



Petition for Alien Fiancé(e)
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-129F
OMB No. 1615-0001
Expires 06/30/2016

For USCIS Use Only		Fee Stamp		Action Block			
Case ID Number		Extraordinary Circumstances Waiver <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason					
A-Number							
G-28 Number							
<input type="checkbox"/> The petition is approved for status under Section 101(a)(15)(K). It is valid for 4 months and expires on: _____							
General Waiver <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason		Mandatory Waiver <input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason		AMCON: <input type="checkbox"/> Personal Interview <input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Document Check <input type="checkbox"/> Field Investigation IMBRA disclosure to the beneficiary required? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Initial Receipt		Relocated				Completed	
Resubmitted		Received				Approved	
		Sent		Returned			
				Remarks			

► **START HERE - Type or print in black ink.**

Part 1. Information About You

- Alien Registration Number (A-Number) (if any)
► A-
- USCIS ELIS Account Number (if any)
►
- U.S. Social Security Number (if any)
►

Select **one** box below to indicate the classification you are requesting for your beneficiary:

- ☐ K-1 Fiancé(e)
- ☐ K-3 Spouse
- If you are filing to classify your spouse as a K-3, have you filed Form I-130? ☐ Yes ☐ No

Your Full Name

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

Other Names Used

List all other names you have ever used, including maiden names, aliases, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

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

Your Mailing Address

- In Care Of Name
- Street Number and Name
- ☐ Apt. ☐ Ste. ☐ Flr.
- City or Town
- State 8.f. ZIP Code
- Province
- Postal Code
- Country
- Is your current mailing address the same as your physical address? ☐ Yes ☐ No

If you answered "No," provide your physical address in **Item Numbers 9.a. - 9.h.**

Part 1. Information About You (continued)

Your Physical Address

9.a. Street Number and Name

9.b. ☐ Apt. ☐ Ste. ☐ Flr.

9.c. City or Town DD

9.d. State **9.e.** ZIP Code

9.f. Province	
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9.g. Postal Code

9.h. Country	
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Other Information

10. Gender ☐ Male ☐ Female

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

12. Marital Status
☐ Single ☐ Married ☐ Divorced ☐ Widowed

13. City/Town/Village of Birth

14. Province or State of Birth _____

15. Country of Birth

16. Have you ever been previously married? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 16.**, provide the names of each spouse and the date that each prior marriage ended in **Item Numbers 17.a. - 18.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

Name of Previous Spouse

17.a. Family Name
(Last Name)

17.b. Given Name
(First Name)

17.c. Middle Name	
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18. Date Marriage Ended (mm/dd/yyyy)

Your Citizenship Information

You are a U.S. citizen through (select **only one** box):

19.a. ☐ Birth in the United States

19.b. ☐ Naturalization

19.c. ☐ U.S. citizen parents

20. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship in your own name?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 20.**, complete **Item Numbers 21.a. - 21.c.**

21.a. Certificate Number

21.b. Place of Issuance

21.c. Date of Issuance (mm/dd/yyyy)

Additional Information

22. Have you ever filed Form I-129F for any other beneficiary? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 22.**, provide the responses to **Item Numbers 23. - 26.** for each previous beneficiary. If you need to provide information for more than one beneficiary, use the space provided in **Part 8. Additional Information.**

23. A-Number (if any) ▶ A-

24.a. Family Name
(Last Name)

24.b. Given Name
(First Name)

24.c. Middle Name	
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25. Date of Filing (mm/dd/yyyy)

26. What action was taken on Form I-129F (for example, approved, denied, revoked)?

27. Do you have any children under 18 years of age?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 27.**, provide the ages for your children under 18 years of age in **Item Numbers 28.a. - 28.b.**

Part 1. Information About You (continued)

Provide the ages for your children under 18 years of age. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

28.a. Age

28.b. Age

Provide all U.S. states and foreign countries in which you have resided since your 18th birthday.

