TABLE OF CHANGES – FORM FORM I-130, Petition for Alien Relative OMB No: 1615-0012 12/21/2015

Reason for Revision

- U.S. Customs and Border Protection (CBP) has stopped issuing paper I-94 Arrival-Departure Records, except in limited circumstances, and will create an electronic record. The Form I-94 data will be available to entrants who have access to the internet to obtain their admission number and electronic I-94 record from the CBP Website at www.cbp.gov. Additional data collection fields are being incorporated into several USCIS forms to enable verification of status in the United States based upon passport or travel document details captured by CBP at the port of entry, rather than the I-94.
- ELIS Account Number data collections have been added for the petitioner, the beneficiary, and an attorney (if applicable), as well as any updates to the standard language since this form was last revised.

PAGE NUMBER AND SECTION	CURRENT VERSION	PROPOSED VERSION
Throughout Form	Two column and full page combined format	Full 2-column format and Online Account Number data collection added 1. The fields were changed such that the same information is captured, just in a revised layout that is an easier to read 2 column format for intake and filing purposes. The look of the data collection box format is new, and the form is longer due to the format revision. 2. The data collection box numbers have been changed in some instances throughout the form. (e.g., 1., 2., 3. to 1.a., 1.b., 1.c.). This was done to make the form more user friendly.
New		[Page 1] To be completed by an attorney or accredited representative (if any). Select this box if Form G-28 is attached to represent the petitioner. Volag Number (if any) Attorney State Bar Number (if applicable) Attorney or Accredited Representative USCIS Online Account Number (if any)
Page 1, Part A. Relationship	[Page 1]	[Page 1] START HERE - Type or print in black ink. If you need extra space to complete any section of this petition, use the space provided in Part 9. Additional Information. Complete and submit as many copies of Part 9., as necessary, with your petition.

	A. Relationship You are the petitioner. Your relative is the beneficiary.	Part 1. Relationship (You are the Petitioner. Your relative is the Beneficiary.)
	1. I am filing this petition for my: Spouse / Parent Brother/Sister / Child	1. I am filing this petition for my (Select only one box):
		Spouse Parent Brother/Sister Child
		2. If you are filing this petition for your child or parent, select the box that describes your relationship (Select only one box):
		[] Child was born to parents who were married to each other at the time of the child's birth [] Stepchild/Stepparent [] Child was born to parents who were not married to each other at the time of the child's birth
		[] Child was adopted (not an Orphan or Hague Convention adoptee)
	2. Are you related by adoption? Yes No	3. If the beneficiary is your brother/sister, are you related by adoption? Yes No
	3. Did you gain permanent residence through adoption? Yes No	4. Did you gain lawful permanent resident status or citizenship through adoption? Yes No
Page 1,	[Page 1]	[Page 1]
B. Information about you	B. Information about you	Part 2. Information About You (Petitioner)
	10. Alien Registration Number	1. Alien Registration Number (A-Number) (if any)
		2. USCIS Online Account Number (if any)
	9. U.S. Social Security Number (If any)	3. U.S. Social Security Number (if any)
	1. Name (Family name in CAPS) (First)	Your Full Name 4.a. Family Name (Last Name) 4.b. Given Name (First Name)
	(Middle)	4.c. Middle Name
		[Page 2]
	7. Other Names Used (including maiden name)	Other Names Used (if any)
		Provide all other names you have ever used, including aliases, maiden name, and nicknames.
		5.a. Family Name (Last Name)5.b. Given Name (First Name)5.c. Middle Name
	3. Place of Birth (Town or City)	Other Information6. City/Town/Village of Birth7. Country of Birth[delete]

(State/Country)

- 4. Date of Birth
- 5. Gender
- 2. Address (Number and Street)

(Apt. No.) (Town or City) (State/Country) (Zip/Postal Code) [delete]

- 8. Date of Birth (mm/dd/yyyy)
- 9. Gender Male Female

Mailing Address

10.a. In Care Of Name

10.b. Street Number and Name

10.c. Apt. Ste. Flr.

10.d. City or Town

10.e. State

10.f. ZIP Code

10.g. Province

10.h. Postal Code

10.i. Country

11. Is your current mailing address the same as your physical address? Yes No

If you answered "No" to **Item Number 11**., provide information on your physical address in **Item Numbers 12.a. - 13.b.**

Address History

Provide your physical addresses for the last five years, whether 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.**

Physical Address 1

12.a. Street Number and Name

12.b. Apt. Ste. Flr.

