

Street Number and Name

City or Town

Petition to Classify Orphan as an Immediate Relative

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-600 OMB No. 1615-0028 Expires 02/28/2017

	For USCIS Use Only	
The petitioner is:	The petition is:	Fee Stamp
☐ Married ☐ Unmarried	☐ Approved	
Received	☐ Petitioner may adopt orphan ABROAD.	
Trans In	 ☐ Orphan will come to the UNITED STATES for adoption. The preadoption 	
Completed	requirements have been met.	Remarks
File Number	Denied	
Date of		
Favorable Determination	DD	District
Part 1. Information About		
1. Family Name (Last Name)	Given Name (First Name	e) Middle Name (if applicable)
2. Other Names You Have Used Family Name (Last Name)	(including maiden name, nicknames, and aliases, Given Name (First Name	• •
3. U.S. Mailing Address (if any) In Care Of Name		
Street Number and Name		Apt. Ste. Flr. Number
C'. T		
City or Town		State ZIP Code
4. Is your current U.S. mailing ac	ddress the same as your U.S. physical address?	Yes No
	Number 4., provide your U.S. physical address in	

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Apt. Ste. Flr. Number

State

ZIP Code

Pa	rt 1	. Information About You (Petitioner)	(c	ontinued)				
6.	Add	ress Abroad (if any)						
	Stre	et Number and Name				Apt. Ste. Flr.	Number	
	City	or Town				State		
	Prov	vince Postal	Co	ode	Country			
7.	Date	e of Birth (mm/dd/yyyy) 8. City/Town/\	Vill	age of Birth				
	\blacksquare							
9.	State	e or Province of Birth		10. Co	ountry of Birth	l		
11	Info	rmation About U.S. Citizenship						
11.		Are you a citizen of the United States?					☐ Yes ☐ No	
		•		E 1.000 (
		NOTE: If you answered "No," you may NOT the Form I-600 instructions for more information			see the What	Are the Eligibil	ity Requirements? section of	
				Birth	Parents	Naturalizatio	in	
		How did you acquire your U.S. citizenship? Birth Parents Naturalization						
	C.	If you acquired your citizenship through your p	pare	ents, have you o	btained a Cert	tificate of Citize	nship in your own name?	
		TOURZ II		C .:c .	CON 1		Yes No	
		If "Yes," provide the following information abo		•	e of Citizenshi	ıp:		
		Name Under Which the Certificate of Citizensl	-				MC 141. N ('C 1' 11.)	
		Family Name (Last Name)	Given Name (First Nam			ie)	Middle Name (if applicable)	
			—		71.1 11 N	1		
		Alien Registration Number (A-Number) (if any) • A-		Certificate of (itizenship Ni	ımber		
		Date of Issuance		Place of Issuar	nce			
		(mm/dd/yyyy) ►						
		If you acquired your citizenship through naturalis		-	following info	rmation about yo	our Certificate of Naturalization:	
	Name Under Which the Certificate of Naturalization Was Issued							
		Family Name (Last Name)		Given Na	me (First Nam	ne)	Middle Name (if applicable)	
		A-Number (if any)	C	ertificate of Nat	uralization Nu	ımber		
		► A-	L					
		Date of Naturalization	Pl	lace of Naturaliz	zation			
		(<i>mm/dd/yyyy</i>) ►	L					

