TABLE OF CHANGES – FORM FORM I-130, Petition for Alien Relative OMB No: 1615-0012 05/12/2016

Reason for Revision

- U.S. Customs and Border Protection (CBP) has stopped issuing paper I-94 Arrival-Departure Records, except in limited circumstances, and will create an electronic record. The Form I-94 data will be available to entrants who have access to the internet to obtain their admission number and electronic I-94 record from the CBP Website at <u>www.cbp.gov</u>. Additional data collection fields are being incorporated into several USCIS forms to enable verification of status in the United States based upon passport or travel document details captured by CBP at the port of entry, rather than the I-94.
- ELIS Account Number data collections have been added for the petitioner, the beneficiary, and an attorney (if applicable), as well as any updates to the standard language since this form was last revised.

PAGE NUMBER AND SECTION	CURRENT VERSION	PROPOSED VERSION
Throughout Form	Two column and full page combined format	Full 2-column format and Online Account Number data collection added
		1. The fields were changed such that the same information is captured, just in a revised layout that is an easier to read 2 column format for intake and filing purposes. The look of the data collection box format is new, and the form is longer due to the format revision.
		2. The data collection box numbers have been changed in some instances throughout the form. (e.g., 1., 2., 3. to 1.a., 1.b., 1.c.). This was done to make the form more user friendly.
New		[Page 1]
		To be completed by an attorney or accredited representative (if any).
		Select this box if Form G-28 is attached to represent the petitioner.
		Volag Number (if any)
		Attorney State Bar Number (if applicable)
		Attorney or Accredited Representative USCIS Online Account Number (if any)
Page 1, Part A. Relationship	[Page 1]	[Page 1] START HERE - Type or print in black ink.
		If you need extra space to complete any section of this petition, use the space provided in Part 9 . Additional Information. Complete and submit as many copies of Part 9., as necessary, with your petition.

	A. Relationship You are the petitioner. Your relative is the beneficiary.	Part 1. Relationship (You are the Petitioner. Your relative is the Beneficiary.)
	1. I am filing this petition for my: Spouse / Parent Brother/Sister / Child	1. I am filing this petition for my (Select only one box):
		Spouse Parent Brother/Sister Child
		2. If you are filing this petition for your child or parent, select the box that describes your relationship (Select only one box):
		 [] Child was born to parents who were married to each other at the time of the child's birth [] Stepchild/Stepparent [] Child was born to parents who were not married to each other at the time of the child's birth [] Child was adopted (not an Orphan or Hague Convention adoptee)
	2. Are you related by adoption? Yes No	3. If the beneficiary is your brother/sister, are you related by adoption? Yes No
	3. Did you gain permanent residence through adoption? Yes No	4. Did you gain lawful permanent resident status or citizenship through adoption? Yes No
Page 1,	[Page 1]	[Page 1]
B. Information about you	B. Information about you	Part 2. Information About You (Petitioner)
	10. Alien Registration Number	1. Alien Registration Number (A-Number) (if any)
		2. USCIS Online Account Number (if any)
	9. U.S. Social Security Number (If any)	3. U.S. Social Security Number (if any)
	1. Name (Family name in CAPS) (First)	Your Full Name4.a. Family Name (Last Name)4.b. Given Name (First Name)
	(Middle)	4.c. Middle Name
		[Page 2]
	7. Other Names Used (including maiden name)	Other Names Used (if any)
		Provide all other names you have ever used, including aliases, maiden name, and nicknames.
		5.a. Family Name (Last Name)5.b. Given Name (First Name)5.c. Middle Name
	3. Place of Birth (Town or City)	 Other Information 6. City/Town/Village of Birth 7. Country of Birth [delete]

