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

13. Marital Status

Married

Do not write in this block - For USCIS use only.				
Action Block	Fee Stamp Remarks			
START HERE - Please type or print in b	lack ink. If you need more space, use	e a separate sheet(s) of pape	er.	
1. Name Family Name (In capital letters)	Given Name	Middle Name	Applicant's A#	
2. Gender     3. Name as it ap Temporary R	pears on esident Card (Form I-688)	4. Telephone Numbers ( Home:	Include area codes.) Work:	
Male Female				
<b>5.</b> Reason for difference in name. (For example, the formation of the for	mple: marriage, divorce.)	-		
<b>6.</b> Home Address in the United States.				
In care of				
Number and Street			Apt. #	
City	State	Zip Code		
7. Mailing Address in the U.S. (If different	from address in <b>Number 6</b> above.)			
In care of				
Number and     Street			Apt. #	
City	State	Zip Code		
<b>8.</b> Place of Birth (City or Town)	County, Province or State Count	ry Cour	ntry of Citizenship/Nationality	
9. Date of Birth (mm/dd/yyyy) 10. You	r Mother's First Name 11. Your	Father's First Name 12	2. Your U.S. Social Security #	

Separated

Never Married

Divorced

Widowed

14. Absences from the United States since be	oming a temporary resident alien.	List most recent absence first.	If you have a single
absence in excess of 30 days or if the total of	ll your absences exceeds 90 days,	explain and attach any relevant	t information.

	Country	Purpose of Trip	From (mm/dd/yyyy)	To (mm/dd/yyyy)	Total Days Absent
15.	<ul> <li>15. When applying for temporary resident status, I did did not submit a medical examination, Form I-693, with my application that included a serologic (blood) test for human immunodeficiency virus(HIV) infection. (If you did not, submit with this Form I-698 application a medical examination Form I-693 that includes a serologic test for HIV.)</li> </ul>				
16.		ement of minimal understanding of ordinary Er ited States: (Check appropriate block under Sec		d understanding of the his	story and
	A. I will satisfy these requirements by:				
	Examination at the time of interview for permanent residence.				
	Satisfactorily pursuing a course of study recognized by the Secretary of Homeland Security.				
<b>B.</b> I have satisfied these requirements by:					
	Having satisfactorily pursued a course of study recognized by the Secretary of Homeland Security. (Please attach appropriate documentation.)			attach	
		n, in that I am 65 years of age or older, under the unable to comply, explain and attach relevant		ically unable to comply. (	If you are
17.	7. Have you ever assisted in the persecution of any person or persons on account of race, religion, political Yes No Version, nationality or membership in a particular social group?			No	
18.	Have you ever been tre	eated for a mental disorder, drug addiction or a	lcoholism?	Yes	No
19.	Have you ever commi	itted a crime or offense for which you were <b>not</b>	arrested?	Yes	No
		rrested, cited or detained by any law enforceme former INS and military officers) for any reason		Yes	No
	Have you <b>ever</b> been c	harged with committing any crime or offense?		Yes	No
	Have you <b>ever</b> been c	onvicted of a crime or offense?		Yes	No
	Have you ever been in	n jail or prison?		Yes	No
		laced in an alternative sentencing or a rehabilit n, deferred prosecution, withheld adjudication,		Yes	No
	Have you ever receive	ed a suspended sentence, been placed on proba	tion or been paroled?	Yes	No

20.	D. Have you, or a dependent member of your immediate family, ever received public assistance from any source, including, but not limited to, the United States Government, any state, county, city or municipality? If yes, provide the names(s) of the recipients(s) and U.S. Social Security number(s).			No No	
21.	Have y <b>a.</b>	ou ever: Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities	Yes	No	
	b.	in the future? Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?	Yes	□ No	
	c.	Knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally?	Yes		
		Illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?	Yes	No No	
	funds f organiz	ou ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or or, or have you through any means ever assisted or provided any type of material support to any person or ation that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking or any orm of terrorist activity?	Yes	No No	
	Do you	intend to engage in the United States in:			
	a.	Espionage?	Yes	No No	
	b.	Any activity a purpose of which is opposition to, or the control or overthrow of, the government of the United States, by force, violence or other unlawful means?	Yes	No No	
	c.	Any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information?	Yes	No No	
	Have y	ou ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party?	Yes	No No	
	Germa	a, during the period from March 23, 1933 to May 8, 1945, in association with either the Nazi Government of any or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, r otherwise participate in the persecution of any person because of race, religion, national orgin or political opinion?	Yes	No No	
	•	ou ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any because of race, religion, nationality, ethnic origin or political opinion?	Yes	No No	
		ou ever been deported from the United States, or removed from the United States at government expense, excluded the past year, or are you now, or have you ever been in exclusion, deportation, removal or recission proceedings?	Yes	No No	
	fraudul	a under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of ent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or d, a visa, other documentation, entry into the United States or any immigration benefit?	Yes	No No	
	Have y	ou ever left the United States to avoid being drafted into the United States Armed Forces?	Yes	No No	
		bu ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement re not yet complied with that requirement or obtained a waiver?	Yes	No No	
		now withholding custody of a United States citizen child outside the United States from a person granted of the child?	Yes	No No	
	Do you	plan to practice polygamy in the United States?	Yes	No No	

22. If your native alphabet is in other than Roman letters, write your name in your native alphabet.

**23.** Language of your native alphabet.

## 24. Signature and Certification of applicant.

I CERTIFY, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. I hereby consent and authorize the U.S. Citizenship and Immigration Services to verify the information provided and to conduct police, welfare and other record checks pertinent to this application.

Signature		Date	
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## 25. Signature of person preparing form, if other than applicant.

I declare under penalty of perjury that I prepared this application at the request of the above person.

The answers provided are based on information of which I have personal knowledge and/or were provided to me by the above named person in response to the exact questions contained on this form.

Signature		Date	
Print Name			
Address		Telepho	ne number with area code
		( )	
For U.S. Citizenship and Immigration Services Use Only			se Only

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<b>26.</b> Final Action: Temporary Residence	Approved Denied			
27. Final Action: Waiver of Inadmissibility under Section 212(a)				
<b>28.</b> Class of Admission	<b>29.</b> Place of Adjustment	<b>30.</b> Date of Adjustment		
<b>31.</b> Final Actin By (Print Name and Title)	<b>32.</b> ID Number	<b>33.</b> Date		