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Pa	rt 1. Information About You (Peti	tioner) (continued)				
12.	Have you, or any person through whom you	ı claimed citizenship, EV	ER lost U.S. citiz	zenship?	Yes No	
	NOTE: If you answered "Yes," attach a detailed explanation on a separate sheet of paper; type or print your 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.					
13.	What is your marital status? Married	l Widowed D	Divorced Si	ingle		
14.	How many times have you been married (in	ncluding your current mar	riage, if applicab	le)?		
15.	Date of Current Marriage (if applicable) (mm/dd/yyyy) ▶	16. Place Where Current	Marriage Occurr	red (if applicat	ole)	
17.	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable) Middle Name (if applicable)			le Name (if applicable)		
	Other Names Your Current Spouse Has Use Family Name (Last Name)	ed (including maiden nam Given Name (First N			y) le Name (if applicable)	
	Date of Birth (mm/dd/yyyy) ► State or Province of Birth	A-Number (if any) A-Co	ountry of Birth	City/Town/V	illage of Birth	
	Spouse's Immigration Status					
18.	How many times has your current spouse be	een married (including yo	our current marria	ge, if applicab	le)?	
19.	Does your current spouse reside with you?				Yes No	
	If you answered "No," provide your current	spouse's physical addres	s in Item Numbe	er 20.		
20.	Your Current Spouse's Physical Address					
	Street Number and Name			Apt. Ste. Flr.	Number	
	City or Town			State	ZIP Code	
	Province	Postal Code	Country			
21.	How many persons 18 years of age or older	, other than your current	spouse (if married	d), reside with	you?	
	If you answered "1" or more, you MUST co for each person.	omplete Form I-600A/I-6	00 Supplement 1,	, Listing of Ad	ult Member of the Household,	

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Part	1	. Information About You (Petitioner) (continued)		
O	Have you ever previously filed Form I-600, Form I-600A, Application for Advance Processing of an Orphan Petition, Form I-800A, Application for Determination of Suitability to Adopt a Child From a Convention Country, or Form I-800, Petition to Classify Convention Adoptee as an Immediate Relative?			
If	"\	Yes," provide the following:		
A	•	Type of Petition/Application Filed		
В		Result- Check the box that best describes the action taken by USCIS and/or U.S. Department of State on your petition and/or application.		
		☐ Approved - Approval Date (mm/dd/yyyy) ▶		
		☐ Denied - Denial Date (mm/dd/yyyy) ▶		
		NOTE: A copy of the denial notice must accompany this petition.		
		Other - Explain		
C	•	A detailed description of any previous Form I-600 or Form I-800 filing that resulted in a disruption prior to finalization of the adoption or that resulted in a completed adoption that was later dissolved either in the United States or abroad.		
at	th	TE: If you need extra space to complete this question, attach a separate sheet of paper; type or print your A-Number (if any) he top of each sheet; include the Page Number , Part Number , and Item Number to which your answer refers; and sign and each sheet.		
Duty	o,	f Disclosure		
nstruction any arrest, mitiga Fhe where the part Provide consider	of in tin rit me le	your spouse (if married) must answer the following questions. See the Duty of Disclosure section in the Form I-600 ons concerning your ongoing duty to disclose information in response to these questions. If you or your spouse answer "Yes" if the questions, provide a certified copy of the documentation showing the final disposition of each incident which resulted in dictment, conviction, and/or any other judicial or administrative action and a written statement giving details, including any ang circumstances about each arrest, signed by you and/or your spouse (if married) under penalty of perjury under U.S. law. ten statement must show the date of each incident; place incident occurred (city/town, state/province, country); name of police ent or other law enforcement administration or other entity involved; date of incarceration and name of facility, if applicable. a description of any type of counseling, rehabilitation, or other information that you and your spouse (if married) would like ed in light of this history on a separate sheet of paper; type or print your name and A-Number (if any) at the top of each sheet; the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.		
23. H	av	e you EVER, whether in or outside the United States:		
A		Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations, but including driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant, even if the record of the arrest, conviction, or other adverse criminal history was expunged, sealed, pardoned, or the subject of any other amelioration?		
В		Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?		
C		Received a suspended sentence, been placed on probation or parole, or in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge?		

