

Do not write in this block

For USCIS Use Only

It has been determined that the:
[ ] Married [ ] Unmarried
prospective adoptive parent will furnish proper care to a beneficiary orphan if admitted to the United States.
There:
[ ] are [ ] are not
preadoptive requirements in the State of the child's proposed residence.
The following is a description of the preadoption requirements, if any, of the State of the child's proposed residence:
The preadoption requirements, if any:
[ ] have been met. [ ] have not been met.
Fee Stamp
DATE OF FAVORABLE DETERMINATION
DD
DISTRICT
File number of applicant, if applicable:

Type or print legibly in black ink.

This application is made by the named prospective adoptive parent for advance processing of an orphan petition.

BLOCK I - Information About the Prospective Adoptive Parent

1. My name is: (Last) (First) (Middle)

2. Other names used (including maiden name if appropriate):

3. I reside in the U.S. at: (C/O if appropriate)

(Number and Street) (Apt. No.)

(Town or City) (State) (Zip Code)

4. Address abroad (if any):

(Number and Street) (Apt. No.)

(Town or City) (State or Province)

(Country)

5. I was born on: (mm/dd/yyyy)

In:

(Town or City) (State or Province)

(Country)

6. My telephone number is: (include area code)

7. I am a citizen of the United States through:

[ ] Birth [ ] Parents [ ] Naturalization

If acquired through naturalization, provide the following:

a. Name under which you naturalized:

b. Naturalization certificate number:

c. Date of naturalization (mm/dd/yyyy):

d. Place of naturalization:

If acquired through parentage, have you obtained a certificate in your own name based on that acquisition?

[ ] No [ ] Yes

If not, submit evidence of citizenship. See Page 2 of the instructions.

Have you or any person through whom you claimed citizenship ever lost U.S. citizenship?

[ ] No [ ] Yes (If "Yes," attach detailed explanation)

Table with 4 columns: Received, Trans. In, Ret'd Trans. Out, Completed

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**BLOCK I - Information About the Prospective Adoptive Parent** *(Continued)*

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8. My marital status is:

a.  Married  Widowed  Divorced  Single

b. I have been married \_\_\_\_\_ time(s)

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9. If you are now married, provide the following information:

Date of present marriage (*mm/dd/yyyy*):

Place of present marriage:

\_\_\_\_\_

\_\_\_\_\_

Name of present spouse:

\_\_\_\_\_  
*(Last)*

\_\_\_\_\_  
*(First)*

\_\_\_\_\_  
*(Middle)*

\_\_\_\_\_  
*(Maiden, if any)*

Date of birth of present spouse (*mm/dd/yyyy*):

Place of birth of present spouse:

\_\_\_\_\_

\_\_\_\_\_

My spouse has been married \_\_\_\_\_ time(s)

My spouse resides:  With me  Apart from me (*provide address below*)

Number and Street

Apt. No. City

State

Country

\_\_\_\_\_

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**BLOCK II - General Information**

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10. Name and address of organization or individual assisting you in locating or identifying an orphan.

Name of organization or individual:

Address of organization or individual:

\_\_\_\_\_

\_\_\_\_\_

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11. Do you plan to travel abroad to locate or adopt a child?

No  Yes

12. Does your spouse, if any, plan to travel abroad to locate or adopt a child?

No  Yes

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13. If the answer to **Question 11** or **12** is "Yes," provide the following information, if known:

a. Your date of intended departure (*mm/dd/yyyy*):

b. Your spouse's date of intended departure (*mm/dd/yyyy*):

\_\_\_\_\_

\_\_\_\_\_

c. City, province, country:

\_\_\_\_\_

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14. Will the child be adopted abroad after having been personally seen and observed by you and your spouse, if married?

No  Yes

15. Will the preadoption requirements, if any, of the child's proposed State of residence be met prior to or after the child enters the United States?

No  Yes

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16. From what country do you plan to adopt, if known?

\_\_\_\_\_

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17. Where do you wish to file your orphan petition? (*Complete one of the options below*)

The USCIS office located at:

The U.S. Embassy or consulate at:

OR

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**BLOCK II - General Information** *(Continued)*

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18. Do you plan to adopt more than one child?  No  Yes  
If "Yes," how many children do you plan to adopt? \_\_\_\_\_

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**BLOCK III - Accommodations for Individuals With Disabilities and Impairments** *(Read the information in the instructions before completing this section.)*

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**19. I am requesting an accommodation:**

1. Because of my disability(ies) and/or impairment(s).  No  Yes
2. For my spouse because of his or her disability(ies) and/or impairment(s).  No  Yes
3. For my household member because of his or her disability(ies) and/or impairment(s).  No  Yes

If you answered "Yes," check any applicable box. Provide information on the disability(ies) and/or impairment(s) for each person:

Deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):

\_\_\_\_\_

Blind or sight-impaired and request the following accommodation(s):

\_\_\_\_\_

Other type of disability(ies) and/or impairment(s) (describe the nature of the disability(ies) and/or impairment(s) and accommodation(s) being requested):

\_\_\_\_\_

**Certification of Prospective Adoptive Parent**

I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct and that I will care for an orphan/orphans properly if admitted to the United States.

\_\_\_\_\_  
*(Signature of Prospective Adoptive Parent)*

\_\_\_\_\_  
*Executed on (Date)*

**Certification of Married Prospective Adoptive Parent Spouse**

I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct and that my spouse and I will care for an orphan/orphans properly if admitted to the United States.

\_\_\_\_\_  
*(Signature of Prospective Adoptive Parent Spouse)*

\_\_\_\_\_  
*Executed on (Date)*

**Signature of Person Preparing Form, If Other Than Petitioner**

I declare that this document was prepared by me at the request of the petitioner and is based entirely on information of which I have knowledge.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*Executed on (Date)*

\_\_\_\_\_  
*Street Address and Room or Suite No./City/State/Zip Code*