

TABLE OF CHANGES – FORM
Form I-730, Refugee/Asylee Relative Petition
OMB Number: 1615-0037
03/24/2017

Reason for Revision: Extension with limited edits. Incorporated newest standard language, formatting, and numbering.

Current Section and Page Number	Current Text	Proposed Text
Page 1, START HERE	<p>My Status: Refugee</p> <p>Asylee</p> <p>Lawful Permanent Resident based on previous Refugee status</p> <p>Lawful Permanent Resident based on previous Asylee status</p> <p>The beneficiary is my: <input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Unmarried child who is a (n): <input type="checkbox"/> Biological Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Adopted Child</p> <p>Number of relatives for whom I am filing separate Form I-730s: _____ (_____ of _____)</p>	<p>[Page 1]</p> <p>[No Change]</p>
Pages 1-2, Part 1. Information About You, the Petitioner	<p>Family Name (Last name), Given Name (First name), Middle Name:</p> <p>Address of Residence (Where you physically reside)</p> <p>Street Number and Name: Apt. Number City: State or Province: Country:</p>	<p>[Page 1]</p> <p>Part 1. Information About You, the Petitioner</p> <p>[No Change]</p>

	<p>Zip/Postal Code:</p> <p>Mailing Address (If different from residence) - C/O:</p> <p>Street Number and Name: Apt. Number: City: State or Province: Country: Zip/Postal Code:</p> <p>Telephone Number including Country and City/Area Code:</p> <p>Your E-Mail Address, if available:</p> <p>Gender: a. Male b. Female</p> <p>Date of Birth (mm/dd/yyyy):</p> <p>Country of Birth:</p> <p>Country of Citizenship/Nationality:</p> <p>U.S. Alien Registration Number: A-</p> <p>U.S. Social Security Number (If applicable):</p> <p>Other Names Used (Including maiden name)</p> <p>If married, Name of Spouse, Date (mm/dd/yyyy), and Place of Present Marriage</p> <p>If previously married, name(s) of prior spouse(s):</p> <p>Date(s) (mm/dd/yyyy) and Place(s) Previous Marriage(s) Ended:</p> <p>Please provide documentation indicating how marriage(s) ended (e.g., death certificate, divorce certificate, etc.):</p> <p>Date (mm/dd/yyyy) and Place Asylee Status was granted in the United States</p> <p>OR</p>	<p>Please provide documentation indicating how marriage(s) ended (e.g., death certificate, divorce certificate, etc.):</p>
--	--	--

	<p>Date (mm/dd/yyyy) and Place you received your approval for Refugee Status while living abroad</p> <p>If You Were Approved for Refugee Status, Date (mm/dd/yyyy) and Place Admitted to the United States as a Refugee:</p>	
<p>Page 1, Part 2. Information About Your Alien Relative, the Beneficiary</p>	<p>Family Name (Last name), Given Name (First name), Middle Name:</p> <p>Address of Residence (Where the beneficiary physically resides)</p> <p>Street Number and Name: Apt. Number City: State or Province: Country: Zip/Postal Code:</p> <p>Mailing Address (If different from residence) - C/O:</p> <p>Street Number and Name: Apt. Number: City: State or Province: Country: Zip/Postal Code:</p> <p>Telephone Number including Country and City/Area Code:</p> <p>The beneficiary's E-Mail Address, if available</p> <p>Gender: a. Male b. Female</p> <p>Date of Birth (mm/dd/yyyy):</p> <p>Country of Birth:</p> <p>Country of Citizenship/Nationality:</p> <p>U.S. Alien Registration Number: A-</p> <p>U.S. Social Security Number</p>	<p>[Page 1]</p> <p>Part 2. Information About Your Alien Relative, the Beneficiary</p> <p>[No Change]</p>

(If applicable):

Other Names Used (Including maiden name)

If married, Name of Spouse, Date (mm/dd/yyyy), and Place of Present Marriage

If previously married, name(s) of prior spouse(s):

Date(s) (mm/dd/yyyy) and Place(s) Previous Marriage(s) Ended:

Please provide documentation indicating how marriage(s) ended (e.g., death certificate, divorce certificate, etc.):

__Beneficiary is currently in the United States

__Beneficiary is outside the United States and will apply for travel authorization at a USCIS Office or a U.S. Embassy or consulate in:_____

City and Country

To Be Completed By Attorney or Representative, if any.

Fill in box if G-28 is attached to represent the petitioner.