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Pa	rt 1	. Information About You (Petitione	r) (continued	d)				
	D.	At any time been the subject of any investigation and state or foreign country condinvestigation that has been completed and for abuse or neglect was unfounded or unsubstated.	cerning the abus rmally closed b	ise (or neglect of any child, othe	<i>r than</i> an	Yes	☐ No
24.	Has	your spouse EVER, whether in or outside th	e United States	s:				
	A.	Been arrested, cited, charged, indicted, convolute of ordinance, excluding traffic violations intoxicated or while impaired by or under the record of the arrest, conviction, or other adverted the subject of any other amelioration?	s, but including e influence of al	g dri	iving or operating a vehicle whol or other intoxicant, ever	while a if the	Yes	☐ No
	B.	Been the beneficiary of a pardon, amnesty, re-	habilitation decr	cree	, other act of clemency, or si	milar action?	Yes	☐ No
	C.	Received a suspended sentence, been placed rehabilitation program, such as diversion, de expungement of a criminal charge?					Yes	☐ No
	D.	At any time been the subject of any investigat authority in any state or foreign country conce investigation that has been completed and for or neglect was unfounded or unsubstantiated?	erning the abuse mally closed bas	e or	neglect of any child, other to	<i>han</i> an	Yes	☐ No
Pa	rt 2	. Information About Orphan Benef	ficiary					
1.	Nar	ne at Birth						
	Fan	nily Name (Last Name)	Given Name (F	Firs	st Name)	Middle Name	(if applicat	ole)
2.	Cur	rent Name						
	Fan	nily Name (Last Name)	Given Name (F	Firs	st Name)	Middle Name	(if applicat	ole)
3.	Oth	er Names the Orphan Has Used (including nice	cknames and all	lias	es, if any):			
	Fan	nily Name (Last Name)	Given Name (F	Firs	st Name)	Middle Name	(if applicat	ole)
4.	Ger	der 5. Date of Birth (mm) Male Female	/dd/yyyy) 6 .	6. C	City/Town/Village of Birth			
7.	_	e or Province of Birth		L	Country of Birth			
٠.	Sta	e of Frovince of Birth	0.	,	Lountry of Birth			
0		han finism is an amhan ha sance (Salast anh		L				
9.	A.	beneficiary is an orphan because (Select onlyHe or she has no parents due to death or parents.		of,	abandonment or desertion b	y, or separatio	on or loss fro	om both
	В.	He or she has only one sole or surviving released the child for emigration and add			apable of providing proper of	care and who h	as irrevocab	oly

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Pa	rt 2	. Information About Orphan Beneficiary (continued)			
10.	If the orphan has only one sole or surviving parent, answer the following: A. What happened to the other birth or previous parent?				
	В.	Is the remaining parent capable of providing proper care for the orphan?	Yes	□ No	
	C.	Has the remaining parent irrevocably released the orphan for emigration and adoption, in writing?	Yes	No No	
11.	Did	you and your spouse (if married) adopt the orphan abroad?	Yes	No No	
12.	If y	ou answered "Yes" to Item Number 11., provide the following information:			
	A.	Did you or your spouse (if married) personally see and observe the child before or during the adoption proceedings?	Yes	☐ No	
	B.	Date of Adoption C. Place of Adoption			
		(mm/dd/yyyy) ►			
13.	If y	ou answered "No" to either Item Numbers 11. or 12A. , provide the following information:			
	A.	Do you and your spouse (if married) intend to adopt the orphan in the United States?	Yes	☐ No	
	B.	Have any pre-adoption requirements of the orphan's proposed state of residence been met?	Yes	☐ No	
	C. If you answered "Yes" to Item B . in Item Number 13. , provide a written description of the pre-adoption requirements, if any, of the state of the child's proposed residence if you know that the child will be adopted in the United States. Cite any relative state statutes and regulations, and describe the steps you have taken or will take to comply with these requirements. Note and explain any pre-adoption requirements that you cannot meet at this time due to operation of state law.				
		NOTE: If you need extra space to complete this Item Number , attach a separate sheet of paper; type or prin (if any) at the top of each sheet; include the Page Number , Part Number , and Item Number to which your sign and date each sheet.			
	D.	If you answered "No" to Item B. in Item Number 13., will the pre-adoption requirements be met later?	Yes	☐ No	
14.	То	your knowledge:			
	A.	Does the orphan have any special need, disability, and/or impairment?	Yes	☐ No	
	В.	If you answered "Yes" to Item A . in Item Number 14. , name or describe the special need, disability, and/	or impairn	nent.	
15.	Wh	o has legal custody of the orphan?			