(State/Country)	[delete]
4. Date of Birth	8. Date of Birth (mm/dd/yyyy)
5. Gender	9. Sex Male Female
2. Address (Number and Street)	Mailing Address
	10.a. In Care Of Name
(Art Nr.)	10.b. Street Number and Name
(Apt. No.) (Town or City)	10.c. Apt. Ste. Flr. 10.d. City or Town
(State/Country)	10.e. State
(Zip/Postal Code)	10.f. ZIP Code
	10.g. Province
	10.h. Postal Code
	10.i. Country
	11. Is your current mailing address the same as
	your physical address? Yes No
	If you answered "No" to Item Number 11 .,
	provide information on your physical address in
	Item Numbers 12.a 13.b.
	Address History
	Provide your physical addresses for the last five
	years, whether inside or outside the United States.
	Provide your current address first if it is different
	from your mailing address in Item Numbers
	10.a 10.i.
	Physical Address 1
	12.a. Street Number and Name
	12.b. Apt. Ste. Flr.
	12.c. City or Town
	12.d. State
	12.e. ZIP Code
	12.f. Province
	12.g. Postal Code
	12.h. Country
	13.a. Date From (mm/dd/yyyy)
	13.b. Date To (mm/dd/yyyy)
	Physical Address 2
	14.a. Street Number and Name
	14.b. Apt. Ste. Flr.
	14.c. City or Town
	14.d. State
	14.e. ZIP Code
	14.f. Province
	14.g. Postal Code
	14.h. Country
	15.a. Date From (mm/dd/yyyy)
	15.b. Date To (mm/dd/yyyy)
	Manual Television Facility 1
	Your Marital Information [subheader]
	16. How many times have you been married?

6. Marital Status	17. Current Marital Status
Married Single Widowed Divorced	Single, Never Married/Married/Divorced/ Widowed/Separated/Annulled
	[Page 3]
8. Date and Place of Present Marriage (if married)	18. Date of Current Marriage (if currently married) (mm/dd/yyyy)
	 Place of Your Current Marriage (if married) 19.a. City or Town 19.b. State 19.c. Province 19.d. Country
11. Name(s) of Prior Spouse(s)	<i>Names of All Your Spouses (if any)</i> Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any).
	 Spouse 1 20.a. Family Name (Last Name) 20.b. Given Name (First Name) 20.c. Middle Name
12. Date(s) Marriage(s) Ended	21. Date Marriage Ended (mm/dd/yyyy)
	 Spouse 2 22.a. Family Name (Last Name) 22.b. Given Name (First Name) 22.c. Middle Name
	23. Date Marriage Ended (mm/dd/yyyy)
	Information About Your Parents [subheader]
	Parent 1's Information
	 Full Name of Parent 1 24.a. Family Name (Last Name) 24.b. Given Name (First Name) 24.c. Middle Name 25. Date of Birth 26. Sex Male Female 27. Country of Birth 28. City/Town/Village of Residence 29. Country of Residence
	Parent 2's Information
	 Full Name of Parent 2 30.a. Family Name (Last Name) 30.b. Given Name (First Name) 30.c. Middle Name 31. Date of Birth 32. Sex Male Female 33. Country of Birth 34. City/Town/Village of Residence 35. Country of Residence

	Additional Information About You (Petitioner)
13. If you are a U.S. citizen, complete the	36. I am a (Select only one box): U.S. Citizen Lawful Permanent Resident
following:	
My citizenship was acquired through (check one):	If you are a U.S. citizen, complete Item Number 37.
Birth in the U.S.	37. My citizenship was acquired through (Select only one box):
Naturalization. Give certificate number and date and place of issuance.	Birth in the United States
Parents. Have you obtained a certificate of citizenship in your own name?	Naturalization
	Parents
Yes. Give certificate number, date and place of issuance. No	38. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? Yes/No
	If you answered "Yes" to Item Number 38. , complete the following:
	39.a. Certificate Number39.b. Place of Issuance39.c. Date of Issuance (mm/dd/yyyy)
14. If you are a lawful permanent resident alien, complete the following:	[Page 4]
Date and place of admission for or adjustment to lawful permanent residence and class of admission.	If you were admitted as or adjusted status to a lawful permanent resident, complete Item Numbers 40.a 41.
14b. Did you gain permanent resident status through marriage to a U.S. citizen or lawful	 40.a. Class of Admission 40.b. Date of Admission (mm/dd/yyyy) 40.c. Place of Admission (City or Town and State)
permanent resident?	41. Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident? Yes/No
	<i>Employment History</i> [subheader]
	Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in Item Number 42 .
	Employer 142. Name of Employer/Company
	43.a. Street Number and Name 43.b. Apt. Ste. Flr.