12.c. City or Town

12.d. State

12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

13.a. Date From (mm/dd/yyyy)

13.b. Date To (mm/dd/yyyy)

Physical Address 2

14.a. Street Number and Name

14.b. Apt. Ste. Flr.

14.c. City or Town

14.d. State

14.e. ZIP Code

14.f. Province

14.g. Postal Code

14.h. Country

15.a. Date From (mm/dd/yyyy)

15.b. Date To (mm/dd/yyyy)

Your Marital Information [subheader]

16. How many times have you been married?

6. Marital Status	17. Current Marital Status
Married Single Widowed Divorced	Single, Never Married/Married/Divorced/
Waitied Shigie Widowed Divorced	Widowed/Separated/Annulled
	[Page 3]
8. Date and Place of Present Marriage (if married)	18. Date of Current Marriage (if currently married) (mm/dd/yyyy)
	Place of Your Current Marriage (if married) 19.a. City or Town 19.b. State 19.c. Province 19.d. Country
11. Name(s) of Prior Spouse(s)	Names of All Your Spouses (if any) Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any).
	Spouse 1 20.a. Family Name (Last Name) 20.b. Given Name (First Name) 20.c. Middle Name
12. Date(s) Marriage(s) Ended	21. Date Marriage Ended (mm/dd/yyyy)
	Spouse 2 22.a. Family Name (Last Name) 22.b. Given Name (First Name) 22.c. Middle Name
	23. Date Marriage Ended (mm/dd/yyyy)
	Information About Your Parents [subheader]
	Mother's Information
	 24. Your Mother's Full Name 24.a. Family Name (Last Name) 24.b. Given Name (First Name) 24.c. Middle Name 25. Date of Birth 26. Country of Birth 27. City/Town/Village of Residence 28. Country of Residence
	Father's Information
	 29. Your Father's Full Name 29.a. Family Name (Last Name) 29.b. Given Name (First Name) 29.c. Middle Name 30. Date of Birth 31. Country of Birth 32. City/Town/Village of Residence 33. Country of Residence
	Additional Information About You (Petitioner)

	34. I am a (Select only one box): U.S. Citizen Lawful Permanent Resident
13. If you are a U.S. citizen, complete the following:	If you are a U.S. citizen, complete Item Number 35.
My citizenship was acquired through (check one):	35. My citizenship was acquired through (Select only one box):
Birth in the U.S.	Birth in the United States
Naturalization. Give certificate number and date and place of issuance.	Naturalization
Parents. Have you obtained a certificate of citizenship in your own name?	Parents
	36. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? Yes/No
Yes. Give certificate number, date and place of issuance. No	If you answered "Yes" to Item Number 36. , complete the following:
	37.a. Certificate Number37.b. Place of Issuance37.c. Date of Issuance (mm/dd/yyyy)
	[Page 4]
14. If you are a lawful permanent resident alien, complete the following:	If you are a lawful permanent resident, complete Item Numbers 38.a 39.
Date and place of admission for or adjustment to lawful permanent residence and class of admission.	38.a. Class of Admission 38.b. Date of Admission (mm/dd/yyyy) 38.c. Place of Admission (City or Town and State)
14b. Did you gain permanent resident status through marriage to a U.S. citizen or lawful permanent resident?	39. Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident? Yes/No
	Employment History [subheader]
	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 "Unemployed" in Item Number 40.
	Employer 1 40. Name of Employer/Company
	41.a. Street Number and Name

