part 10. Officer Report and Recommendation on Application for Certificate of Citizenship

On the basis of the documents, records and the testimony of persons examined, and the identification upon personal appearance of the underage beneficiary, I find that all the facts and conclusions set forth under oath in this application are true and correct; that the applicant did derive or acquire U.S. citizenship on _____ (mm/dd/yyyy), through (mark "X" in appropriate section of law or, if section of law not reflected, insert applicable section of law in "Other" block): section 301 of the INA section 309 of the INA

section 320 of the INA section 321 of the INA Other

and that (s)he has has not been expatriated since that time. I recommend that this application be granted denied and that

A or AA Certificate of Citizenship be issued in the name of _____

District Adjudication Officer's Name and Title

District Adjudication Officer's Signature

I do do not concur in recommendation of the application.

District Director or Officer-in-Charge Signature

Date (mm/dd/yyyy)



Translator's Declaration

I, Jose M. Campos, declare under penalty of perjury that I understand the Spanish language and the English language, and that, to the best of my knowledge and belief, the statements in the English language in the attached translation of _____ (name of document), consisting of _____ pages which I have initialed _____, have the same meanings as the statements in the Spanish language of the original document, a copy of which I have examined.

Jose M. Campos

Date

SAMPLE

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

Form G-639, Freedom of Information/Privacy Act Request

NOTE: Use of this form is optional. Any written format for a Freedom of Information or Privacy Act request is acceptable.

START HERE - Type or print in black ink. Read instructions before completing this form.

1. Type of Request (Check appropriate box)

- Freedom of Information Act (FOIA) (Complete all items except **Number 6.**)
- Privacy Act (PA) (**Number 6** must be completed in addition to all other applicable items.)
- Amendment of Record (PA only) (**Number 5** must be completed in addition to all other applicable items.)

2. Requester Information

Name of Requester (Last, First, and Middle Names)		Date (mm/dd/yyyy)	Daytime Telephone
Address (Street Number and Name)		Apt. Number	
City	State	Zip Code	

By my signature, I consent to pay all costs incurred for search, duplication and review of materials up to \$25 (See instructions)

Signature of requester: _____

- Deceased Subject - **Proof of death must be attached** (Obituary, Death Certificate, or other proof of death required)

3. Consent to Release Information (Complete if person is different from requester.) (Numbers 7 and 8 must be completed.)

Print Name of Person/Record Subject Giving Consent	Signature of Person Giving Consent (Original signature required)

By my signature, I consent to allow the requester named in Number 2 above to review (Check applicable box):

- All of my records A portion of my records (If a portion, specify below what part, i.e., copy of application.)

(Consent is required for records of U. S. citizens (USC) and lawful permanent residents (LPR).)

4. Information Needed to Search for Record(s)

Identify the documents, records, or information you are seeking. Be as specific as possible.

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Purpose: (Optional: You are not required to state the purpose of your request. However, doing so may assist USCIS in locating the records needed to respond to your request.)

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5. Data Needed on Subject of Record (Note: Items marked with an asterisk (*) must be provided if known.)

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

5. Data Needed on Subject of Record (Continued)

*Other Names Used (if any)		* Name at time of entry into the U.S.	I-94 Admission #
*Alien Registration Number (A#)		* Petition or Claim Receipt #	* Country of Birth
			*Date of Birth (mm/dd/yyyy)

Names of other family members that may appear on requested record(s) (i.e., spouse, daughter, son):

*Family Member's Name: Given Name (First Name)	Middle Name	Family Name (Last Name)	Relationship
*Father's Name: Given Name (First Name)	Middle Name	Family Name (Last Name)	
*Mother's Name: Given Name (First Name)	Middle Name	Family Name (Last Name) (including Maiden Name)	

Country of Origin (Place of Departure)	Port of Entry Into the U.S.	Date of Entry (mm/dd/yyyy)
Manner of Entry (Air, Sea, Land)	Mode of Travel (Name of Carrier)	

6. Verification of Subject of Record's Identity (See instructions for explanation. Check one box.)

In-Person With ID Notarized Affidavit of Identity Other (Specify): _____

7. Signature of Subject of Record

(Original signature required): _____ Date (mm/dd/yyyy) _____
 Telephone No. _____

8. Notary (Normally needed from persons who are the subject of the record sought or for a sworn declaration under penalty of perjury. See below.)

Subscribed and sworn to before me this _____ day of _____ in the year _____
 Signature of Notary _____ My Commission Expires on _____

OR

NOTE: If a declaration is provided in lieu of a notarized signature, it must state at a minimum the following (include notary seal or stamp in the appropriate space below):

Executed outside the United States

If executed outside the United States: "I declare (certify, verify, or state) under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Signature _____

Executed in the United States

If executed within the United States, its territories, possessions, or commonwealths: "I declare (certify, verify, or state) under penalty of perjury that the foregoing is true and correct.

Signature _____

Seal or Stamp

Seal or Stamp