

Petition for Alien Relative

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-130 OMB No. 1615-0012 Expires 07/31/2018

For USCIS Use Only			Fee Stamp				Action Stamp	
A-Number								
A-								
Initial Receipt								
Resu	bmitted cated		S	ection of Law/Visa	Category	,		
Receiv		☐ 201(b) Spous		☐ 203(a)(1) Unm. S/D -			m. S/D - F2-4	
Sent				☐ 203(a)(2)(A) Spouse -	_			
Com	pleted	☐ 201(b) Parent - IR-5 ☐ 203(a)(2)(A) Child - F2-2 ☐ 203				03(a)(4) Brothe	er/Sister - F4-1	
Appro	ved	Petition was file	ed on (Priority I	Date mm/dd/yyyy):		Field Inv	•	Personal Interview 204(a)(2)(A) Resolved
Returi	ned	PDR request gra	anted/denied - N	New priority date (mm/dd/	/уууу):	☐ Previous ☐ 203(g) F	ly Forwarded Resolved	☐ Pet. A-File Reviewed ☐ I-485 Filed Simultaneously ☐ Ben. A-File Reviewed ☐ 204(g) Resolved
Rema	arks							
At wl	hich USCI	S office (e.g.,	NBC, VSC	, LOS, CRO) was F	orm I-130	adjudicated	1?	
			To be	completed by an	attorney	or accred	lited repres	sentative (if any).
Select this box if Form G-28 is attached. Volag Number (if any)				Attorney State Bar Number (if applicable)				
▶ S	START H	ERE - Typ	e or print	in black ink.				
	If you ne			•	-			ovided in Part 9. Additional Information. ary, with your petition.
_	. 4 . D. 1		(T. T.	d B iii	**			
		ationship e Benefic		e the Petitioner.	Your			rmation About You (Petitioner)
				(0.1 4 1 1		1.	Alien Regi	istration Number (A-Number) (if any)
1.			-	(Select only one b				► A-
_	Spous	_		_	Child	2.	USCIS On	nline Account Number (if any)
2.				your child or pare				
	one box)	box that describes your relationship (Select only :			3.	U.S. Socia	al Security Number (if any)	
Child was born to parents who other at the time of the child's		ho were married to each			▶			
Stepchild/Stepparent				You	ur Full Na	ame		
Child was born to parents who we each other at the time of the child					Family Na (Last Nam			
Child was adopted (not an Orphan or Hague			4.b.	Given Nan (First Nam				
	Convention adoptee) If the beneficiary is your brother/sister, are you related by adoption? Yes No		4.c.	Middle Na	ame			
4. Did you gain lawful permanent resident status or citizenship through adoption? Yes No				☐ No				

Part 2. Information About You (Petitioner)	Address History
(continued)	Provide your physical addresses for the last five years, whether
Other Names Used (if any)	inside or outside the United States. Provide your current address first if it is different from your mailing address in Item Numbers 10.a 10.i.
Provide all other names you have ever used, including aliases, maiden name, and nicknames.	Physical Address 1
5.a. Family Name (Last Name)	12.a. Street Number and Name
5.b. Given Name (First Name)	12.b.
5.c. Middle Name	12.c. City or Town
Other Information	12.d. State 12.e. ZIP Code
6. City/Town/Village of Birth	12.f. Province
	12.g. Postal Code
7. Country of Birth	12.h. Country
8. Date of Birth (mm/dd/yyyy)	
9. Sex Male Female	13.a. Date From (mm/dd/yyyy)
7. Sex I water I chare	13.b. Date To (mm/dd/yyyy)
Mailing Address	Physical Address 2
10.a. In Care Of Name	14.a. Street Number and Name
10.b. Street Number	14.b. Apt. Ste. Flr.
and Name	14.c. City or Town
10.c. Apt. Ste. Flr.	14.d. State 14.e. ZIP Code
10.d. City or Town	14.f. Province
10.e. State 10.f. ZIP Code	14.g. Postal Code
10.g. Province	14.h. Country
10.h. Postal Code	
10.i. Country	15.a. Date From (mm/dd/yyyy)
11. Is your current mailing address the same as your physical	15.b. Date To (mm/dd/yyyy)
address?	Your Marital Information
If you answered "No" to Item Number 11. , provide information on your physical address in Item Numbers 12.a. -	16. How many times have you been married? ▶
13.b.	17. Current Marital Status
	☐ Single, Never Married ☐ Married ☐ Divorced
	☐ Widowed ☐ Separated ☐ Annulled