	43.c. City or Town
	43.d. State
	43.e. ZIP Code
	43.f. Province
	43.g. Postal Code
	43.h. Country
	44. Your Occupation
	45.a. Date From (mm/dd/yyyy)
	45.b. Date To (mm/dd/yyyy)
	45.0. Date 10 (mm/dd/yyyy)
	Employer 2
	46. Name of Employer/Company
	40. Hune of Employer, company
	47.a. Street Number and Name
	47.b. Apt. Ste. Flr.
	47.c. City or Town
	47.d. State
	47.e. ZIP Code
	47.f. Province
	47.g. Postal Code
	47.h. Country
	48. Your Occupation
	49.a. Date From (mm/dd/yyyy)
	49.b. Date To (mm/dd/yyyy)
New	[Page 4]
	Part 3. Biographic Information
	rait 5. Diographic information
	NOTE: Provide the biographic information
	about you, the petitioner.
	ubout you, the pentioner.
	1. Ethnicity (Select only one box)
	Hispanic or Latino
	Not Hispanic or Latino
	Not Hispanic or Latino
	Not Hispanic or Latino 2. Race (Select all applicable boxes)
	Not Hispanic or Latino 2. Race (Select all applicable boxes) White
	Not Hispanic or Latino 2. Race (Select all applicable boxes) White Asian
	Not Hispanic or Latino 2. Race (Select all applicable boxes) White Asian Black or African American
	Not Hispanic or Latino 2. Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native
	Not Hispanic or Latino 2. Race (Select all applicable boxes) White Asian Black or African American
	Not Hispanic or Latino 2. Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native
	Not Hispanic or Latino 2. Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
	 Not Hispanic or Latino 2. Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander 3. Height Feet/Inches 4. Weight Pounds
	 Not Hispanic or Latino 2. Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander 3. Height Feet/Inches 4. Weight Pounds 5. Eye Color (Select only one box)
	 Not Hispanic or Latino 2. Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander 3. Height Feet/Inches 4. Weight Pounds 5. Eye Color (Select only one box) Black
	 Not Hispanic or Latino 2. Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander 3. Height Feet/Inches 4. Weight Pounds 5. Eye Color (Select only one box)
	 Not Hispanic or Latino 2. Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander 3. Height Feet/Inches 4. Weight Pounds 5. Eye Color (Select only one box) Black
	 Not Hispanic or Latino 2. Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander 3. Height Feet/Inches 4. Weight Pounds 5. Eye Color (Select only one box) Black Blue Brown
	 Not Hispanic or Latino 2. Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander 3. Height Feet/Inches 4. Weight Pounds 5. Eye Color (Select only one box) Black Blue Brown Gray
	 Not Hispanic or Latino 2. Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander 3. Height Feet/Inches 4. Weight Pounds 5. Eye Color (Select only one box) Black Blue Brown Gray Green
	 Not Hispanic or Latino 2. Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander 3. Height Feet/Inches 4. Weight Pounds 5. Eye Color (Select only one box) Black Blue Brown Gray

		Pink
		Unknown/Other
		[Page 5]
		6. Hair Color (Select only one box) Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other
Pages 1-2,	[Page 1]	[Page 5]
C. Information about your relative	C. Information about your relative	Part 4. Information About Beneficiary
	10. Alien Registration Number	1. Alien Registration Number (A-Number) (if any)
		2. USCIS Online Account Number (if any)
	9. U.S. Social Security Number (If any)	3. U.S. Social Security Number (if any)
	1. Name (Family name in CAPS) (First)	Beneficiary's Full Name4.a. Family Name (Last Name)4.b. Given Name (First Name)
	(Middle)	4.c. Middle Name
	7. Other Names Used (including maiden name)	Other Names Used (<i>if any</i>) Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames.
		5.a. Family Name (Last Name)5.b. Given Name (First Name)5.c. Middle Name
	3. Place of Birth (Town or City) (State/Country)	Other Information About Beneficiary 6. City/Town/Village of Birth 7. Country of Birth [delete] [delete]
	4. Date of Birth	8. Date of Birth (mm/dd/yyyy)
	5. Gender Male Female	9. Sex Male Female
		10. Has anyone else ever filed a petition for the beneficiary? Y/N/Unknown
		NOTE: Select "Unknown" <i>only</i> if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.
		Beneficiary's Physical Address