41.d. State

41.e. ZIP Code

	44.0 %
	41.f. Province
	41.g. Postal Code
	41.h. Country
	·
	42. Your Occupation
	42. Tour occupation
	42 D (E (/11/)
	43.a. Date From (mm/dd/yyyy)
	43.b. Date To (mm/dd/yyyy)
	Employer 2
	44. Name of Employer/Company
	45.a. Street Number and Name
	45.b. Apt. Ste. Flr.
	45.c. City or Town
	45.d. State
	45.e. ZIP Code
	45.f. Province
	45.g. Postal Code
	45.h. Country
	45.11. Country
	46. Your Occupation
	47.a. Date From (mm/dd/yyyy)
	47.b. Date To (mm/dd/yyyy)
	47.6. Date 10 (IIIII/dd/yyyy)
NY .	[D 4]
New	[Page 4]
	Part 3. Biographic Information
	NOTE: Provide the biographic information
	NOTE: Provide the biographic information
	NOTE: Provide the biographic information about you, the petitioner.
	about you, the petitioner.
	about you, the petitioner.
	about you, the petitioner.1. Ethnicity (Select only one box)
	about you, the petitioner.1. Ethnicity (Select only one box)Hispanic or Latino
	about you, the petitioner.1. Ethnicity (Select only one box)
	about you, the petitioner. 1. Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino
	about you, the petitioner. 1. Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino 2. Race (Select all applicable boxes)
	about you, the petitioner. 1. Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino 2. Race (Select all applicable boxes) White
	about you, the petitioner. 1. Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino 2. Race (Select all applicable boxes)
	about you, the petitioner. 1. Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino 2. Race (Select all applicable boxes) White Asian
	about you, the petitioner. 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
	about you, the petitioner. 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
	about you, the petitioner. 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
	about you, the petitioner. 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
	about you, the petitioner. 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
	about you, the petitioner. 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
	about you, the petitioner. 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
	about you, the petitioner. 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
	about you, the petitioner. 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 4. Weight Pounds
	about you, the petitioner. 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 4. Weight Pounds 5. Eye Color (Select only one box)
	about you, the petitioner. 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 4. Weight Pounds 5. Eye Color (Select only one box) Black
	about you, the petitioner. 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 4. Weight Pounds 5. Eye Color (Select only one box)
	about you, the petitioner. 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 4. Weight Pounds 5. Eye Color (Select only one box) Black Blue
	about you, the petitioner. 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 4. Weight Pounds 5. Eye Color (Select only one box) Black Blue Brown
	about you, the petitioner. 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 4. Weight Pounds 5. Eye Color (Select only one box) Black Blue Brown Gray
	about you, the petitioner. 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 4. Weight Pounds 5. Eye Color (Select only one box) Black Blue Brown Gray Green
	about you, the petitioner. 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 4. Weight Pounds 5. Eye Color (Select only one box) Black Blue Brown Gray Green Hazel
	about you, the petitioner. 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 4. Weight Pounds 5. Eye Color (Select only one box) Black Blue Brown Gray Green
	about you, the petitioner. 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 4. Weight Pounds 5. Eye Color (Select only one box) Black Blue Brown Gray Green Hazel Maroon
	about you, the petitioner. 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 4. Weight Pounds 5. Eye Color (Select only one box) Black Blue Brown Gray Green Hazel Maroon Pink
	about you, the petitioner. 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 4. Weight Pounds 5. Eye Color (Select only one box) Black Blue Brown Gray Green Hazel Maroon

		[Page 5]
		6. Hair Color (Select only one box) Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other
Pages 1-2,	[Page 1]	[Page 5]
C. Information about your relative	C. Information about your relative	Part 4. Information About Beneficiary
	10. Alien Registration Number	1. Alien Registration Number (A-Number) (if any)
		2. USCIS Online Account Number (if any)
	9. U.S. Social Security Number (If any)	3. U.S. Social Security Number (if any)
	1. Name (Family name in CAPS) (First) (Middle)	Beneficiary's Full Name 4.a. Family Name (Last Name) 4.b. Given Name (First Name) 4.c. Middle Name
	7. Other Names Used (including maiden name)	Other Names Used (if any) Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames.
		5.a. Family Name (Last Name)5.b. Given Name (First Name)5.c. Middle Name
	3. Place of Birth (Town or City) (State/Country)	Other Information About Beneficiary 6. City/Town/Village of Birth 7. Country of Birth [delete] [delete]
	4. Date of Birth	8. Date of Birth (mm/dd/yyyy)
	5. Gender Male Female	9. Gender Male Female
		10. Has anyone else ever filed a petition for the beneficiary? Y/N
		Beneficiary's Physical Address 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.
	2. Address (Number and Street) (Apt. No.) (Town or City) (State/Country)	11.a. Street Number and Name11.b. Apt. Ste. Flr.11.c. City or Town11.d. State