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Pa	rt 2. Information About Orph	an Beneficiary (continued)			
6.	Information About the Attorney Abroa				
	Family Name (Last Name)	Given Name (First Name	*)	Mide	lle Name (if applicable)
	Street Number and Name			Apt. Ste. Flr.	Number
	City or Town			State	ZIP Code
	Province	Postal Code C	Country		
7	Address in the United States Where th	on Ornhan Will Pasida (if any)			
٠.	Street Number and Name	ic Orphan win Reside (if any)		Apt. Ste. Flr.	Number
	City or Town			State	ZIP Code
	City of Town				Zii Code
8.	Present Address of the Orphan				
	In Care Of Name				
	Street Number and Name			Apt. Ste. Flr	. Number
]
	City or Town			State	ZIP Code
	Province	Postal Code (Country		J [
	Trovince	Tostal Code	Journay		
9.	If the orphan resides in an institution,	provide the full name of the institut	tion.		
0.	If the orphan does not reside in an inst of the orphan's caretaker.	titution, provide the full name of the	e person w	ith whom the or	phan is residing or the name
	Family Name (Last Name)	Given Name (First Nam	20)	Mi	ddle Name (if applicable)
	Training Name (Last Name)	Orven Name (Prist Nam	10)	IVIII	ddie Ivanie (ii applicable)
1.	Provide any additional information newhich the orphan resides:	cessary to locate the orphan, such a	s the name	of a district, se	ction, zone, or locality in

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Pa	rt 2	. Information About Orphan Beneficiary (continued)
22.	Whe	ere do you wish to file your visa application? (Complete one of the options below.)
	A.	The USCIS office located at:
	OR	
	B.	The U.S. Embassy or U.S. Consulate located at:
Pa	rt 3	. Information About Your Home Study and Primary Adoption Service Provider
1.	You	ir home study:
	A.	Was previously submitted with your approved Form I-600A application
	B.	Was previously submitted with your pending Form I-600A application
	C.	IS attached to this Form I-600.
	D.	IS NOT attached to this Form I-600 because of state requirements necessitating review and documentation. The
		appropriate state authority has indicated that it will submit the home study directly to U.S. Citizenship and Immigration Services (USCIS). (Do not submit your Form I-600 to USCIS until the state authority is ready to send your home study to USCIS.)
2.		vide the name and address of your primary adoption service provider in the United States. (A primary adoption service provider
		e accredited agency or approved person who is responsible under 22 CFR Part 96.14 for ensuring the six adoption services ned in 22 CFR Part 96.2 are provided, supervising and being responsible for supervised providers where used, and developing
		implementing a service plan in accordance with 22 CFR 96.44.)
	A.	Name of Primary Adoption Service Provider
	В.	Point of Contact Within the Organization
		Family Name (Last Name) Given Name (First Name)
	C.	Provider's Mailing Address
		Street Number and Name Apt. Ste. Flr. Number
		City or Town State ZIP Code
		Province Postal Code Country
	D.	Provider's Daytime Telephone Number E. Provider's Fax Number (if any)
	F.	Provider's Email Address (if any)
3.	The	primary adoption service provider named above is one of the following:
	A.	An accredited agency in the United States.
	B.	An approved person in the United States.

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Pa	rt 4.	Accommodations for Individuals With Disabilities and/or Impairments				
1.	Are y	ou requesting an accommodation because of disabilities and/or impairments?				
2.	If you	answered "Yes" to Item Number 1. , select all applicable boxes below to indicate who has the disabilities and/or impairments.				
	Petitioner Spouse Other Household Member					
3. If you answered "Yes" to Item Number 1. , select all applicable boxes below. Provide information for each person with the disabilities and/or impairments.						
	A. [Deaf or hard of hearing and request the following accommodations (If requesting a sign-language interpreter, indicate for which language (e.g., American Sign Language)):				
	В. [Blind or have low vision and request the following accommodations:				
	C. [Another type of disability and/or impairment (Describe the nature of the disability and/or impairment and accommodation you are requesting):				
		Petitioner's Statement, ASC Acknowledgement (if applicable), Certification, Signature, and t Information				
Pe	tition	er's Statement				
Sele	ect the	box for either Item 1.A. or 1.B. If applicable, select the box for Item Number 2.				
1.A		I can read and understand English, and have read and understand each and every question and instruction on this petition, as well as my answer to each question. I have read and understand the Acknowledgement of Appointment at USCIS Application Support Center (if applicable).				
1.B		The interpreter named in Part 9. has read to me each and every question and instruction on this petition, as well as my				
		answer to each question, in , a language in which I am fluent.				
		I understand each and every question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses. The interpreter named in Part 9. also has read the Acknowledgement of Appointment at USCIS Application Support Center (if applicable) to me, in the language in which I am fluent, and I understand this ASC Acknowledgement as read to me by my interpreter.				
2.		I have requested the services of and consented to ,				
		who is \square is not \square an attorney or accredited representative, preparing this petition for me. This person who assisted me in preparing my petition has reviewed the Acknowledgement of Appointment at USCIS Application Support Center (if applicable) with me and I understand the ASC Acknowledgement.				