	If the beneficiary lives outside the United States in a home without a street number or name, leave Item Numbers 11.a. and 11.b. blank.
2. Address (Number and Street) (Apt. No.) (Town or City) (State/Country) (Zip/Postal Code)	 11.a. Street Number and Name 11.b. Apt. Ste. Flr. 11.c. City or Town 11.d. State 11.e. ZIP Code 11.f. Province 11.g. Postal Code 11.h. Country
[Page 2] 18. Address in the United States where your relative intends to live.	Other Address and Contact Information
	Provide the address in the United States where the beneficiary intends to live, if different from Item Numbers 11.a 11.h. If the address is the same, type or print "SAME" in Item Number 12.a.
(Street Address)	12.a. Street Number and Name
(Town or City) (State)	 12.b. Apt. Ste. Flr. 12.c. City or Town 12.d. State 12.e. ZIP Code
19. Your relative's address abroad. (Include street, city, province and country)	Provide the beneficiary's address outside the United States, if different from Item Numbers 11.a 11.h. If the address is the same, type or print "SAME" in Item Number 13.a.
	 13.a. Street Number and Name 13.b. Apt. Ste. Flr. 13.c. City or Town 13.d. Province 13.e. Postal Code 13.f. Country
Phone Number (if any)	14. Daytime Telephone Number (if any)
	[Page 6]
	15. Mobile Telephone Number (if any)16. Email Address (if any)
[Dage 1]	<i>Beneficiary's Marital Information</i>17. How many times has the beneficiary been married?
[Page 1] 6. Marital Status Married Single Widowed Divorced	18. Current Marital Status Single, Never Married/Married/Divorced/ Widowed/Separated/Annulled
8. Date and Place of Present Marriage (if married)	19. Date of Current Marriage (if currently married) (mm/dd/yyyy)

