

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

**Part 1. Information about person or organization filing this petition** (Individuals should use the top name line; organizations should use the second line.) If you are a self-petitioning spouse or child and do not want USCIS to send notices about this petition to your home, you may show an alternate mailing address here. If you are filing for yourself and do not want to use an alternate mailing address, skip to Part 2.

Family Name		Given Name	Middle Name
Company or Organization Name			
Address - C/O			
Street Number and Name		Apt. #	
City		State or Province	
Country		Zip/Postal Code	
U.S. Social Security #	A#	IRS Tax # (if any)	

**Part 2. Classification Requested (check one):**

- a.  Amerasian
- b.  Widow(er) of a U.S. citizen who died within the past two (2) years
- c.  Special Immigrant Juvenile
- d.  Special Immigrant Religious Worker
- e.  Special Immigrant based on employment with the Panama Canal Company, Canal Zone Government or U.S. Government in the Canal Zone
- f.  Special Immigrant Physician
- g.  Special Immigrant International Organization Employee or family member
- h.  Special Immigrant Armed Forces Member
- i.  Self-Petitioning Spouse of Abusive U.S. Citizen or Lawful Permanent Resident
- j.  Self-Petitioning Child of Abusive U.S. Citizen or Lawful Permanent Resident
- k.  Special Immigrant Afghanistan or Iraq National who worked with the U.S. Armed Forces as a translator
- l.  Special Immigrant Iraq National who was employed by or on behalf of the United States Government
- m.  Other, explain: \_\_\_\_\_

**Part 3. Information about the person this petition is for**

Family Name		Given Name	Middle Name
Address - C/O			
Street Number and Name		Apt. #	
City		State or Province	
Country		Zip/Postal Code	

**For USCIS Use Only**

Returned	Receipt
Resubmitted	
Reloc Sent	Reloc Rec'd
Reloc Rec'd	
<input type="checkbox"/> Petitioner/Applicant <input type="checkbox"/> Interviewed Beneficiary Interviewed	
<input type="checkbox"/> I-485 Filed Concurrently <input type="checkbox"/> Bene "A" File Reviewed	
Classification	
Consulate	
Priority Date	
Remarks:	
<b>Action Block</b>	
<b>To Be Completed by</b> <input type="checkbox"/> <b>Attorney or Representative, if any</b> Fill in box if G-28 is attached to represent the applicant	
VOLAG#	
ATTY State License #	

**Part 3. Information about the person this petition is for (continued)**

Date of Birth (mm/dd/yyyy)	Country of Birth	U.S. Social Security #	A # (if any)
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Marital Status:  Single  Married  Divorced  Widowed

Complete the items below if this person is in the United States:

Date of Arrival (mm/dd/yyyy)	I-94#
Current Nonimmigrant Status	Expires on (mm/dd/yyyy)

**Part 4. Processing Information**

Below give information on U.S. consulate you want notified if this petition is approved and if any requested adjustment of status cannot be granted.

American Consulate: City	Country
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If you gave a United States address in **Part 3**, print the person's foreign address below. If his or her native alphabet does not use Roman letters, print his or her name and foreign address in the native alphabet.

Name	Address
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Gender of the person this petition is for  Male  Female  
 Are you filing any other petitions or applications with this one?  No  Yes (How many? \_\_\_\_\_)  
 Is the person this petition is for in deportation or removal proceedings?  No  Yes (Explain on a separate sheet of paper)  
 Has the person this petition is for ever worked in the U.S. without permission?  No  Yes (Explain on a separate sheet of paper)  
 Is an application for adjustment of status attached to this petition?  No  Yes (attach a full explanation)

**Part 5. Complete Only if Filing for an Amerasian****Section A. Information about the mother of the Amerasian**

Family Name	Given Name	Middle Name
Living? <input type="checkbox"/> No (Give date of death _____) <input type="checkbox"/> Yes (complete address line below) <input type="checkbox"/> Unknown		
Address		

**Section B. Information about the father of the Amerasian:** If possible, attach a notarized statement from the father regarding parentage. Explain on separate paper any question you cannot fully answer in the space provided on this form. (attach a full explanation)

Family Name	Given Name	Middle Name
Date of Birth (mm/dd/yyyy)	Country of Birth	
Living? <input type="checkbox"/> No (Give date of death _____) <input type="checkbox"/> Yes (complete address line below) <input type="checkbox"/> Unknown		
Home Address		
Home Phone # ( )	Work Phone # ( )	



**Part 8. Complete Only if Filing a Special Immigrant Religious Worker Petition**

**Employer Attestation**

1. Provide the following information about the prospective employer.

a. Number of members of the prospective employer's organization

b. Number of employees working at the same location where the beneficiary will be employed

c. Number of aliens holding special immigrant or nonimmigrant religious worker status currently employed or employed within the past five years

d. Number of Special Immigrant Religious Worker I-360 and Nonimmigrant Religious Worker I-129 Petitions Submitted by the prospective employer within the past five years

2. Has the alien or any of the alien's dependent family members previously been admitted to the United States for a period of stay in the R classification for the last five years?