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Part 2. Information About You (Petitioner)	27. Country of Birth
(continued)	
18. Date of Current Marriage (if currently married) (mm/dd/yyyy)	28. City/Town/Village of Residence
(IIIIII dd yyyy)	
Place of Your Current Marriage (if married)	29. Country of Residence
19.a. City or Town	Parent 2's Information
19.b. State	Full Name of Parent 2
19.c. Province	30.a. Family Name (Last Name)
19.d. Country	30.b. Given Name
	(First Name) 30.c. Middle Name
Names of All Vous Chauses (if any)	Su.c. ivriddie Name
Names of All Your Spouses (if any)	31. Date of Birth (mm/dd/yyyy)
Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any).	32. Sex Male Female
Spouse 1	33. Country of Birth
20.a. Family Name (Last Name)	
20.b. Given Name (First Name)	34. City/Town/Village of Residence
20.c. Middle Name	35. Country of Residence
	35. Country of Residence
21. Date Marriage Ended (mm/dd/yyyy)	
Spouse 2	Additional Information About You (Petitioner)
22.a. Family Name (Last Name)	36. I am a (Select only one box):
22.b. Given Name	U.S. Citizen Lawful Permanent Resident
(First Name)	If you are a U.S. citizen, complete Item Number 37.
22.c. Middle Name	37. My citizenship was acquired through (Select only one box):
23. Date Marriage Ended (mm/dd/yyyy)	Birth in the United States
Information About Your Parents	Naturalization
Parent 1's Information	Parents
Full Name of Parent 1	38. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? Yes No
24.a. Family Name	If you answered "Yes" to Item Number 38. , complete the
(Last Name) 24.b. Given Name	following:
(First Name)	39.a. Certificate Number
24.c. Middle Name	
25. Date of Birth (mm/dd/yyyy)	39.b. Place of Issuance
26. Sex Male Female	
20. Sex Iviale Pelliale	39.c. Date of Issuance (mm/dd/yyyy)

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Part 2. Information About You (Petitioner)	Employer 2
(continued)	46. Name of Employer/Company
If you are a lawful permanent resident, complete Item Numbers 40.a 41.	
40.a. Class of Admission	47.a. Street Number and Name
Class of Akamission	47.b. Apt. Ste. Flr.
40.b. Date of Admission (mm/dd/yyyy)	47.c. City or Town
Place of Admission	
40.c. City or Town	47.d. State 47.e. ZIP Code
Total City of Town	47.f. Province
40.d State	47.g. Postal Code
41. Did you gain lawful permanent resident status through	47.h. Country
marriage to a U.S. citizen or lawful permanent resident?	
Yes No	48. Your Occupation
Employment History	
	49.a. Date From (mm/dd/yyyy)
Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print	49.b. Date To (mm/dd/yyyy)
"Unemployed" in Item Number 42.	Part 3. Biographic Information
Employer 1	NOTE: Provide the biographic information about you, the
42. Name of Employer/Company	petitioner.
43.a. Street Number	1. Ethnicity (Select only one box)
and Name	Hispanic or Latino
43.b. Apt. Ste. Flr.	Not Hispanic or Latino
43.c. City or Town	2. Race (Select all applicable boxes)
	White
43.d. State 43.e. ZIP Code	☐ Asian ☐ Black or African American
43.f. Province	American Indian or Alaska Native
43.g. Postal Code	☐ Native Hawaiian or Other Pacific Islander
43.h. Country	3. Height Feet Inches
	4. Weight Pounds Pounds
44. Your Occupation	5. Eye Color (Select only one box)
	☐ Black ☐ Blue ☐ Brown
45.a. Date From (mm/dd/yyyy)	Gray Green Hazel
45.b. Date To (mm/dd/yyyy)	Maroon Pink Unknown/Other