1		
		Place of Beneficiary's Current Marriage (if
		married)
		20.a. City or Town 20.b. State
		20.0. Province
		20.d. Country
		Names of Beneficiary's Spouses (if any)
		Provide information on the beneficiary's current
		spouse (if currently married) first and then list all
		the beneficiary's prior spouses (if any).
	11 Name(c) of Drive Spouse(c)	Spouse 1
	11. Name(s) of Prior Spouse(s)	21.a . Family Name (Last Name)
		21.a. Failing Name (Last Name) 21.b. Given Name (First Name)
		21.c. Middle Name
	12. Date(s) Marriage(s) Ended	22. Date Marriage Ended (mm/dd/yyyy)
		Spouse 2
		23.a. Family Name (Last Name)
		23.b. Given Name (First Name)
		23.c . Middle Name
		24. Date Marriage Ended (mm/dd/yyyy)
		Information About the Beneficiary's Family
		[subheader]
	[Page 2]	
	17. List spouse and all children of your	Provide information about the beneficiary's
		Provide information about the beneficiary's spouse and children.
	17. List spouse and all children of your	spouse and children.
	17. List spouse and all children of your relative.	spouse and children. Person 1
	17. List spouse and all children of your	spouse and children.Person 125.a. Family Name (Last Name)
	17. List spouse and all children of your relative.	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name)
	17. List spouse and all children of your relative.	spouse and children.Person 125.a. Family Name (Last Name)
	17. List spouse and all children of your relative.(Name)	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name
	17. List spouse and all children of your relative.	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name)
	 17. List spouse and all children of your relative. (Name) (Relationship) 	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name 26. Relationship
	 17. List spouse and all children of your relative. (Name) (Relationship) (Date of Birth) 	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name 26. Relationship 27. Date of Birth (mm/dd/yyyy) 28. Country of Birth
	 17. List spouse and all children of your relative. (Name) (Relationship) (Date of Birth) (Country of Birth) 	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name 26. Relationship 27. Date of Birth (mm/dd/yyyy) 28. Country of Birth Person 2
	 17. List spouse and all children of your relative. (Name) (Relationship) (Date of Birth) 	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name 26. Relationship 27. Date of Birth (mm/dd/yyyy) 28. Country of Birth Person 2 29.a. Family Name (Last Name)
	 17. List spouse and all children of your relative. (Name) (Relationship) (Date of Birth) (Country of Birth) 	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name 26. Relationship 27. Date of Birth (mm/dd/yyyy) 28. Country of Birth Person 2 29.a. Family Name (Last Name) 29.b. Given Name (First Name)
	 17. List spouse and all children of your relative. (Name) (Relationship) (Date of Birth) (Country of Birth) 	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name 26. Relationship 27. Date of Birth (mm/dd/yyyy) 28. Country of Birth Person 2 29.a. Family Name (Last Name)
	 17. List spouse and all children of your relative. (Name) (Relationship) (Date of Birth) (Country of Birth) (Name) 	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name 26. Relationship 27. Date of Birth (mm/dd/yyyy) 28. Country of Birth Person 2 29.a. Family Name (Last Name) 29.b. Given Name (First Name) 29.c. Middle Name
	 17. List spouse and all children of your relative. (Name) (Relationship) (Date of Birth) (Country of Birth) (Name) (Relationship) 	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name 26. Relationship 27. Date of Birth (mm/dd/yyyy) 28. Country of Birth Person 2 29.a. Family Name (Last Name) 29.b. Given Name (First Name) 29.c. Middle Name 30. Relationship
	 17. List spouse and all children of your relative. (Name) (Relationship) (Date of Birth) (Country of Birth) (Name) (Relationship) (Date of Birth) 	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name 26. Relationship 27. Date of Birth (mm/dd/yyyy) 28. Country of Birth Person 2 29.a. Family Name (Last Name) 29.b. Given Name (First Name) 29.c. Middle Name 30. Relationship 31. Date of Birth (mm/dd/yyyy)
	 17. List spouse and all children of your relative. (Name) (Relationship) (Date of Birth) (Country of Birth) (Name) (Relationship) 	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name 26. Relationship 27. Date of Birth (mm/dd/yyyy) 28. Country of Birth Person 2 29.a. Family Name (Last Name) 29.b. Given Name (First Name) 29.c. Middle Name 30. Relationship
	 17. List spouse and all children of your relative. (Name) (Relationship) (Date of Birth) (Country of Birth) (Name) (Relationship) (Date of Birth) 	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name 26. Relationship 27. Date of Birth (mm/dd/yyyy) 28. Country of Birth Person 2 29.a. Family Name (Last Name) 29.b. Given Name (First Name) 29.c. Middle Name 30. Relationship 31. Date of Birth (mm/dd/yyyy) 32. Country of Birth
	 17. List spouse and all children of your relative. (Name) (Relationship) (Date of Birth) (Country of Birth) (Name) (Relationship) (Date of Birth) (Country of Birth) 	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name 26. Relationship 27. Date of Birth (mm/dd/yyyy) 28. Country of Birth Person 2 29.a. Family Name (Last Name) 29.b. Given Name (First Name) 29.c. Middle Name 30. Relationship 31. Date of Birth (mm/dd/yyyy) 32. Country of Birth
	 17. List spouse and all children of your relative. (Name) (Relationship) (Date of Birth) (Country of Birth) (Name) (Relationship) (Date of Birth) 	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name 26. Relationship 27. Date of Birth (mm/dd/yyyy) 28. Country of Birth Person 2 29.a. Family Name (Last Name) 29.b. Given Name (First Name) 29.c. Middle Name 30. Relationship 31. Date of Birth (mm/dd/yyyy) 32. Country of Birth Person 3 33.a. Family Name (Last Name)
	 17. List spouse and all children of your relative. (Name) (Relationship) (Date of Birth) (Country of Birth) (Name) (Relationship) (Date of Birth) (Country of Birth) 	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name 26. Relationship 27. Date of Birth (mm/dd/yyyy) 28. Country of Birth Person 2 29.a. Family Name (Last Name) 29.b. Given Name (First Name) 29.c. Middle Name 30. Relationship 31. Date of Birth (mm/dd/yyyy) 32. Country of Birth Person 3 33.a. Family Name (Last Name) 33.b. Given Name (First Name)
	 17. List spouse and all children of your relative. (Name) (Relationship) (Date of Birth) (Country of Birth) (Name) (Relationship) (Date of Birth) (Country of Birth) 	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name 26. Relationship 27. Date of Birth (mm/dd/yyyy) 28. Country of Birth Person 2 29.a. Family Name (Last Name) 29.b. Given Name (First Name) 29.c. Middle Name 30. Relationship 31. Date of Birth (mm/dd/yyyy) 32. Country of Birth Person 3 33.a. Family Name (Last Name)
	 17. List spouse and all children of your relative. (Name) (Relationship) (Date of Birth) (Country of Birth) (Name) (Relationship) (Date of Birth) (Country of Birth) (Name) (Name) 	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name 26. Relationship 27. Date of Birth (mm/dd/yyyy) 28. Country of Birth Person 2 29.a. Family Name (Last Name) 29.b. Given Name (First Name) 29.c. Middle Name 30. Relationship 31. Date of Birth (mm/dd/yyyy) 32. Country of Birth Person 3 33.a. Family Name (Last Name) 33.b. Given Name (First Name) 33.c. Middle Name
	 17. List spouse and all children of your relative. (Name) (Relationship) (Date of Birth) (Country of Birth) (Name) (Relationship) (Date of Birth) (Country of Birth) 	 spouse and children. Person 1 25.a. Family Name (Last Name) 25.b. Given Name (First Name) 25.c. Middle Name 26. Relationship 27. Date of Birth (mm/dd/yyyy) 28. Country of Birth Person 2 29.a. Family Name (Last Name) 29.b. Given Name (First Name) 29.c. Middle Name 30. Relationship 31. Date of Birth (mm/dd/yyyy) 32. Country of Birth Person 3 33.a. Family Name (Last Name) 33.b. Given Name (First Name)

