

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

**Form I-929, Petition for Qualifying Family  
Member of a U-1 Nonimmigrant**

FOR USCIS USE ONLY		
Bene. A-file reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No  U-1 A-file reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No  Bene. filed I-485 <input type="checkbox"/> Yes <input type="checkbox"/> No  U-1 adjusted <input type="checkbox"/> Yes <input type="checkbox"/> No  U-1 I-485 pending <input type="checkbox"/> Yes <input type="checkbox"/> No	Action Block	Bar Code (USCIS Use only)     Remarks

**START HERE -- TYPE OR PRINT LEGIBLY USING BLACK INK**

**I am filing for my:** (Select one)

- |                                 |  |   |
|---------------------------------|--|---|
| <input type="checkbox"/> Spouse | Child: <input type="checkbox"/> Biological Child<br><input type="checkbox"/> Stepchild<br><input type="checkbox"/> Adopted Child | Parent: <input type="checkbox"/> Biological Parent<br><input type="checkbox"/> Stepparent<br><input type="checkbox"/> Parent who adopted me |
|---------------------------------|--|---|

Part 1. Information About You		
Last Name (Family Name)		
First Name (Given Name)		
Middle Name		
Current Address		
Street Number and Name	Apt. Number	
City	State	Zip Code
Safe Mailing Address If Other Than Above		
Street Number and Name	Apt. Number	
City	State	Zip Code
Date of Birth	A-Number	

Part 2. Information About Your Alien Relative		
Last Name (Family Name)		
First Name (Given Name)		
Middle Name		
Current Address		
Street Number and Name	Apt. Number	
City	State/Province	
Country	Postal/Zip Code	
Mailing Address If Other Than Above		
Date of Birth	A-Number	

**Part 1. Information About You (Cont'd)**

Country of Birth	Social Security Number
<input type="text"/>	<input type="text"/>
Country of Citizenship/Nationality	
<input type="text"/>	
Gender: (Select one) <input type="checkbox"/> Male <input type="checkbox"/> Female	

**If you ever used other names, provide them below:**

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	

Marital Status: (Select one)

Single (Never Married)  Married  
 Divorced  Widowed

Spouse's Name:

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	
Place of Marriage	
<input type="text"/>	

**Part 2. Information About Your Alien Relative (Cont'd)**

Country of Birth	Social Security Number
<input type="text"/>	<input type="text"/>
Country of Citizenship/Nationality	
<input type="text"/>	
Gender: (Select one) <input type="checkbox"/> Male <input type="checkbox"/> Female	

**If alien relative ever used other names, provide them below:**

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	

Marital Status: (Select one)

Single (Never Married)  Married  
 Divorced  Widowed

Spouse's Name:

Last Name (Family Name)	First Name (Given Name)
<input type="text"/>	<input type="text"/>
Middle Name	
<input type="text"/>	
Place of Marriage	
<input type="text"/>	

**Part 1. Information About You (Cont'd)**

Number of marriages including current marriage:

List any previous marriages beginning with the most recent. If you need more space, attach an additional sheet of paper.

Prior Spouse's Name:

Last Name (Family Name)		First Name (Given Name)	
<input type="text"/>		<input type="text"/>	
Middle Name		Date of Marriage	
<input type="text"/>		<input type="text"/>	
Place of Marriage			
<input type="text"/>			
Date of Termination		Place of Termination	
<input type="text"/>		<input type="text"/>	

Reason for Termination:

- Divorce    Death    Annulment  
 Other \_\_\_\_\_

Prior Spouse's Name:

Last Name (Family Name)		First Name (Given Name)	
<input type="text"/>		<input type="text"/>	
Middle Name		Date of Marriage	
<input type="text"/>		<input type="text"/>	
Place of Marriage			
<input type="text"/>			
Date of Termination		Place of Termination	
<input type="text"/>		<input type="text"/>	

Reason for Termination:

- Divorce    Death    Annulment  
 Other \_\_\_\_\_

**Part 2. Information About Your Alien Relative (Cont'd)**

Number of marriages including current marriage:

List any previous marriages beginning with the most recent. If you need more space, attach an additional sheet of paper.