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Pai	rt 3. Biographic Information (continued)	Beneficiary's Physical Address
6.	Hair Color (Select only one box) Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other	If the beneficiary lives outside the United States in a home without a street number or name, leave Item Numbers 11.a. and 11.b. blank. 11.a. Street Number and Name 11.b. Apt. Ste. Flr.
Pai	rt 4. Information About Beneficiary	
1.	Alien Registration Number (A-Number) (if any) ► A-	11.c. City or Town 11.d. State 11.e. ZIP Code
2.	USCIS Online Account Number (if any) L.S. Social Security Number (if any)	11.f. Province 11.g. Postal Code
3.	Social Security Number (II any)	11.h. Country
Rei	neficiary's Full Name	
	Family Name	Other Address and Contact Information
4.b.	(Last Name)	Provide the address in the United States where the beneficiary intends to live, if different from Item Numbers 11.a 11.h. If the address is the same, type or print "SAME" in Item Number
4.c.	Middle Name	12.a.
Oth	ner Names Used (if any)	12.a Street Number and Name
	ride all other names the beneficiary has ever used, including	12.b. Apt. Ste. Flr.
	es, maiden name, and nicknames.	12.c. City or Town
5.a.	Family Name (Last Name)	12.d. State 12.e. ZIP Code
5.b.		Provide the beneficiary's address outside the United States, if different from Item Numbers 11.a 11.h. If the address is the
5.c.	Middle Name	same, type or print "SAME" in Item Number 13.a.
Oth	ner Information About Beneficiary	13.a. Street Number and Name
6.	City/Town/Village of Birth	13.b. Apt. Ste. Flr.
		13.c. City or Town
7.	Country of Birth	13.d. Province
8.	Date of Birth (mm/dd/yyyy)	13.e. Postal Code
9.	Sex Male Female	13.f. Country
10.	Has anyone else ever filed a petition for the beneficiary? Yes No Unknown	14. Daytime Telephone Number (if any)
	NOTE: Select "Unknown" <i>only</i> if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.	

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Part 4. Information About (continued)	Beneficiary	24.	Date Marriage Ended (mm/dd/yyyy)
15. Mobile Telephone Number (in	f any)	Info	formation About Beneficiary's Family
16. Email Address (if any)		Prov child	vide information about the beneficiary's spouse and dren.
Email Fladross (if airy)		Perso	on 1
Beneficiary's Marital Inforn	nation		. Family Name (Last Name)
17. How many times has the bene	eficiary been married?	25.b.	. Given Name (First Name)
	>	25.c.	. Middle Name
18. Current Marital Status		26.	Relationship
Single, Never Married	Married Divorced	27.	Date of Birth (mm/dd/yyyy)
☐ Widowed ☐ Separated 19. Date of Current Marriage (if		28.	Country of Birth
(mm/dd/yyyy)	currently married)		
Diago of Popoliciamila Compa	nt Mauriaga	Perso	con ?
Place of Beneficiary's Curre (if married)	ni Marriage		. Family Name
20.a. City or Town		29.b.	(Last Name) Given Name
20.b. State			(First Name)
		29.c.	. Middle Name
20.c. Province		30.	Relationship
20.d. Country		31.	Date of Birth (mm/dd/yyyy)
		32.	Country of Birth
Names of Beneficiary's Spou	ises (if any)		
Provide information on the benefici currently married) first and then list	•	——Perso	con 3
spouses (if any).	an the beneficiary's prior		. Family Name
Spouse 1			(Last Name)
21.a. Family Name (Last Name)		33.b.	. Given Name (First Name)
21.b. Given Name (First Name)		33.c.	. Middle Name
21.c. Middle Name		34.	Relationship
22. Date Marriage Ended (mm/dd		35.	Date of Birth (mm/dd/yyyy)
		36.	Country of Birth
Spouse 2			
23.a. Family Name (Last Name)			
23.b. Given Name (First Name)			
23.c. Middle Name			