(Country of Birth)	36. Country of Birth
	[Page 7]
(Name)	Person 4 37.a. Family Name (Last Name) 37.b. Given Name (First Name) 37.c. Middle Name
(Relationship) (Date of Birth) (Country of Birth)	38. Relationship39. Date of Birth (mm/dd/yyyy)40. Country of Birth
(Name)	 Person 5 41.a. Family Name (Last Name) 41.b. Given Name (First Name) 41.c. Middle Name
(Relationship) (Date of Birth) (Country of Birth)	42. Relationship43. Date of Birth (mm/dd/yyyy)44. Country of Birth
	Beneficiary's Entry Information
[Page 1] 13. Has your relative ever been in the U.S.?	45. Was the beneficiary EVER in the United States? Yes No
14. If your relative is currently in the U.S., complete the following:	If the beneficiary is currently in the United States, complete Item Numbers 46.a 46.d.
He or she arrived as a: (visitor, student, stowaway, without inspection, etc.)	46.a. He or she arrived as a (Class of Admission):
Arrival/Departure Record (I-94)	46.b. Form I-94 Arrival-Departure Record Number
Date arrived	46.c. Date of Arrival (mm/dd/yyyy)
Date authorized stay expired, or will expire, as shown on Form I-94 or I-95	46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status
	47. Passport Number
	48. Travel Document Number
	49. Country of Issuance for Passport or Travel Document
	50. Expiration Date for Passport or Travel Document (mm/dd/yyyy)
	Beneficiary's Employment Information
	Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print