Residence 1

29.a. State

29.b. Country

Residence 2

30.a. State

30.b. Country

Part 2. Information About Your Beneficiary

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any)
▶ A-

3. U.S. Social Security Number (if any)
▶

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

5. Gender ☐ Male ☐ Female

6. Marital Status
☐ Single ☐ Married ☐ Divorced ☐ Widowed

7. City/Town/Village of Birth

8. Country of Birth

9. Country of Citizenship or Nationality

Other Names Used

List all other names **that your beneficiary has** ever used, including maiden names, aliases, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

Mailing Address for Your Beneficiary

11.a. In Care Of Name

11.b. Street Number and Name

11.c. ☐ Apt. ☐ Ste. ☐ Flr.

11.d. City or Town

11.e. State

11.f. ZIP Code

11.g. Province

11.h. Postal Code

11.i. Country

Other Information About Your Beneficiary

12. Has your beneficiary ever been previously married?
☐ Yes ☐ No

If you answered "Yes" to **Item Number 12.**, provide the names of each prior spouse and the date each prior marriage ended in **Item Numbers 13.a. - 14.** If you need to provide information for more than one **spouse**, use the space provided in **Part 8. Additional Information**.

Name of Previous Spouse

13.a. Family Name (Last Name)

13.b. Given Name (First Name)

13.c. Middle Name

14. Date Marriage Ended (mm/dd/yyyy)

15. Has your beneficiary ever been in the United States?
☐ Yes ☐ No

If your beneficiary is currently in the United States, complete **Item Numbers 16.a. - 16.h.**

Part 2. Information About Your Beneficiary
(continued)

16.a. He or she last **entered** as a (for example, visitor, student, exchange alien, crewman, stowaway, temporary worker, without inspection):

16.b. I-94 Arrival-Departure Record Number

►

16.c. Date of Arrival (mm/dd/yyyy)

16.d. Date authorized stay expired or will expire as shown on Form I-94 or I-95 (mm/dd/yyyy)

16.e. Passport Number

16.f. Travel Document Number

16.g. Country of Issuance for Passport or Travel Document

16.h. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

17. Does your beneficiary have any children?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 17.**, provide the following information about each child. If you need to provide information for more than one **child**, use the space provided in **Part 8. Additional Information.**

Children of Beneficiary

18.a. Family Name
(Last Name)

18.b. Given Name
(First Name)

18.c. Middle Name

19. Country of Birth

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

21. Does this child reside with your beneficiary?

☐ Yes ☐ No

If the child does not reside with your beneficiary, provide the child's physical residence.

22.a. Street Number
and Name

22.b. ☐ Apt. ☐ Ste. ☐ Flr.

22.c. City or Town

22.d. State

22.e. ZIP Code

22.f. Province

22.g. Postal Code

22.h. Country

Address in the United States Where Your Beneficiary Intends to Live

23.a. Street Number
and Name

23.b. ☐ Apt. ☐ Ste. ☐ Flr.

23.c. City or Town

23.d. State

23.e. ZIP Code

24. Daytime Telephone Number

Your Beneficiary's Physical Address Abroad

25.a. Street Number
and Name

25.b. ☐ Apt. ☐ Ste. ☐ Flr.

25.c. City or Town

25.d. Province

25.e. Postal Code

25.f. Country

26. Daytime Telephone Number

Part 2. Information About Your Beneficiary
(continued)

Your Beneficiary's Name and Address in His or Her Native Alphabet

27.a. Family Name (Last Name)

27.b. Given Name (First Name)

27.c. Middle Name

28.a. Street Number and Name

28.b. ☐ Apt. ☐ Ste. ☐ Flr.

28.c. City or Town

28.d. Province

28.e. Postal Code

28.f. Country

- 29.** Is **your fiancé(e)** related to you?
☐ Yes ☐ No ☐ N/A, beneficiary is my spouse
- 30.** Provide the nature and degree of relationship (for example, third cousin or maternal uncle).
- 31.** Have you and **your fiancé(e)** met in person during the two years immediately **before filing** this petition?
☐ Yes ☐ No ☐ N/A, beneficiary is my spouse

If you answered "Yes" to **Item Number 31.**, describe the circumstances of your in-person meeting in **Item Number 32.** Attach evidence to demonstrate that you were in each other's physical presence during the required two year period.

If you answered "No," explain your reasons for requesting an exemption from the in person meeting requirement in **Item Number 32.** and provide evidence that you should be exempt from this requirement. Refer to **Part 2., Item Number 31.** of the **Specific Instructions** section of the instructions for additional information about the requirement to meet. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

32.

