

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

**DRAFT**

**Form I-600, Petition to Classify  
Orphan as an Immediate Relative**

<b>TO THE U.S. SECRETARY OF STATE:</b>		Fee Stamp
The petition was filed by: <input type="checkbox"/> Married petitioner <input type="checkbox"/> Unmarried petitioner		
The petition is approved for orphan: <input type="checkbox"/> Adopted abroad <input type="checkbox"/> Coming to U.S. for adoption. Pre adoption requirements have been met		
<b>Remarks:</b>		
		File Number:
		DATE OF FAVORABLE DETERMINATION DD DISTRICT

**Type or print legibly in black ink. Complete a separate petition for each child.**  
*Petition is being made to classify the named orphan as an immediate relative.*

**BLOCK I - Information About Petitioner**

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

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

8. My marital status is:

a.  Married  Widowed  Divorced  Single

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

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)

**BLOCK II - Information About Orphan Beneficiary**

10. Name at birth:

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

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

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

11. Name at present:

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

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

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

12. Any other names by which orphan is or was known:

13. Gender:  Male  Female

14. Date of birth (mm/dd/yyyy): \_\_\_\_\_

15. Place of birth:

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State or Province)

\_\_\_\_\_  
(Country)

16. The beneficiary is an orphan because (check one):  He or she has no parents  He or she has only one parent who is the sole or surviving parent

17. If the orphan has only one parent, answer the following:

a. State what has become of the other parent:

\_\_\_\_\_

b. Is the remaining parent capable of providing for the orphan's support?  No  Yes

c. Has the remaining parent in writing irrevocably released the orphan for emigration and adoption?  No  Yes

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**BLOCK II - Information About Orphan Beneficiary**      *(Continued)*

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**18.** Has the orphan been adopted abroad by the petitioner and spouse jointly or the unmarried petitioner?       No       Yes  
If "Yes," did the petitioner and spouse or unmarried petitioner personally see and observe the child prior to or during the adoption proceedings?       No       Yes  
Date of adoption (*mm/dd/yyyy*)                      Place of adoption  
\_\_\_\_\_

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**19.** If either answer in **Question 18** is "No," answer the following:

**a.** Does the petitioner and spouse jointly or does the unmarried petitioner intend to adopt the orphan in the United States?       No       Yes

**b.** Have the preadoption requirements, if any, of the orphan's proposed State of residence been met?       No       Yes

**c.** If **b** is answered "No," will they be met later?       No       Yes

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**20.** To petitioner's knowledge, does the orphan have any physical or mental affliction?       No       Yes  
If "Yes," name the affliction.  
\_\_\_\_\_

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**21.** Who has legal custody of the child?  
\_\_\_\_\_

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**22.** Name of child welfare agency, if any, assisting in this case:  
\_\_\_\_\_

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**23.** Name of attorney abroad, if any, representing petitioner in this case:  
\_\_\_\_\_

Address of above attorney abroad:  
\_\_\_\_\_

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**24.** Address in the United States where orphan will reside:  
\_\_\_\_\_

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**25.** Present address of orphan:  
\_\_\_\_\_

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**26.** If orphan is residing in an institution, give full name of institution:  
\_\_\_\_\_

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**27.** If orphan is not residing in an institution, give full name of person with whom residing:  
\_\_\_\_\_

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**28.** Give any additional information necessary to locate orphan, such as name of district, section, zone, or locality in which orphan resides:  
\_\_\_\_\_

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**BLOCK II - Information About Orphan Beneficiary** (Continued)

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29. Location of U.S. Embassy or consulate where application for visa will be made:

\_\_\_\_\_

(City in Foreign Country)

\_\_\_\_\_

(Foreign Country)

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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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30. I am requesting an accommodation:

A. Because of my disability(ies) and/or impairment(s).  No  Yes

B. For my spouse because of his or her disability(ies) and/or impairment(s).  No  Yes

C. 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 Petitioner**

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 or orphans properly if admitted to the United States.

\_\_\_\_\_  
(Signature of Petitioner)

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

**Certification of Married Prospective Petitioner's 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 or orphans properly if admitted to the United States.

\_\_\_\_\_  
(Signature of Petitioner's 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