[Page 2] 18. Address in the United States where your relative intends to live. Other Address and Contact Information Provide the address in the United States where the beneficiary intends to live, if different from	(Zip/Postal Code)	11.e. ZIP Code
Page 2 13. Address in the United States where your relative intends to live. Provide the address and Contact Information	(Zip/i ostai code)	
Page 2] 18. Address in the United States where your relative intends to live. Provide the address in the United States where the beneficiary intends to live, if different from Hum Numbers 11.a 11.b. If the address is the same, type or print "SAME" in Hum Numbers 11.a 11.b. If the address is the same, type or print "SAME" in Hum Number 12.a. L. City or Town 12.d. State 12.a. ZIP Code 19. Your relative's address abroad. (Include street, city, province and country) Provide the beneficiary's address outside the United States, if different from Hum Numbers 11.a 11.b. If the address is the same, type or print "SAME" in Item Numbers 11.a. 13.b. If the address outside the United States, if different from Hum Numbers 11.a. 13.b. If the address outside the United States, if different from Hum Numbers 11.a 11.b. If the address outside the United States, if different from Hum Numbers 11.a 11.b. If the address outside the United States, if different from Hum Numbers 11.a 11.b. If the address outside the United States, if different from Hum Numbers 11.a 11.b. If the address outside the United States, if different from Hum Numbers 11.a 11.b. If the address outside the United States, if different from Hum Numbers 11.a 11.b. If the address outside the United States, if different from Hum Numbers 11.a 11.b. If the address outside the United States, if different from Hum Numbers 11.a 11.b. If the address outside the United States, if different from Hum Numbers 11.a 11.b. If the address outside the United States, if different from Hum Numbers 11.a 11.b. If the address outside the United States, if different from Hum Numbers 11.a 11.b. If the address outside the United States, if different from Hum Numbers 11.a 11.b. If the address outside the United States, if different from Hum Numbers 11.a 11.b. If the address outside the United States, if different from Hum Numbers 11.a 11.b. If the address outside the United States, if different from Hum Numbers 11.a 11.b. If th		
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12.b. Apt. Ste. Fir. 12.e. City or Town 12.d. State 12.e. ZIP Code		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
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12.d. State 12.e. ZIP Code 12.e. ZIP Code 12.e. ZIP Code 13.e. ZIP Code 14.e. ZIP Code 15.e. ZIP Code 16.e. ZIP Code 17.e. Z	(Town or City)	
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19. Your relative's address abroad. (Include street, city, province and country) Provide the beneficiary's address outside the United States, if different from Hem Numbers 11.a 11.h. If the address is the same, type or print "SAME" in Item Number 13.a. 13.a. Street Number and Name 13.b. Apt. Ste. Fir. 13.c. City or Town 13.d. Province 13.e. Postal Code 13.f. Country Phone Number (if any) Phone Number (if any) 14. Daytime Telephone Number (if any) [Page 6] 15. Mobile Telephone Number (if any) 16. Email Address (if any) Beneficiary's Marital Information 17. How many times has the beneficiary been married? [Page 1] 6. Marital Status Married Single Widowed Divorced 18. Current Marital Status Single, Never Married/Married/Divorced/Widowed/Separated/Annulled 19. Date of Current Marriage (if currently married) (mm/dd/yyyy) Place of Beneficiary's Current Marriage (if married) 20.a. City or Town 20.b. State	(State)	
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13.c. City or Town 13.d. Province 13.e. Postal Code 13.f. Country		13.a. Street Number and Name
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13.d. Province 13.e. Postal Code 13.f. Country		13.c. City or Town
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20.b. State		
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20.d. Country		
Zo.u. Country		20.00 Country
Names of Beneficiary's Spouses (if any)		Names of Beneficiary's Snouses (if any)

	Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).
11. Name(s) of Prior Spouse(s)	Spouse 1 21.a. Family Name (Last Name) 21.b. Given Name (First Name) 21.c. Middle Name
12. Date(s) Marriage(s) Ended	22. Date Marriage Ended (mm/dd/yyyy)
	Spouse 2 23.a. Family Name (Last Name) 23.b. Given Name (First Name) 23.c. Middle Name
	24. Date Marriage Ended (mm/dd/yyyy)
	Information About the Beneficiary's Family [subheader]
[Page 2] 17. List spouse and all children of your relative.	Provide information about the beneficiary's spouse and children.
(Name)	Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name
(Relationship) (Date of Birth) (Country of Birth)	26. Relationship27. Date of Birth (mm/dd/yyyy)28. Country of Birth
(Name)	Person 2 29.a. Family Name (Last Name) 29.b. Given Name (First Name) 29.c. Middle Name
(Relationship) (Date of Birth) (Country of Birth)	30. Relationship31. Date of Birth (mm/dd/yyyy)32. Country of Birth
(Name)	Person 3 33.a. Family Name (Last Name) 33.b. Given Name (First Name) 33.c. Middle Name
(Relationship) (Date of Birth) (Country of Birth)	34. Relationship35. Date of Birth (mm/dd/yyyy)36. Country of Birth
	[Page 7]
(Name)	Person 4 37.a. Family Name (Last Name) 37.b. Given Name (First Name) 37.c. Middle Name