International Marriage Broker (IMB) Information

- 33.** Did you meet **your beneficiary** through the services of an IMB?
☐ Yes ☐ No

If you answered "Yes" to **Item Number 33.**, provide the IMB's contact information and Web site information below. In addition, attach a copy of the signed, written consent form the IMB obtained from your beneficiary authorizing your beneficiary's personal contact information to be released to you.

34.a. IMB's Name (if any)

34.b. Family Name of IMB (Last Name)

34.c. Given Name of IMB (First Name)

34.d. Organization Name of IMB

34.e. Web site of IMB

35.f. Street Number and Name

35.g. ☐ Apt. ☐ Ste. ☐ Flr.

35.h. City or Town

35.i. Province

35.j. Postal Code

35.k. Country

36. Daytime Telephone Number

Consular Processing Information

Your beneficiary will apply for a visa abroad at the U.S. Embassy or U.S. Consulate at:

37.a. City or Town

37.b. Country

Part 3. Other Information

Criminal Information

NOTE: These criminal information questions must be answered even if your records were sealed, cleared, or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

1. Have you **EVER** been subject to a temporary or permanent protection or restraining order (either civil or criminal)? ☐ Yes ☐ No

Have you **EVER** been arrested or convicted of any of the following crimes:

- 2.a. Domestic violence, sexual assault, child abuse, child neglect, dating violence, elder **abuse, stalking** or an attempt to commit any **of these crimes?** (See **Part 3. Other Information, Item Numbers 1. - 3.c.** of these instructions for the full definition of the term "domestic violence.") ☐ Yes ☐ No
- 2.b. Homicide, murder, manslaughter, rape, abusive sexual contact, sexual exploitation, incest, torture, trafficking, peonage, holding hostage, involuntary servitude, slave trade, kidnapping, abduction, unlawful criminal restraint, false imprisonment, or an attempt to commit any of these crimes? ☐ Yes ☐ No
- 2.c. Three or more arrests or convictions, not from a single act, for crimes relating to a controlled substance or alcohol? ☐ Yes ☐ No

NOTE: If you were ever arrested or convicted of any of the specified crimes, you must submit certified copies of all court and police records showing the charges and disposition for every arrest or conviction. You must do so even if your records were sealed, expunged, or otherwise cleared, and regardless of whether anyone, including a judge, law enforcement officer, or attorney, informed you that you no longer have a criminal record. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

If you have provided information about a conviction for a crime listed in **Item Numbers 2.a. - 2.c.** and you were being battered or subjected to extreme cruelty at the time of your conviction, select all of the following that apply to you:

- 3.a. ☐ I was acting in self-defense.
- 3.b. ☐ I violated a protection order issued for my own protection.
- 3.c. ☐ I committed, was arrested for, was convicted of, or pled guilty to a crime that did not result in serious bodily injury and there was a connection between the crime and me having been battered or subjected to extreme cruelty.

- 4.a. Have you ever been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance in any country, excluding traffic violations (unless a traffic violation was alcohol- or drug-related or involved a fine of \$500 or more)? ☐ Yes ☐ No

- 4.b. If the answer to **Item Number 4.a.** is "Yes," provide information about each of those arrests, citations, charges, indictments, convictions, fines, or imprisonments in the space below. Include the dates and outcomes. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Multiple Filer Waiver Request Information

Refer to **Part 3. Types of Waivers** in the **Specific Instructions** section of these instructions for an explanation of the filing waivers.

Indicate which **one** of the following waivers you are requesting:

- 5.a. ☐ Multiple Filer, No Permanent Restraining Orders or Convictions for a Specified Offense (**General Waiver**)
- 5.b. ☐ Multiple Filer, Prior Permanent Restraining Orders or Criminal Conviction for Specified Offense (**Extraordinary Circumstances Waiver**)
- 5.c. ☐ Multiple Filer, Prior Permanent Restraining Order or Criminal Convictions for Specified Offense Resulting from Domestic Violence (**Mandatory Waiver**)
- 5.d. ☐ Not applicable, beneficiary is my spouse or I am not a multiple filer

Part 4. Biographic Information

1. Ethnicity (Select **only one** box)
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
2. Race (Select **all applicable** boxes)
- ☐ White
- ☐ Asian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander
3. Height Feet Inches

