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

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

				Fee Stamp		
The petition was	•	— • • • •				
Married j		Unmarried pe	titioner			
The petition is a Adopted		•	S. for adoption.			
	abroau		requirements have			
		been met	iequirements nuve			
Remarks:				File Number:		
				DATE OF FAVORABLE DETERMINATION		
		D	D/	DD DISTRICT		
	Type or print legibly in black ink. Complete a separate petition for each child. <i>Petition is being made to classify the named orphan as an immediate relative.</i>					
BLOCK I - In	formation Al	bout Petitioner				
1. My name is	: (Last)	(First)	(Middle)	6. My telephone number is: (<i>include area code</i>)		
2 0/1	1 (* 1	11 .6				
2. Other name	s used (<i>includ</i>	ling maiden name if ap	propriate):	7. I am a citizen of the United States through:		
3. I reside in th	ne U.S. at:	(C/O if appropriate)		If acquired through naturalization, provide the following:		
				a . Name under which you naturalized:		
(Number an	d Street)		(Apt. No.)			
				b . Naturalization certificate number:		
(Town or C	ity)	(State)	(Zip Code)			
4. Address abr	oad (<i>if any</i>):			c . Date of naturalization (<i>mm/dd/yyyy</i>):		
		_	1			
(Number an	d Street)	ent	(Apt. No.)	d . Place of naturalization:		
(Town or C	ity)	(State-or Prov	ince)	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>)			If not, submit evidence of citizenship. See Page 2 of the instructions.			
In:						
(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			

BLOCK I - Information About the	Prospective Adoptive Parer	nt (Continued)			
8. My marital status is:					
a. Married Widowed	Divorced Single	e b. I	have been married	I ·	time(s)
9. If you are now married, provide th	e following information:				
Date of present marriage (mm/dd/	yyyy): Place	of present marriage:			
Name of present spouse:					
(Last)	First)	(Middle)	(<i>Mc</i>	aiden, if any)	
Date of birth of present spouse (<i>n</i>	<i>m/dd/yyyy</i>): Place	of birth of present sp	ouse:		
My spouse has been married	time(s)				
My spouse resides: With m	e Apart from me (prov	ide address below)			
(Number and Street)	(Apt. No.)	(City)	(State)	(Count	ry)
BLOCK II - Information About O	phan Beneficiary	()			
10. Name at birth:					
(Last)	(First)		(Middle)		
11. Name at present:	F	or			
(Last)	(First)		(Middle)		
12. Any other names by which orpha	n is or was known:	1			
13 . Gender: Male	Female 14. Date	of birth (<i>mm/dd/yyyy</i>):		
15. Place of birth:					
(City)	(State or Province)		(Country)		
16. The beneficiary is an orphan beca	use (<i>check one</i>): He or	she has no parents	He or she ha is the sole or		
17. If the orphan has only one parent,	answer the following:				
a. State what has become of the o	other parent:				
b. Is the remaining parent capabl	e of providing for the orphan'	s support?		<u> </u>	No 🗌 Yes
c. Has the remaining parent in w	iting irrevocably released the	orphan for emigratio	n and adoption?		No 🗌 Yes
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BLOCK II - Information About Orphan Beneficiary (Continued)		
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 No	Yes
Date of adoption (mm/dd/yyyy)Place of adoption		
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 No	Yes
b. Have the preadoption requirements, if any, of the orphan's proposed State of residence been met?	No No	Yes
c. If b is answered "No," will they be met later?	No No	Yes
20. To petitioner's knowledge, does the orphan have any physical or mental affliction? If "Yes," name the affliction.	🗌 No	Yes
21. Who has legal custody of the child?		
22. Name of child welfare agency, if any, assisting in this case:		
23. Name of attorney abroad, if any, representing petitioner in this case:		
Address of above attorney abroad:		
24. Address in the United States where orphan will reside:	n	
25. Present address of orphan:		
26. If orphan is residing in an institution, give full name of institution:		
27. If orphan is not residing in an institution, give full name of person with whom residing:		

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

BLOCK II - Information About Orphan Beneficiary (Continued)

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

(City in Foreign Country) (Foreign Country)			
BLOCK III - Accommodations for Individuals With Disabilitie before completing this section.)	s and Impairments (Read the information of the info	tion in the instru	ctions
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 in	npairment(s).	🗌 No	Yes
C. For my household member because of his or her disability(i	es) and/or impairment(s).	No No	Yes
If you answered "Yes," check any applicable box. Provide i person:	nformation on the disability(ies) and/or	impairment(s) fo	or each
Deaf or hard of hearing and request the following acco which language (e.g., American Sign Language)):	ommodation(s) (if requesting a sign-lang	guage interpreter	, indicate
Blind or sight-impaired and request the following acco	ommodation(s):		
Other type of disability(ies) and/or impairment(s) (des accommodation(s) being requested):	cribe the nature of the disability(ies) and	d/or impairment((s) and
Certification of Petitioner	Certification of Petitioner's Spou		
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.	I certify, under penalty of perjury under of America, that the foregoing is true a spouse and I will care for an orphan or to the United States.	nd correct, and tha	at my
(Signature of Petitioner)	(Signature of Petitioner's Spouse)		
Executed on (Date)	Executed on (Date)		
Signature of Person Preparing Form, If Other Than Petitione	r		
I declare that this document was prepared by me at the request of the peti		of which I have kno	owledge.
(Signature)	Executed on (Date)		
Street Address and Room or Suite No./City/State/Zip Code			