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Part 5. Petitioner's Statement, ASC Acknowledgement (if applicable), Certification, Signature, and **Contact Information** (continued) Acknowledgement of Appointment at USCIS Application Support Center (if applicable) I. understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide my fingerprints, photograph, and/or signature and to reverify that all of the information in my petition is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment: By signing here, I declare under penalty of perjury that I have reviewed and understand this petition as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with this petition that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct. I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be reverifying that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in my petition and all supporting documents submitted with my petition are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this Acknowledgement of Appointment at USCIS Application Support Center (if applicable) with me. Petitioner's Certification I certify, under penalty of perjury under the laws of the United States of America, that the information in this petition and any document submitted with this petition is complete, true, and correct. 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 my records that USCIS may need to determine whether the child I am petitioning for is eligible to be classified as my immediate relative. I furthermore 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 of U.S. immigration laws. Petitioner's Signature Petitioner's Signature Date of Signature (mm/dd/yyyy)Petitioner's Contact Information Petitioner's Daytime Telephone Number Petitioner's Mobile Telephone Number (if any) Petitioner's Email Address (if any) 6. Part 6. Petitioner's Duty of Disclosure Certification: I understand the ongoing duty to disclose information concerning my suitability and eligibility as an adoptive parent, as described in the Form I-600 and/or I-600A instructions, and I agree to notify the home study preparer and USCIS of any new information that I am required to disclose.

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Date of Signature (*mm/dd/yyyy*) ▶

Petitioner's Signature

Part 7. Spouse's Statement, ASC Acknowledgement (if applicable), Certification, Signature, and **Contact Information** Spouse's Statement Select the box for either Item 1.A. or 1.B. If applicable, select the box for Item Number 2. **1.A.** I can read and understand English, and have read and understand each and every question and instruction on this petition, as well as my answer to each question. I have read and understand the Acknowledgement of Appointment at USCIS Application Support Center (if applicable). **1.B.** The interpreter named in **Part 9.** has read to me each and every question and instruction on this petition, as well as my answer to each question, in a language in which I am fluent. I understand each and every question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses. The interpreter named in Part 9. also has read the Acknowledgement of **Appointment at USCIS Application Support Center** (if applicable) to me, in the language in which I am fluent, and I understand this ASC Acknowledgement as read to me by my interpreter. I have requested the services of and consented to 2. who is is not an attorney or accredited representative, preparing this petition for me. This person who assisted me in preparing this petition has reviewed the Acknowledgement of Appointment at USCIS Application Support Center (if applicable) with me and I understand the ASC Acknowledgement. Acknowledgement of Appointment at USCIS Application Support Center (if applicable) I, understand that the purpose of a USCIS Application Support Center (ASC) appointment is for me to provide my fingerprints, photograph, and/or signature and to reverify that all of the information in this petition is complete, true, and correct and was provided by me or my spouse. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment: By signing here, I declare under penalty of perjury that I have reviewed and understand this petition as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with this petition that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct. I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be reverifying that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in this petition and all supporting documents submitted with my petition are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this Acknowledgement of Appointment at USCIS Application Support Center (if applicable) with me. Spouse's Certification I certify, under penalty of perjury under the laws of the United States of America, that the information in this petition and any document submitted with this petition is complete, true and correct. 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 my records that USCIS may need to determine whether the child my spouse is petitioning for is eligible to be classified as our immediate relative. I furthermore 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 of U.S. immigration laws. Spouse's Signature Spouse's Signature Date of Signature (mm/dd/yyyy) ▶