Part 4. Biographic Information (continued)

4. Weight Pounds
5. Eye Color (Select **only one** box)
- | | | |
|---------------------------------|--------------------------------|--|
| <input type="checkbox"/> Black | <input type="checkbox"/> Blue | <input type="checkbox"/> Brown |
| <input type="checkbox"/> Gray | <input type="checkbox"/> Green | <input type="checkbox"/> Hazel |
| <input type="checkbox"/> Maroon | <input type="checkbox"/> Pink | <input type="checkbox"/> Unknown/Other |
6. Hair Color (Select **only one** box)
- | | | |
|---|--------------------------------|--|
| <input type="checkbox"/> Bald (No hair) | <input type="checkbox"/> Black | <input type="checkbox"/> Blond |
| <input type="checkbox"/> Brown | <input type="checkbox"/> Gray | <input type="checkbox"/> Red |
| <input type="checkbox"/> Sandy | <input type="checkbox"/> White | <input type="checkbox"/> Unknown/Other |

Part 5. Petitioner's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature

NOTE: Read the information on penalties in the **Penalties** section of the Form I-129F Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☐ I can read and understand English, and have read and understand every question and instruction on this petition, as well as my answer to every question. I have read and understand the **Acknowledgement of Appointment at USCIS Application Support Center**.
- 1.b. ☐ The interpreter named in **Part 6.** has also read to me every question and instruction on this petition, as well as my answer to every question, in a language in which I am fluent. I understand every question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in **Part 6.** has also read the **Acknowledgement of Appointment at USCIS Application Support Center** to me, in the language in which I am fluent, and I understand this Application Support Center (ASC) Acknowledgement as read to me by my interpreter.

2. ☐ I have requested the services of and consented to , who ☐ is ☐ is not an attorney or accredited representative, preparing this petition for me. This person who assisted me in preparing my petition has reviewed the **Acknowledgement of Appointment at USCIS Application Support Center** with me, and I understand the ASC Acknowledgement.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number
4. Petitioner's Mobile Telephone Number (if any)
5. Petitioner's Email Address (if any)

Acknowledgement of Appointment at USCIS Application Support Center

I, , understand that the purpose of a USCIS ASC appointment is for me to provide my fingerprints, photograph, and/or signature and to re-affirm that all of the information in my petition is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment:

By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request, as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in my petition and all supporting documents submitted with my petition were provided by me and are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** with me.

Part 5. Petitioner's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature (continued)

Petitioner's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand 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 and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore 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 administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that the information in my petition and any document submitted with my petition were provided by me and are complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature

6.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the instructions, USCIS may deny your petition.

Part 6. Interpreter's Contact Information, Certification, and Signature

Provide the following information concerning the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Email Address (if any)

Interpreter's Certification

I certify that:

I am fluent in English and , which is the same language provided in **Part 5, Item Number 1.b.**

I have read to this petitioner every question and instruction on this petition, as well as the answer to every question, in the language provided in **Part 5, Item Number 1.b.**; and

I have read the **Acknowledgement of Appointment at USCIS Application Support Center** to the petitioner in the same language provided in **Part 5, Item Number 1.b.**

The petitioner has informed me that he or she understands every instruction and question on the petition, as well as the answer to every question, and the petitioner verified the accuracy of every answer; and

The petitioner has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photograph, and/or signature, he or she is re-affirming that the contents of this petition and all supporting documentation are complete, true, and correct.

Interpreter's Signature

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy)

Part 7. Contact Information, Statement, Certification, and Signature of the Person Preparing this Petition, If Other Than the Petitioner

Provide the following information concerning the preparer.

Preparer'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)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

6. Preparer's Email Address (if any)

Preparer'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 must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.

Preparer's Certification

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner. I completed this petition based only on responses the petitioner provided to me. After completing the petition, I reviewed it and all of the petitioner's responses with the petitioner, who agreed with every answer on the petition. If the petitioner supplied additional information concerning a question on the petition, I recorded it on the petition. I have also read the **Acknowledgement of Appointment at USCIS Application Support Center** to the petitioner and the petitioner has informed me that he or she understands the ASC Acknowledgement.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

Part 8. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. 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

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Petitioner's Signature

7.b. Date of Signature (mm/dd/yyyy)