(Relationship) (Date of Birth) (Country of Birth)	38. Relationship39. Date of Birth (mm/dd/yyyy)40. Country of Birth
(Name)	Person 5 41.a. Family Name (Last Name) 41.b. Given Name (First Name) 41.c. Middle Name
(Relationship) (Date of Birth) (Country of Birth)	42. Relationship43. Date of Birth (mm/dd/yyyy)44. Country of Birth
	Beneficiary's Entry Information
[Page 1] 13. Has your relative ever been in the U.S.?	45. Was the beneficiary EVER in the United States? Yes No
14. If your relative is currently in the U.S., complete the following:	If the beneficiary is currently in the United States, complete Item Numbers 46.a 46.d.
He or she arrived as a: (visitor, student, stowaway, without inspection, etc.)	46.a. He or she arrived as a (Class of Admission):
Arrival/Departure Record (I-94)	46.b. Form I-94 Arrival-Departure Record Number
Date arrived	46.c. Date of Arrival (mm/dd/yyyy)
Date authorized stay expired, or will expire, as shown on Form I-94 or I-95	46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy)
	47. Passport Number
	48. Travel Document Number
	49. Country of Issuance for Passport or Travel Document
	50. Expiration Date for Passport or Travel Document (mm/dd/yyyy)
	Beneficiary's Employment Information
	Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in Item Number 51.a.
15. Name and address of present employer (if any)	 51.a. Name of Current Employer (if applicable) 51.b. Street Number and Name 51.c. Apt. Ste. Flr. 51.d. City or Town 51.e. State 51.f. ZIP Code 51.g. Province

Date this employment began	51.i. Country 52. Data Employment Ragan (mm/dd/yyyyy)
Date this employment began	52. Date Employment Began (mm/dd/yyyy)
	Additional Information About Beneficiary [subheader]
16. Has your relative ever been under immigration proceedings? No Yes	53. Was the beneficiary EVER in immigration proceedings? Yes No
	54. If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.
Removal Exclusion/Deportation Rescission Judicial Proceedings	Removal Exclusion/Deportation Rescission Other Judicial Proceedings
Where	55.a. City or Town55.b. State
When	56. Date (mm/dd/yyyy)
[Page 2]	[Page 8]
20. If your relative's native alphabet is other than Roman letters, write his or her name and foreign address in the native alphabet.	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.
(Name)	57.a. Family Name (Last Name)57.b. Given Name (First Name)57.c. Middle Name
Address (Include street, city, province and country)	58.a. Street Number and Name58.b. Apt. Ste. Flr.58.c. City or Town58.d. Province58.e. Postal Code58.f. Country
21. If filing for your spouse, give last address at which you lived together.	If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print,
(Include street, city, province, if any, and country)	"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

	22. Complete the information below if your relative is in the United States and will apply for adjustment of status.	[delete]
	Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the USCIS office in:	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:
	(City) (State)	61.a. City or Town 61.b. State
	If your relative is not eligible for adjustment of status, he or she will apply for a visa abroad at the American consular post in:	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:
	(City) (Country)	62.a. City or Town 62.b. Province 62.c. Country
	NOTE: Designation of a U.S. embassy or consulate outside the country of your relative's last residence does not guarantee acceptance for processing by that post. Acceptance is at the discretion of the designated embassy or consulate.	NOTE: Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary case.
Page 2,	[Page 2]	[Page 8]
D. Other information	D. Other Information	Part 5. Other Information
	2. Have you ever before filed a petition for this or any other alien? Yes No	1. Have you EVER previously filed a petition for this beneficiary or any other alien? Yes No
	·	
	If "Yes," give name, place and date of filing and result.	If you answered "Yes," provide the name, place, date of filing, and the result.
	If "Yes," give name, place and date of filing and	If you answered "Yes," provide the name, place,
	If "Yes," give name, place and date of filing and	If you answered "Yes," provide the name, place, date of filing, and the result. 2.a. Family Name (Last Name) 2.b. Given Name (First Name)
	If "Yes," give name, place and date of filing and	If you answered "Yes," provide the name, place, date of filing, and the result. 2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name 3.a. City or Town
	If "Yes," give name, place and date of filing and	If you answered "Yes," provide the name, place, date of filing, and the result. 2.a. Family Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name 3.a. City or Town 3.b. State
	If "Yes," give name, place and date of filing and	If you answered "Yes," provide the name, place, date of filing, and the result. 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 (mm/dd/yyyy) 5. Result (for example, approved, denied,