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	t 4. Information About Beneficiary	48.	Travel Document Number
	ntinued)		
Perso		49.	Country of Issuance for Passport or Travel Document
3/.a.	Family Name (Last Name)		
37.b.	Given Name (First Name)	50.	Expiration Date for Passport or Travel Document (mm/dd/yyyy)
37.c.	Middle Name		
38.	Relationship	Bei	neficiary's Employment Information
39.	Date of Birth (mm/dd/yyyy)		vide the beneficiary's current employment information (if icable), even if they are employed outside of the United
		State	es. If the beneficiary is currently unemployed, type or print
40.	Country of Birth		employed" in Item Number 51.a. Name of Current Employer (if applicable)
		51.a	. Name of Current Employer (If applicable)
Perso	on 5	51 h	. Street Number
41.a.	Family Name	31.0	and Name
41.b.	(Last Name) Given Name	51.c	. Apt. Ste. Flr.
	(First Name)	51.d	. City or Town
41.c.	Middle Name	51.e	. State 51.f. ZIP Code
42.	Relationship		
43.	Date of Birth (mm/dd/yyyy)	51.g	. Province
44.	Country of Birth	51.h	. Postal Code
		51.i.	Country
n			
Ben	reficiary's Entry Information	52.	Date Employment Began (mm/dd/yyyy)
45.	Was the beneficiary EVER in the United States?		
	☐ Yes ☐ No	Add	ditional Information About Beneficiary
	beneficiary is currently in the United States, complete s Numbers 46.a 46.d.	53.	Was the beneficiary EVER in immigration proceedings?
46.a.	He or she arrived as a (Class of Admission):		Yes No
		54.	If you answered "Yes," select the type of proceedings and
46.b.	Form I-94 Arrival-Departure Record Number		provide the location and date of the proceedings.
			Removal Exclusion/Deportation
46.c.	Date of Arrival (mm/dd/yyyy)		Rescission Other Judicial Proceedings
46.d.	Date authorized stay expired, or will expire, as shown on	55.a	. City or Town
	Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status		
	DIS TOI DUIGNOII OI SIGNAS	55.b	. State
47.	Passport Number	56.	Date (mm/dd/yyyy)

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Part 4. Information About Beneficiary (continued) If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language. 57.a. Family Name (Last Name) **57.b.** Given Name (First Name) 57.c. Middle Name **58.a.** Street Number and Name **58.b.** Apt. Ste. Flr. 58.c. City or Town 58.d. Province **58.e.** Postal Code 58.f. Country If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number 59.a. **59.a.** Street Number and Name **59.b.** Apt. Ste. Flr. **59.c.** City or Town **59.d.** State **59.e.** ZIP Code **59.f.** Province **59.g.** Postal Code 59.h. Country **60.a.** Date From (mm/dd/yyyy) **60.b.** Date To (mm/dd/yyyy) The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS)

office in:

61.b. State

61.a. City or Town

The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:

		5.5. Embassy of 6.5. Consulate in.				
62.a.	City or Town					
62.b	62.b. Province					
62.c.	Country					
the c guara proce U.S.	ountry of the be antee that it will essing. In these	U.S. Embassy or U.S. Consulate outside neficiary's last residence does not accept the beneficiary's case for situations, the designated U.S. Embassy or iscretion over whether or not to accept the				
Par	t 5. Other I	nformation				
1.	•	ER previously filed a petition for this any other alien? Yes No				
-	u answered "Ye he result.	s," provide the name, place, date of filing,				
2.a.	Family Name (Last Name)					
2.b.	Given Name (First Name)					
2.c.	Middle Name					
3.a.	City or Town					
3.b.	State					
4.	Date Filed (mn	n/dd/yyyy)				
5.	Result (for exa	mple, approved, denied, withdrawn)				
If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.						
Rela	tive 1					
6.a.	Family Name (Last Name)					
6.b.	Given Name (First Name)					
6.c.	Middle Name					
7.	Relationship					

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Par	t 5. Other I	nformation (continued)	Per	titioner's Contact Information	
Rela	tive 2		3.	Petitioner's Daytime Telephone Number	
8.a.	Family Name				
8.b.	(Last Name) Given Name		4.	Petitioner's Mobile Telephone Number (if any)	
	(First Name)				
8.c.	Middle Name		5.	Petitioner's Email Address (if any)	
9.	Relationship				
WARNING: USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsify a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted. PENALTIES: By law, you may be imprisoned for up to 5 years or fined \$250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In addition, you may be fined up to \$10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.			Petitioner's Declaration and Certification Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understant that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek. I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administratio and enforcement of U.S. immigration laws. I understand that USCIS may require me to appear for an		
Info	ormation, De	eclaration, and Signature malties section of the Form I-130	and/	ointment to take my biometrics (fingerprints, photograph, for signature) and, at that time, if I am required to provide netrics, I will be required to sign an oath reaffirming that:	
		ompleting this part.		1) I provided or authorized all of the information contained in, and submitted with, my petition;	
Peti	itioner's State	ement		2) I reviewed and understood all of the information in,	
appli	cable, select the	ox for either Item Number 1.a. or 1.b. If box for Item Number 2. and understand English, and I have read		and submitted with, my petition; and3) All of this information was complete, true, and correct at the time of filing.	
1.b.	petition ar The interp question a	stand every question and instruction on this and my answer to every question. The standard forms and the standard forms and my every question in this petition and my every question in	my j or au info	rtify, under penalty of perjury, that all of the information in petition and any document submitted with it were provided uthorized by me, that I reviewed and understand all of the rmation contained in, and submitted with, my petition, and all of this information is complete, true, and correct.	
	a language	e in which I am fluent. I understood all of	Per	titioner's Signature	
		nation as interpreted.	6.a.	Petitioner's Signature (sign in ink)	
2.	At my req	uest, the preparer named in Part 8. ,	\rightarrow		
		his petition for me based only upon on I provided or authorized.		Date of Signature (mm/dd/yyyy) TE TO ALL PETITIONERS: If you do not completely	