Yes       No

If yes, complete the blanks below. List the alien and any dependent family member's prior periods of stay in the R classification in the United States for the last five years. Be sure to list only those periods in which the alien and/or family members were actually in the United States in the 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 classification. If more space is needed, provide the information on additional sheets of paper.

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

**3.** Provide a summary of the type of responsibilities of those employees who work at the same location where the beneficiary will be employed. If additional space is needed, provide the information on additional sheets of paper.

Position	Summary of the Type of Responsibilities for That Position

**4.** Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the alien is a member.

**5** Provide the following information about the prospective employment:

Title of position offered.

Detailed description of the alien's proposed daily duties.

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Description of the alien's qualifications for the position offered.

Description of the proposed salaried and/or non-salaried compensation.

List of the specific address(es) or location(s) where the alien will be working.

Does the prospective employer attest to all of the requirements described in statements 6 through 12 below?

**6.** The prospective employer is a bona fide non-profit organization or a bona fide organization that is affiliated with the religious denomination and is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the prospective employer is affiliated with the religious denomination, complete the Religious Denomination Certification below.

Yes       No      If "No," attach explanation(s)

**7.** The prospective employer is willing and able to provide salaried and/or non-salaried compensation at a level that the alien and any dependents will not become a public charge.

Yes       No      If "No," attach explanation(s)

**8.** The funds to pay the prospective employee's compensation do not include any monies obtained from the alien, excluding reasonable donations or tithing to the religious organization.

Yes       No      If "No," attach explanation(s)

**9.** If the position is not a religious vocation, the prospective employee will not engage in secular employment, and the prospective employer will provide salaried and/or non-salaried compensation.

Yes       No      If "No," attach explanation(s)

**10.** The offered position is full-time, requiring at least an average of 35 hours of work per week.

Yes       No      If "No," attach explanation(s)

**11.** The alien has been a religious worker for at least two years immediately before Form I-360 was filed and is otherwise qualified for the position offered.

Yes       No      If "No," attach explanation(s)

**12.** The alien has been a member of the prospective employer's denomination for at least two years immediately before Form I-360 was filed.

Yes       No      If "No," attach explanation(s)

**I certify or attest under penalty of perjury under the laws of the United States of America that the contents of this attestation and the evidence submitted are true and correct.**

Signature

Date (mm/dd/yyyy)

Printed Name

Title

Employer/Organization Name

Employer/Organization Street Address (do not use a post office or private mail box)

Suite Number

City

State

Zip Code

Daytime Phone Number (with area code)

Fax Number (if any)

E-mail Address (if any)

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## Religious Denomination Certification

**I certify under penalty of perjury under the laws of the United States of America 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 under 501(c)(3) of the Internal Revenue Code of 1986, 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.

Signature

Date (*mm/dd/yyyy*)

Printed Name

Title

Attesting Organization Name

Attesting Organization Street Address (*do not use a post office or private mail box*)

Suite Number

City

State

Zip Code

Daytime Phone Number (*with area code*)

Fax Number (*if any*)

E-mail Address (*if any*)



**Part 9. Information about the spouse and children of the person this petition is for**

A widow/widower or a self-petitioning spouse of an abusive citizen or lawful permanent resident should also list the children of the deceased spouse or of the abuser.

<b>A. Family Name</b>	Given Name	Middle Name	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child		A #
<b>B. Family Name</b>	Given Name	Middle Name	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship <input type="checkbox"/> Child		A #
<b>C. Family Name</b>	Given Name	Middle Name	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship <input type="checkbox"/> Child		A #
<b>D. Family Name</b>	Given Name	Middle Name	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship <input type="checkbox"/> Child		A #
<b>E. Family Name</b>	Given Name	Middle Name	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship <input type="checkbox"/> Child		A #
<b>F. Family Name</b>	Given Name	Middle Name	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship <input type="checkbox"/> Child		A #
<b>G. Family Name</b>	Given Name	Middle Name	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship <input type="checkbox"/> Child		A #
<b>H. Family Name</b>	Given Name	Middle Name	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship <input type="checkbox"/> Child		A #

*Read the information on penalties in the instructions before completing this part. If you are going to file this petition at a USCIS office in the United States, sign below. If you are going to file it at a U.S. consulate or USCIS office overseas, sign in front of a USCIS or consular official.*

**Part 10. Signature**

I certify, or, if outside the United States, I swear or affirm, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. If filing this on behalf at an organization, I certify that I am empowered to do so by that organization. I authorize the release of any information from my records, or from the petitioning organization's records, that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.

<i>Signature</i>	Date	E-mail Address
<b>Signature of USCIS or Consular Official</b>	Print Name	Date

**NOTE:** If you do not completely fill out this petition or fail to submit required documents listed in the instructions, the person(s) filed for may not be found eligible for a requested benefit and the petition may be denied.

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**Part 11. Signature of person preparing form, if other than above (Sign below)**

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I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Date	E-mail Address
Print Your Name		
Firm Name and Address		