		7. Relationship
		[Page 9]
		Relative 2 8.a. Family Name (Last Name) 8.b. Given Name (First Name) 8.c. Middle Name
		9. Relationship
	WARNING: USCIS investigates claimed relationships and verifies the validity of documents. USCIS seeks criminal prosecutions when family relationships are falsified to obtain visas.	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 not more than five years or fined \$250,000, or both, for entering into a marriage contract for the purpose of evading any provision of the immigration laws. In addition, you may be fined up to \$10,000 and imprisoned for up to five years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.	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.
Page 2,		[Page 9]
D. Other information and E. Signature of petitioner		Part 6. 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-130 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.
	13	1.b. [] The interpreter named in Part 7. has read to me every question and instruction on this petition, as well as my answer to every question, in [Fillable Field], 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 7. 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 [Fillable Field], 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 petition and the Acknowledgement of Appointment at USCIS Application Support Center with me, and I understand the petition and the ASC Acknowledgement.

[E. Signature of petitioner] Phone Number()

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, [Auto-populate Field with Petitioner's Full Name], 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.

[Page 10]

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.
		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.
	[D. Other Information]	
	YOUR CERTIFICATION: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit that I am seeking.	I certify under penalty of perjury, that the information in my petition, my responses to each question, and any document submitted with my petition were provided by me and are complete, true, and correct.
	Signature of petitioner Date	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.
New		[Page 10]
		Part 7. Interpreter's Contact Information, Certification, and Signature
		Provide the following information about the interpreter if you used one.
		 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 Address3.a. Street Number and Name3.b. Apt. Ste. Flr.3.c. City or Town3.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 Mobile Telephone Number (if any)
		6. Interpreter's Email Address (if any)
		Interpreter's Certification I certify that:
		I am fluent in English and [Fillable Field], which is the same language provided in Part 6. , 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 6., 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 6., 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.
		[Page 11]
		Interpreter's Signature7.a. Interpreter's Signature7.b. Date of Signature (mm/dd/yyyy)
Page 2,	[Page 2]	[Page 11]
F. Signature of person preparing this form, if	F. Signature of person preparing this form, if	Part 8. Contact Information, Statement,
other than the	other than the petitioner	Certification, and Signature of the Person
petitioner		Preparing this Petition, If Other Than the Petitioner
		Provide the following information about the preparer.
		Preparer's Full Name
	16	<u> </u>

	Preparer's Signature
[Print Name]	[Deleted]
I declare that I prepared this document at the request of the person above and that it is based on all information of which I have any knowledge.	Representative, 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.
	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
	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.
	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.
	4. Preparer's Daytime Telephone Number5. Preparer's Mobile Telephone Number (if any)6. Preparer's Email Address (if any)
	Preparer's Contact Information
	3.g. Postal Code 3.h. Country
	3.d. State 3.e. ZIP Code 3.f. Province
	3.b. Apt. Ste. Flr.3.c. City or Town
[Address]	Preparer's Mailing Address 3.a. Street Number and Name
	1.b. Preparer's Given Name (First Name)2. Preparer's Business or Organization Name (if any)
	1.a. Preparer's Family Name (Last Name)

	[Signature]	8.a. Preparer's Signature
	[Date]	8.b. Date of Signature (mm/dd/yyyy)
	G-28 ID or VOLAG Number, if any.	[Moved to beginning of form]
[New]		[Page 12]
		Part 9. 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. Type or print 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) [Auto-populated field]1.b. Given Name (First Name) [Auto-populated field]1.c. Middle Name [Auto-populated field]
		2. A-Number (if any) [Auto-populated field]
		3.a. Page Number3.b. Part Number3.c. Item Number3.d
		4.a. Page Number4.b. Part Number4.c. Item Number4.d
		5.a. Page Number5.b. Part Number5.c. Item Number5.d
		6.a. Page Number6.b. Part Number6.c. Item Number6.d.
		7.a. Page Number7.b. Part Number7.c. Item Number7.d