in the Instructions, USCIS may deny your petition.

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed

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Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter if you used one.

nte	erpreter's Ful	l Name			
a.	Interpreter's Family Name (Last Name)				
b.	Interpreter's Gi	ven Name (First Name)			
		·			
•	Interpreter's Bu	siness or Organization Name (if any)			
nte	erpreter's Mai	iling Address			
a.	Street Number and Name				
b.	Apt. S	te. Flr.			
c.	City or Town				
d.	State	3.e. ZIP Code			
f.	Province				
g.	Postal Code				
h.	Country				
nte	erpreter's Con	ntact Information			
	-	ytime Telephone Number			
		,			
	Interpreter's Mo	obile Telephone Number (if any)			
	Interpreter's Email Address (if any)				

Inter	preter's Certification
	fy, under penalty of perjury, that: uent in English and
1.b. , a every answe she un petitio	is the same language provided in Part 6. , Item Number and I have read to this petitioner in the identified language question and instruction on this petition and his or her to every question. The petitioner informed me that he or derstands every instruction, question, and answer on the n, including the Petitioner's Declaration and ication , and has verified the accuracy of every answer.
Inter	preter's Signature
7.a. [Interpreter's Signature (sign in ink)
7.b. 1	Date of Signature (mm/dd/yyyy)
D 4	
Sign	8. Contact Information, Declaration, and ature of the Person Preparing this Petition, if er Than the Petitioner
	le the following information about the preparer.
D.,	and Fall Name
=	arer's Full Name
1.a. [Preparer's Family Name (Last Name)
1.b.]	Preparer's Given Name (First Name)
2.	Preparer's Business or Organization Name (if any)
Prev	arer's Mailing Address
3.a.	Street Number
3.b. [and Name
3.c. (City or Town
3.d.	State 3.e. ZIP Code
3.f.	Province
3.g.]	Postal Code
3.h.	Country

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Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

Pre	pare	er's Contact Information
4.	-	parer's Daytime Telephone Number
5.	Pre	parer's Mobile Telephone Number (if any)
6.	Pre	parer's Email Address (if any)
Pre	pare	er's Statement
7.a.		I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
7.b.		I am an attorney or accredited representative and my representation of the petitioner in this case extends does not extend beyond the preparation of this petition.
		NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.
Pre	pare	er's Certification
prepa petiti me tl in, an Petit infor petiti	ared in ioner hat he had su ione maticion b	gnature, I certify, under penalty of perjury, that I this petition at the request of the petitioner. The then reviewed this completed petition and informed e or she understands all of the information contained bmitted with, his or her petition, including the r's Declaration and Certification , and that all of this on is complete, true, and correct. I completed this ased only on information that the petitioner provided authorized me to obtain or use.
Pre	pare	er's Signature
8.a.	Pre	parer's Signature (sign in ink)
8.b.	Dat	e of Signature (mm/dd/yyyy)

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Part 9. Additional Information			Page Number	5.b.	Part Number	5.c.	Item Number
within space to co of partop of and I date	ou need extra space to provide any additional information in this petition, use the space below. If you need more than what is provided, you may make copies of this page emplete and file with this petition or attach a separate sheet aper. Type or print your name and A-Number (if any) at the feach sheet; indicate the Page Number , Part Number , Item Number to which your answer refers; and sign and each sheet.						
	Family Name (Last Name) Given Name						
	(First Name)						
1.c.	Middle Name						
2.	A-Number (if any) ► A-						
3.a.	Page Number 3.b. Part Number 3.c. Item Number	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.		6.d.		J			
		_					
		_					
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4.a.	Page Number 4.b. Part Number 4.c. Item Number	– 7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
4.d.		7.d.					
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