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	ort 7. Spouse's Statement, ASC Acknowledgement (if ontact Information (continued)	f app	licable)	, Certification	ı, Sign	nature, and
Sp	ouse's Contact Information					
4.	Spouse's Daytime Telephone Number	5.	Spouse	's Mobile Telepho	ne Nun	nber (if any)
6.	Spouse's Email Address (if any)	1				
Pa	art 8. Spouse's Duty of Disclosure					
the	nderstand the ongoing duty to disclose information concerning my s Form I-600 and/or I-600A instructions, and I agree to notify the ho uired to disclose.					
Spo	ouse's Signature			Date of Sig	nature	
				(mm/dd/yyy	ry) >	
_			.•	101		
Pa	art 9. Interpreter's Name, Contact Information, Cert	tificat	tion, an	d Signature		
	ou and/or your spouse (if married) used an interpreter to read and cormation:	omple	te this pe	etition, the interpr	eter mu	st provide the following
In	terpreter's Full Name					
1.	Interpreter's Family Name (Last Name)	Inte	erpreter's	Given Name (Fir	st Nam	e)
2.	Interpreter's Business or Organization Name (if any)	\neg				
In	terpreter's Mailing Address					
3.	Street Number and Name			Apt. Ste. Flr.	Numl	ber
	City or Town			State	ZIPC	Code
	Province Postal Code		Country			
In	terpreter's Contact Information					
4.	Interpreter's Daytime Telephone Number 5. Interpreter's H	Email A	Address ((if any)		

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Pa	art 9. Interpreter's Name, Contact	Information, Cert	ification, and	l Signature (continued)
In	terpreter's Certification				
I ce	ertify that:				
I an	n fluent in English and				
	we read and accurately translated to this petition, as well as the answer to each question,				uestion and instruction on this
	we read and accurately translated the Ackno licable) to the petitioner and/or the petitione				
	e petitioner and/or the petitioner's spouse has tion, as well as the answer to each question.	informed me that he ar	d/or she unders	tands every instr	uction and question on the
app	e petitioner and/or the petitioner's spouse also earing for a USCIS ASC biometric services a /or she will be reaffirming that the contents or	ppointment and providing	ng his and/or her	fingerprints, pho	otograph, and/or signature, he
Int	terpreter's Signature				
6.	Interpreter's Signature			Date of Sign	nature
				(mm/dd/yyy	y) >
	ou and/or your spouse (if married) used a pro-			parer must provi	de the following information:
Pr	reparer's Full Name				
1.	Preparer's Family Name (Last Name)		Preparer's Giv	ven Name (First	Name)
2.	Preparer's Business or Organization Name	(if any)			
Pr	reparer's Mailing Address				
3.	Street Number and Name			Apt. Ste. Flr.	Number
	City or Town			State	ZIP Code

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Part 10. Name, Contact Information, Statement, Certification, and Signature of the Person Preparing this Petition, If Other Than the Petitioner and/or Spouse (continued)					
Pr	reparer's Contact Information				
4.	Preparer's Daytime Telephone Number	5.	Preparer's Fax Number (if any)		
6.	Preparer's Email Address (if any)				
Pr	eparer's Statement				
7.A	I am not an attorney or accredited representative but have petitioner's spouse (if married) and with the petitioner's				
7.B	I am an attorney or accredited representative and my repring this case (choose one) extends does not extend		tion of the petitioner and/or the petitioner's spouse (if married) eyond the preparation of this petition.		
Pr	eparer's Certification				
with the or the peti- reco	my signature, I certify, swear, or affirm, under penalty of perjuent the express consent of the petitioner and/or the petitioner's specification and/or the petitioner's spouse provided to me. After the petitioner's spouse's responses with the petitioner and/or the petition. If the petitioner and/or the petitioner's spouse supplied accorded it on the petition. I also have read the Acknowledgemen dicable) to the petitioner and/or the petitioner's spouse and the petitioner's	ouse (composition description description) output ou	if married). I completed this petition based only on responses leting the petition, I reviewed it and all of the petitioner's and/oner's spouse, who agreed with each and every answer on the hal information concerning a question on the petition, I ppointment at USCIS Application Support Center (if		
Pr	eparer's Signature				
8.	Preparer's Signature		Date of Signature		
			(mm/dd/nnny)		

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