	"Unemployed" in Item Number 51.a.
15. Name and address of present employer (if any)	51.a. Name of Current Employer (if applicable)51.b. Street Number and Name51.c. Apt. Ste. Flr.
	51.d. City or Town
	51.e. State
	51.f. ZIP Code
	51.g. Province
	51.h. Postal Code
	51.i. Country
	51.1. Country
Date this employment began	52. Date Employment Began (mm/dd/yyyy)
	<i>Additional Information About Beneficiary</i> [subheader]
16. Has your relative ever been under immigration proceedings? No Yes	53. Was the beneficiary EVER in immigration proceedings? Yes No
	54. If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.
Removal	Removal
Exclusion/Deportation	Exclusion/Deportation
Rescission	Rescission
Judicial Proceedings	Other Judicial Proceedings
Where	55.a. City or Town 55.b. State
When	56. Date (mm/dd/yyyy)
[Page 2]	[Page 8]
20. If your relative's native alphabet is other than Roman letters, write his or her name and foreign address in the native alphabet.	If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language.
(Name)	57.a. Family Name (Last Name)
(Name)	57.a. Family Name (Last Name) 57.b. Given Name (First Name)
	57.c. Middle Name
Address (Include street, city, province and country)	58.a. Street Number and Name58.b. Apt. Ste. Flr.
	58.c. City or Town
	58.d. Province
	58.e. Postal Code 58.f. Country
	Som Country
21. If filing for your spouse, give last address	If filing for your spouse, provide the last
at which you lived together.	address at which you physically lived together.
, 0	If you never lived together, type or print,
(Include street, city, province, if any, and country)	"Never lived together" in Item Number 59.a.
(oundy)	59.a. Street Number and Name
	59.b. Apt. Ste. Flr.
	59.c. City or Town

	12	5. Result (for example, approved, denied, withdrawn)
		4. Date Filed (mm/dd/yyyy)
		3.a. City or Town3.b. State
		2.a. Failing Name (Last Name) 2.b. Given Name (First Name) 2.c. Middle Name
	result.	date of filing, and the result.2.a. Family Name (Last Name)
	If "Yes," give name, place and date of filing and	If you answered "Yes," provide the name, place,
	2. Have you ever before filed a petition for this or any other alien? Yes No	1. Have you EVER previously filed a petition for this beneficiary or any other alien? Yes No
D. Other information	D. Other Information	Part 5. Other Information
Page 2,	[Page 2]	[Page 8]
	NOTE: Designation of a U.S. embassy or consulate outside the country of your relative's last residence does not guarantee acceptance for processing by that post. Acceptance is at the discretion of the designated embassy or consulate.	NOTE: Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary case.
	(City) (Country)	62.a. City or Town62.b. Province62.c. Country
	If your relative is not eligible for adjustment of status, he or she will apply for a visa abroad at the American consular post in:	The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:
	(City) (State)	61.a. City or Town 61.b. State
	Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the USCIS office in:	The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:
	22. Complete the information below if your relative is in the United States and will apply for adjustment of status.	[delete]
	From To	60.a. Date From (mm/dd/yyyy) 60.b. Date To (mm/dd/yyyy)
		59.e. ZIP Code59.f. Province59.g. Postal Code59.h. Country
		59.f. Province 59.g. Postal Code

	1. If separate petitions are also being submitted for other relatives, give names of each and relationship.	If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.
		Relative 16.a. Family Name (Last Name)6.b. Given Name (First Name)6.c. Middle Name
		7. Relationship
		[Page 9]
		Relative 2 8.a. Family Name (Last Name) 8.b. Given Name (First Name) 8.c. Middle Name
		9. Relationship
	WARNING: USCIS investigates claimed relationships and verifies the validity of documents. USCIS seeks criminal prosecutions when family relationships are falsified to obtain visas.	WARNING: USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsify a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted.
	PENALTIES: By law, you may be imprisoned for not more than five years or fined \$250,000, or both, for entering into a marriage contract for the purpose of evading any provision of the immigration laws. In addition, you may be fined up to \$10,000 and imprisoned for up to five years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.	PENALTIES: By law, you may be imprisoned for up to 5 years or fined \$250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In addition, you may be fined up to \$10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.
Page 2,		[Page 9]
D. Other information and		Part 6. Petitioner's Statement, Contact Information, Declaration, and Signature
E. Signature of petitioner		NOTE: Read the Penalties section of the Form I-130 Instructions before completing this part.
		<i>Petitioner's Statement</i> NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.
		1.a. [] I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
		1.b. [] The interpreter named in Part 7. read to me every question and instruction on this petition and my answer to every question in [Fillable Field], a language in which I am fluent. I understood all of this information as interpreted.