Prior Spouse's Name:

Last Name (Family Name)		First Name (Given Name)	
<input type="text"/>		<input type="text"/>	
Middle Name		Date of Marriage	
<input type="text"/>		<input type="text"/>	
Place of Marriage			
<input type="text"/>			
Date of Termination		Place of Termination	
<input type="text"/>		<input type="text"/>	

Reason for Termination:

- Divorce    Death    Annulment  
 Other \_\_\_\_\_

Prior Spouse's Name:

Last Name (Family Name)		First Name (Given Name)	
<input type="text"/>		<input type="text"/>	
Middle Name		Date of Marriage	
<input type="text"/>		<input type="text"/>	
Place of Marriage			
<input type="text"/>			
Date of Termination		Place of Termination	
<input type="text"/>		<input type="text"/>	

Reason for Termination:

- Divorce    Death    Annulment  
 Other \_\_\_\_\_

**Part 1. Information About You (Cont'd)**

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

Middle Name Date of Marriage

Place of Marriage

Date of Termination Place of Termination

Reason for Termination:

Divorce  Death  Annulment  
 Other \_\_\_\_\_

**Select One:**

I am a Lawful Permanent Resident  
I obtained my Lawful Permanent Residence on: \_\_\_\_\_

My Form I-485 is currently pending  
Receipt Number \_\_\_\_\_

**Part 2. Information About Your Alien Relative (Cont'd)**

Prior Spouse's Name:

Last Name (Family Name) First Name (Given Name)

Middle Name Date of Marriage

Place of Marriage

Date of Termination Place of Termination

Reason for Termination:

Divorce  Death  Annulment  
 Other \_\_\_\_\_

**Complete if your relative is in the United States**

Date of Admission Place of Admission

Class of Admission Date Authorized to Stay

**Part 3. Information About Your Alien Relative's Children**

Last Name (Family Name) First Name (Given Name) Middle Name

Date of Birth Place of Birth  Biological Child  Stepchild  Adopted Child

Gender: (Select one)  Male  Female

Street Number and Name Apt. Number City State/Province

Country Postal/Zip Code A-Number Country of Birth

**Name of Mother**

Last Name (Family Name) First Name (Given Name) Middle Name

**Name of Father**

Last Name (Family Name) First Name (Given Name) Middle Name

**Part 3. Information About Your Alien Relative's Children (Cont'd)**

Last Name (Family Name)	First Name (Given Name)	Middle Name

Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child
		Gender: (Select one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Street Number and Name	Apt. Number	City	State/Province

Country	Postal/Zip Code	A-Number	Country of Birth

**Name of Mother**

Last Name (Family Name)	First Name (Given Name)	Middle Name

**Name of Father**

Last Name (Family Name)	First Name (Given Name)	Middle Name

---

Last Name (Family Name)	First Name (Given Name)	Middle Name

Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child
		Gender: (Select one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Street Number and Name	Apt. Number	City	State/Province

Country	Postal/Zip Code	A-Number	Country of Birth

**Name of Mother**

Last Name (Family Name)	First Name (Given Name)	Middle Name

**Name of Father**

Last Name (Family Name)	First Name (Given Name)	Middle Name

---

Last Name (Family Name)	First Name (Given Name)	Middle Name

Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child
		Gender: (Select one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female

**Part 3. Information About Your Alien Relative's Children (Cont'd)**

Street Number and Name	Apt. Number	City	State/Province

Country	Postal/Zip Code	A-Number	Country of Birth

**Name of Mother**

Last Name (Family Name)	First Name (Given Name)	Middle Name

**Name of Father**

Last Name (Family Name)	First Name (Given Name)	Middle Name

Last Name (Family Name)	First Name (Given Name)	Middle Name

Date of Birth	Place of Birth	<input type="checkbox"/> Biological Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Adopted Child
		Gender: (Select one)	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Street Number and Name	Apt. Number	City	State/Province

Country	Postal/Zip Code	A-Number	Country of Birth

**Name of Mother**

Last Name (Family Name)	First Name (Given Name)	Middle Name

**Name of Father**

Last Name (Family Name)	First Name (Given Name)	Middle Name

**Name and address of your alien relative in the language written in the country where he/she currently resides.**

Last Name (Family Name)	First Name (Given Name)	Middle Name

C/O: (In Care Of)	Street Number and Name	Apt. Number

City/State or Province	Country	Postal/Zip Code

**Part 4. Processing Information**

1. Select one:

- a.  The person named in **Part 2** is now in the United States
- b.  **The person named in Part 2 is now outside the United States. (Indicate below at which U.S. Embassy or consulate your relative will apply for a visa.)**

U.S. Embassy or consulate at: \_\_\_\_\_  
City and Country

2. Is the person named in **Part 2** or has this person ever been in deportation or removal proceedings in the United States?

- a.  No
- b.  Yes (Indicate when and where): \_\_\_\_\_

**Part 5. Signature**

I certify, or if outside the United States, I swear or affirm, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it, is all true and correct. I authorize the release of any information from my record that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature	Print Your Full Name	Date

**Part 6. Preparer's Information, If Other Than Person Signing Above**

I declare that I prepared this petition at the request of the above person, and it is based on all the information that I have knowledge.

Signature	Print Your Full Name	Date

Firm Name	Street Number and Name	Suite Number

City/State or Province	Postal/Zip Code	Telephone Number