



# R-1 Classification Supplement to Form I-129MISC

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

USCIS  
Form I-129MISC  
OMB No. 1615-xxxx  
Expires xx/xx/20xx

Provide the same petitioner name information that was provided in **Part 1.** of Form I-129MISC.

1. Legal Name of Petitioning Individual

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Petitioning Company or Organization Name

## Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker

3. Has the beneficiary or any of the beneficiary's dependent family members previously been admitted to the United States for a period of stay in the R visa classification in the last 5 years? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 3.**, complete the table below. List the beneficiary and any dependent family member's prior periods of stay in the R visa classification in the United States in the last 5 years. Be sure to list only those periods in which the beneficiary and/or family members were actually in the United States in an R classification.

**NOTE:** Submit photocopies of Forms I-94 (Arrival-Departure Record), I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R visa classification(s). If you need more space, use **Part 9. Additional Information** of Form I-129MISC or attach an additional sheet of paper.

Noncitizen or Dependent Family Member's Name	Period of Stay (mm/dd/yyyy)	
	From	To

4. Describe the relationship between the religious organization in the United States and the organization abroad of which the beneficiary is a member. If you need more space, use the space provided in **Part 9. Additional Information** of Form I-129MISC or attach an additional sheet of paper.

  
  

5. The beneficiary will be working (select **one** of the following):

☐ As a minister ☐ In a religious vocation ☐ In a religious occupation

6. Provide a description of the beneficiary's qualifications for the position offered. If you need more space, use the space provided in **Part 9. Additional Information** of Form I-129MISC or attach an additional sheet of paper.

## Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker (continued)

### Petitioner Attestation

If you answer "No" to any of the questions in **Item Numbers 7. - 8.**, provide an explanation in **Part 9. Additional Information** of Form I-129MISC or attach an additional sheet of paper.

7. The prospective employer is a bona fide non-profit religious organization or a bona fide organization which is affiliated with the religious denomination and is exempt from taxation. ☐ Yes ☐ No
8. The noncitizen has been a member of the denomination for at least two years and is otherwise qualified for the position offered. ☐ Yes ☐ No
9. The number of members of the perspective employer's organization is: ►
10. The number of employees who work at the same location where the beneficiary will be employed is: ►
11. Provide a summary of those employees' responsibilities. (At our discretion, USCIS may additionally request a list of all employees, their titles, and a brief description of their duties.)

Position	Summary of the Type of Responsibilities for That Position

12. The number of noncitizens holding special immigrant or nonimmigrant religious worker status who are currently employed or have been employed within the past 5 years by the prospective employer's organization is: ►
13. The number of special immigrant religious worker and nonimmigrant religious worker petitions and applications filed by or on behalf of any noncitizens for employment by the prospective employer in the past 5 years is: ►
14. Provide the title of the position offered to the beneficiary and a detailed description of the beneficiary's proposed daily duties. If you need more space, use the space provided in **Part 9. Additional Information** of Form I-129MISC or attach an additional sheet of paper.

## Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker (continued)

15. The beneficiary will (select **all that apply**):

- ☐ receive salaried compensation from the petitioner.
- ☐ receive non-salaried compensation from the petitioner.
- ☐ be self-supporting as part of an established program for temporary, uncompensated missionary work, which is part of a broader international program of missionary work sponsored by the denomination.

16. Provide the details of the beneficiary's compensation indicated in **Item Number 15**. If you need more space, use the space provided in **Part 9. Additional Information** of Form I-129MISC or attach an additional sheet of paper.

17. The beneficiary will be employed at least 20 hours per week.

☐ Yes ☐ No

18. Provide the specific locations(s) of the proposed employment. If you need to provide information about more than two locations, use the space provided in **Part 9. Additional Information** of Form I-129MISC or attach an additional sheet of paper.

### Location or Address 1

Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code ([USPS ZIP Code Lookup](#))

### Location or Address 2

Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code ([USPS ZIP Code Lookup](#))

19. The beneficiary will be employed only in a religious worker position and will not be engaged in secular employment.

☐ Yes ☐ No

If you answered "No" to **Item Number 19.**, provide an explanation in **Part 9. Additional Information** of Form I-129MISC or attach an additional sheet of paper.

20. The petitioner will notify USCIS within fourteen days if an R-1 noncitizen is working less than the required number of hours, or has been released from or has otherwise terminated employment before the expiration of a period of authorized R-1 stay.

☐ Yes ☐ No

If you answered "No" to **Item Number 20.**, provide an explanation in **Part 9. Additional Information** of Form I-129MISC or attach an additional sheet of paper.

## Section 1. Complete This Section If You Are Filing For An R-1 Religious Worker (continued)

I certify, under penalty of perjury, that the information in this Supplement, the evidence submitted with it, and the contents of this attestation are true and correct.

1. Petitioner's Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Petitioner's Title

3. Signature and Date

Signature of Petitioner

Date of Signature (mm/dd/yyyy)

4. Employer or Organization Address (Do not use a post office or private mail box)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

5. Employer or Organization's Contact Information

Daytime Telephone Number

Fax Number

Email Address

## Section 2. This Section Is Required For Petitioners Affiliated With The Religious Denomination

### Religious Denomination's Certification

I certify, under penalty of perjury, that:

Name of Employing Organization  is affiliated with:

Name of Religious Denomination  and

that the attesting organization within the religious denomination is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986 (codified at 26 U.S.C. 501(c)(3)), any subsequent amendment(s), subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and correct to the best of my knowledge.

1. Name of Authorized Representative of Attesting Organization (The authorized representative of the attesting organization cannot be the petitioner.)

2. Authorized Representative's Title

3. Signature of Authorized Representative of Attesting Organization

Date (mm/dd/yyyy)

**Section 2. This Section Is Required For Petitioners Affiliated With The Religious Denomination**  
(continued)

***Attesting Organization's Name and Address*** (Do not use a post office or private mail box)

4. Attesting Organization's Name

5. Attesting Organization's Address

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

6. Attesting Organization's Contact Information

Daytime Telephone Number

Fax Number

Email Address