	 2. [] At my request, the preparer named in Part 8., [Fillable Field] prepared this petition for me based only upon information I provided or authorized.
	 <i>Petitioner's Contact Information</i> 3. Petitioner's Daytime Telephone Number 4. Petitioner's Mobile Telephone Number (if any) 5. Petitioner's Email Address (if any)
	Petitioner's Declaration and Certification Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.
[E. Signature of petitioner] Phone Number()	I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.
	I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:
	 I provided or authorized all of the information contained in, and submitted with, my petition; I reviewed and understood all of the information in, and submitted with, my petition; and All of this information was complete,
[D. Other Information]	true, and correct at the time of filing.
YOUR CERTIFICATION: I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit that I am seeking.	I certify, under penalty of perjury , that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.
Signature of petitioner	Petitioner's Signature
Date	6.a. Petitioner's Signature6.b. Date of Signature (mm/dd/yyyy)
	NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit

		required documents listed in the Instructions,
		USCIS may deny your petition.
New		[Page 10]
		Part 7. Interpreter's Contact Information,
		Certification, and Signature
		Provide the following information about the interpreter if you used one .
		 <i>Interpreter's Full Name</i> 1.a. Interpreter's Family Name (Last Name) 1.b. Interpreter's Given Name (First Name) 2. Interpreter's Business or Organization Name (if any)
		 Interpreter's Mailing Address 3.a. Street Number and Name 3.b. Apt. Ste. Flr. 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country
		 <i>Interpreter's Contact Information</i> 4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any)
		<i>Interpreter's Certification</i> I certify, under penalty of perjury, that:
		I am fluent in English and [Fillable Field], which is the same language specified in Part 6., Item Number 1.b. , and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the Petitioner's Declaration and Certification , and has verified the accuracy of every answer.
		[Page 11]
		<i>Interpreter's Signature</i> 7.a. Interpreter's Signature 7.b. Date of Signature (mm/dd/yyyy)
Page 2,	[Page 2]	[Page 11]
F. Signature of person preparing this form, if other than the petitioner	F. Signature of person preparing this form, if other than the petitioner	Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, If Other Than the Petitioner

	[Address]	 Provide the following information about the preparer. <i>Preparer's Full Name</i> 1.a. Preparer's Family Name (Last Name) 1.b. Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if any) <i>Preparer's Mailing Address</i> 3.a. Street Number and Name 3.b. Apt. Ste. Flr. 3.c. City or Town 3.d. State 3.e. ZIP Code
		3.f. Province3.g. Postal Code3.h. Country<i>Preparer's Contact Information</i>
		4. Preparer's Daytime Telephone Number5. Preparer's Mobile Telephone Number (if any)6. Preparer's Email Address (if any)
		<i>Preparer's Statement</i>7.a. [] I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
		7.b. [] I am an attorney or accredited representative and my representation of the petitioner in this case [] extends [] does not extend beyond the preparation of this petition.
		NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.
	I declare that I prepared this document at the request of the person above and that it is based on all information of which I have any knowledge.	Preparer's Certification By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the Petitioner's Declaration and Certification , and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner provided to me or authorized me to obtain or use.
		[Deleted]
L	16	<u> </u>

	[Print Name]	Preparer's Signature 8.a. Preparer's Signature
	[Signature] [Date]	8.b. Date of Signature (mm/dd/yyyy)[Moved to beginning of form]
	G-28 ID or VOLAG Number, if any.	
[New]		[Page 12]
		Part 9. Additional Information
		If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number , Part Number , and Item Number to which your answer refers; and sign and date each sheet.
		 1.a. Family Name (Last Name) [Auto-populated field] 1.b. Given Name (First Name) [Auto-populated field] 1.c. Middle Name [Auto-populated field] 2. A-Number (if any) [Auto-populated field]
		3.a. Page Number 3.b. Part Number 3.c. Item Number 3.d.
		 4.a. Page Number 4.b. Part Number 4.c. Item Number 4.d
		 5.a. Page Number 5.b. Part Number 5.c. Item Number 5.d
		6.a. Page Number6.b. Part Number6.c. Item Number6.d
		7.a. Page Number7.b. Part Number7.c. Item Number7.d