Department of Homeland Security

U.S. Citizenship and Immigration Services

OMB No. 1615-0028; Expires 12/31/10 Form I-600A, Application for Advance Processing of Orphan Petition

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 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 legib	ly in black ink.					
This application is made by the named prospective adoptive						
BLOCK I - Information About the Prospective Adoptive Parent						
1. My name is: (<i>Last</i>) (<i>First</i>) (<i>Middle</i>)	6. My telephone number is: <i>(include area code)</i>					
2. Other names used (including maiden name if appropriate):	 7. I am a citizen of the United States through: Birth Parents Naturalization 					
3. I reside in the U.S. at: (<i>C/O if appropriate</i>)	If acquired through naturalization, provide the following: a . Name under which you naturalized:					
(Number and Street) (Apt. No.)	b . Naturalization certificate number:					
(Town or City) (State) (Zip Code)						
4. Address abroad (<i>if any</i>):	c . Date of naturalization (<i>mm/dd/yyyy</i>):					
(Number and Street) (Apt. No.)	d . Place of naturalization:					
(Town or City) (State or Province)	If acquired through parentage, have you obtained a certificate in your own name based on that acquisition?					
(Country)	No Yes					
5. I was born on: (<i>mm/dd/yyyy</i>) In:	If not, submit evidence of citizenship. See Page 2 of the instructions.					
(Town or City) (State or Province)	Have you or any person through whom you claimed citizenship ever lost U.S. citizenship?					
(Country)	No Yes (If "Yes," attach detailed explanation)					
Received Trans. In Ret'd Trans. Out Completed						

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BLOCK I - Information About the Prospective Ado	optive Pare	ent (Continued	1)				_	
8. My marital status is:	<u>.</u>	, , , , , , , , , , , , , , , , , , ,	,					
a. Married Widowed Divorced	Sing	le						
b. If you are now or if you have been married, how may time have you been married (include current marriage if married):								
9. If you are now married, provide the following inform Date of present marriage (<i>mm/dd/yyyy</i>):		of present marri	age:					
Name of present spouse:								
(Last) (First)		(Middle)		(Maiden, if	any)			
Date of birth of present spouse (<i>mm/dd/yyyy</i>):	Place	of birth of prese	ent spouse:					
• •	Iclude curr	ent marriage)						
		wide address be	elow)					
Number and Street	Apt. No.	City	State	Co	untry			
BLOCK II - General Information							_	
10. Name and address of organization or individual ass Name of organization or individual:	isting you	•	dentifying an orphar ganization or indivio					
11. Do you plan to travel abroad to locate or adopt a cl	hild?				No	<u> </u>	es	
12. Does your spouse, if any, plan to travel abroad to lo	ocate or ad	opt a child?			No	Ye	es	
13. If the answer to Question 11 or 12 is "Yes," provid	de the follo	owing informati	on, if known:					
a. Your date of intended departure (<i>mm/dd/yyyy</i>):	b	• Your spouse'	s date of intended de	eparture (<i>mm/c</i>	dd/yyyy):			
c. Names of city, province, country you are travelin	ng to:					-		
14. Will the child be adopted abroad after having been spouse (if married)?	personally	y seen and obser	rved by you and you	ır [No	Ye	es	
15. Will the preadoption requirements, if any, of the cl after the child enters the United States?	hild's propo	osed State of res	sidence be met prior	to or	No	<u> </u>	es	
16. From what country do you plan to adopt, if known?	?							
17. Where do you wish to file your orphan petition? (The USCIS office located at:	Complete o	The U.S. Emb	ns below) passy or consulate at	:				

BLOCK II - General Information (Continued)							
18. Do you plan to adopt more than one child?		No No	Yes				
If "Yes," how many children do you plan to adopt?							
BLOCK III - Accommodations for Individuals With Disa	hilition and Impairmants (Paad the	information i	n tha				
instructions before completing this section.)	onities and impairments (Redu me	injormation i	n ine				
19. I am requesting an accommodation:							
1. Because of my disability(ies) and/or impairment(s).		No	T Yes				
2. For my spouse because of his or her disability(ies) and/or in	npairment(s).	No	Yes				
3. For my household member because of his or her disability(i	es) 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 acco	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	Certification of Married 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.	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)	(Signature of Prospective Adoptive Paren	nt Spouse)					
Executed on (Date)	Executed on (Date)						
Signature of Person Preparing Form, If Other Than Petitione							
I declare that this document was prepared by me at the request of the peti	tioner and is based entirely on information o	f which I have k	nowledge.				
(Signature)	Executed on (Date)						
Street Address and Room or Suite No./City/State/Zip Code							