## Form I-600, Petition to Classify Orphan as an Immediate Relative

TO THE U.S. SECRETA	RY OF STATE:	Fee Stamp			
The petition was filed by:  Married petitioner	Unmarried petitioner				
The petition is approved for or Adopted abroad	phan:  Coming to U.S. for adoption.  Pre adoption requirements have been met				
Remarks:		File Number:  DATE OF FAVORABLE			
		DETERMINATION DD			
T;	ype or print legibly in black ink. Comp Petition is being made to classify the na	DISTRICT  plete a separate petition for each child.  med orphan as an immediate relative.			
BLOCK I - Information A	bout Petitioner				
1. My name is: (Last)	(First) (Middle)	<b>6.</b> My telephone number is: (include area code)			
2. Other names used (include	ding maiden name if appropriate):	7. I am a citizen of the United States through:  Birth Parents Naturalization			
3. I reside in the U.S. at:	(C/O if appropriate)	If acquired through naturalization, provide the following: <b>a</b> . Name under which you naturalized:			
(Number and Street)	(Apt. No.)	<b>b</b> . Naturalization certificate number:			
(Town or City)  4. Address abroad (if any):	(State) (Zip Code)	c. Date of naturalization (mm/dd/yyyy):			
(Number and Street)	(Apt. No.)	<b>d</b> . Place of naturalization:			
(Town or City)	(State or Province)	If acquired through parentage, have you obtained a certificate in your own name based on that acquisition?			
(Country)		☐ No ☐ Yes			
5. I was born on: (mm/dd/y) In:	yyy)	If not, submit evidence of citizenship. See <b>Page 2</b> of the instructions.			
(Town or City)	(State or Province)	Have you or any person through whom you claimed citizenship ever lost U.S. citizenship?			
(Country)	<u> </u>	☐ No ☐ Yes (If "Yes," attach detailed explanation)			
Received Trans. In	Ret'd Trans. Out Completed				

BLOCK I - Information About the	Prospective Ado	ptive Paren	t (Continue	ed)			
8. My marital status is:	•			,			
a. Married Widowed	d Divorced	Single	;	<b>b.</b> I have	been married	time	(s)
9. If you are now married, provide the	e following inform	nation:					
Date of present marriage (mm/dd/	/yyyy):	Place	of present m	arriage:			
Name of present spouse:							
(Last)	(First)		(Middle)		(Maide	en, if any)	
Date of birth of present spouse (m	nm/dd/yyyy):	Place	of birth of p	resent spouse:			
My spouse has been married	time(s)						
My spouse resides: With m	e	m me (provi	de address l	below)			
(Number and Street)		(Apt. No.)	(City)	(Sta	ite)	(Country)	
BLOCK II - Information About Or	rphan Beneficiary	7					
10. Name at birth:							
(Last)	(First)			(N	(Iiddle)		
11. Name at present:							
(Last)	(First)			(N	(Iiddle)		
12. Any other names by which orpha	n is or was known	:					
13. Gender:	Female	<b>14.</b> Date (	of birth (mm,	/dd/yyyy):			
15. Place of birth:							
(City)	(State of	r Province)		(C	Country)		
<b>16.</b> The beneficiary is an orphan beca	ause (check one):	He or	she has no p	_	He or she has or is the sole or su	•	
<ul><li>17. If the orphan has only one parent,</li><li>a. State what has become of the orphan</li></ul>		ving:					
<ul><li>b. Is the remaining parent capabl</li><li>c. Has the remaining parent in war</li></ul>		_		emigration and	adoption?	☐ No	Yes Yes

BL	OCK II - Information About Orphan Beneficiary (Continued)					
18.	Has the orphan been adopted abroad by the petitioner and spouse jointly or the unmarried petitioner?	☐ No	Yes			
	If "Yes," did the petitioner and spouse or unmarried petitioner personally see and observe the child prior to or during the adoption proceedings?	☐ No	Yes			
	Date of adoption (mm/dd/yyyy) Place of adoption					
19.	If either answer in <b>Question 18</b> is "No," answer the following:					
	<b>a.</b> Does the petitioner and spouse jointly or does the unmarried petitioner intend to adopt the orphan in the United States?	☐ No	Yes			
	<b>b.</b> Have the preadoption requirements, if any, of the orphan's proposed State of residence been met?	☐ No	Yes			
	<b>c.</b> If <b>b</b> is answered "No," will they be met later?	☐ No	Yes			
	To petitioner's knowledge, does the orphan have any physical or mental affliction?  If "Yes," name the affliction.	☐ No	Yes			
21.	Who has legal custody of the child?					
22.	Name of child welfare agency, if any, assisting in this case:					
23.	Name of attorney abroad, if any, representing petitioner in this case:					
	Address of above attorney abroad:					
24.	Address in the United States where orphan will reside:					
25.	Present address of orphan:					
26.	If orphan is residing in an institution, give full name of institution:					
27.	If orphan is not residing in an institution, give full name of person with whom residing:					
28.	Give any additional information necessary to locate orphan, such as name of district, section, zone, or lo resides:	any additional information necessary to locate orphan, such as name of district, section, zone, or locality in which orphan s:				

	tinued)				
<b>29.</b> Location of U.S. Embassy or consulate where application for v	isa wiii de made.				
(City in Foreign Country) (Foreign Country)					
BLOCK III - Accommodations for Individuals With Disabilities	s and Impairments (Read the information	tion in the instru	ctions		
before completing this section.)					
30. I am requesting an accommodation:		□ <b>x</b> ;	□ V.a		
<b>A.</b> Because of my disability(ies) and/or impairment(s).		∐ No	∐ Yes		
<b>B.</b> For my spouse because of his or her disability(ies) and/or im	apairment(s).	☐ No	Yes		
C. For my household member because of his or her disability(ie	es) and/or impairment(s).	☐ No	Yes		
If you answered "Yes," check any applicable box. Provide in person:	nformation on the disability(ies) and/or	impairment(s) fo	or each		
Deaf or hard of hearing and request the following acco which language (e.g., American Sign Language)):	mmodation(s) (if requesting a sign-lang	guage interpreter	, indicate		
Blind or sight-impaired and request the following acco	mmodation(s):				
Other type of disability(ies) and/or impairment(s) (descarce accommodation(s) being requested):	cribe the nature of the disability(ies) and	d/or impairment(	(s) and		
Certification of Petitioner I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct, and that I will care	Certification of Married Prospect I certify, under penalty of perjury under of America, that the foregoing is true a	r the laws of the United and correct, and that	nited States at my		
for an orphan or orphans properly if admitted to the United States.	spouse and I will care for an orphan or to the United States.	orphans properly i	f admitted		
(Signature of Petitioner)	(Signature of Petitioner's Spouse)				
Executed on (Date)	Executed on (Date)				
Signature of Person Preparing Form, If Other Than Petitioner					
I declare that this document was prepared by me at the request of the petit	ioner and is based entirely on information of	of which I have kno	owledge.		
(Signature)	Executed on (Date)				
Street Address and Room or Suite No./City/State/Zip Code					