Volag Number:

Attorney State License Number:

Name and **mailing** address of the beneficiary written in the language of the country where he or she now **resides**:

Family Name:

Given Name:

Middle Name:

Address- C/O

Street Number and Name:

Apt. Number

City/State or Province:

Country:

Zip/Postal Code

	<p>Check the box, a through d, that applies:</p> <p>a. <input type="checkbox"/>The beneficiary has never been in the United States</p> <p>b. <input type="checkbox"/>The beneficiary is now in immigration court proceedings in the United States Where?</p> <p>c. <input type="checkbox"/>The beneficiary has never been in immigration court proceedings in the United States</p> <p>d. <input type="checkbox"/>The beneficiary is not now in immigration court proceedings in the United States, but has been in the past. Where?</p> <p>What is the beneficiary's native language?</p> <p>Is the beneficiary fluent in English? Yes No</p> <p>What other language(s) does the beneficiary speak fluently:</p> <p>List each of the beneficiary's entries into the United States; if any, beginning with the most recent entry. Submit a copy of each I-94 and/or copy of the beneficiary's passport showing all the entry and exit stamps for each entry. Attach an additional sheet if the beneficiary has more than two entries into the United States:</p> <p>Date of Arrival (mm/dd/yyyy):</p> <p>Place (City and State):</p> <p>Status:</p> <p>I-94 Number:</p> <p>Date Status Expires (mm/dd/yyyy):</p> <p>Passport Number:</p> <p>Travel Document Number:</p> <p>Expiration Date for Passport or Travel Document:</p> <p>Country of Issuance for Passport or Travel</p>	<p>Check the box, a through d., that applies:</p> <p>[No Change]</p> <p>List each of the beneficiary's entries into the United States, if any, beginning with the most recent entry. Submit a copy of each I-94 and/or copy of the beneficiary's passport showing all the entry and exit stamps for each entry. Attach an additional sheet if the beneficiary has more than two entries into the United States:</p> <p>[No Change]</p>
--	---	--

	<p>Document:</p> <p>Date of Arrival (mm/dd/yyyy):</p> <p>Place (City and State):</p> <p>Status:</p> <p>I-94 Number:</p> <p>Date Status Expires(mm/dd/yyyy):</p> <p>Passport Number:</p> <p>Travel Document Number:</p> <p>Expiration Date for Passport or Travel Document:</p> <p>Country of Issuance for Passport or Travel Document:</p>	
<p>Page 3, Part 3. 2-Year Filing Deadline</p>	<p>Are you filing this application more than 2 years after the date you were admitted to the United States as a refugee or granted asylee status? Yes No</p> <p>If you answered "Yes" to the previous question, explain the delay in filing and submit evidence to support your explanation (Attach additional sheets of paper if necessary):</p>	<p>[Page 3]</p> <p>Part 3. Two-Year Filing Deadline</p> <p>Are you filing this application more than two years after the date you were admitted to the United States as a refugee or granted asylee status? Yes No</p> <p>If you answered "Yes" to the previous question, explain the delay in filing and submit evidence to support your explanation. (Attach additional sheets of paper if necessary):</p>
<p>Page 3, Part 4. Warning</p>	<p><i>WARNING: Any beneficiary who is in the United States illegally is subject to removal if Form I-730 is not granted by USCIS. Any information provided in completing this petition may be used as a basis for the institution of, or as evidence in, removal proceedings, even if the petition is later withdrawn. Unexcused failure by the beneficiary to appear for an appointment to provide biometrics (such as fingerprints and photographs) and biographical information within the time</i></p>	<p>[Page 3]</p> <p>Part 4. Warning</p> <p>[No Change]</p>

	<p><i>allowed may result in denial of Form I-730. Information provided on this form and biometrics and biographical information provided by the beneficiary may also be used in producing an Employment Authorization Document if the beneficiary is granted derivative refugee or asylee status.</i></p>	
<p>Page 4, Part 5. Signature of Petitioner</p>	<p><i>Read the information on penalties in the instructions and the warning in Part 4 before completing this section and sign below. If someone other than the beneficiary helped you to prepare this petition, that person must complete Part 7.</i></p>	<p>[Page 4]</p> <p>Part 5. Petitioner’s Statement, Contact Information, Declaration, Certification, and Signature</p> <p>NOTE: Read the Penalties section of the Form I-730 Instructions before completing this part.</p> <p>Petitioner’s Statement NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. <input type="checkbox"/> I can read and understand English, and I have read and I understand every question and instruction on this petition and my answer to every question.</p> <p>1.b. <input type="checkbox"/> 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, and I understood everything.</p> <p>2. <input type="checkbox"/> At my request, the preparer named in Part 8., [Fillable Filed], prepared this petition for me based only upon information I provided or authorized.</p> <p>Petitioner’s Contact Information 3. Petitioner’s Daytime Telephone Number 4. Petitioner’s Mobile Telephone Number (if any) 5. Petitioner’s Email Address (if any)</p> <p>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</p>

	<p><i>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.</i></p> <p>Signature Print Full Name Date (mm/dd/yyyy) Daytime Telephone Number</p> <p>NOTE: <i>If you do not completely fill out this form or if you fail to submit the required documents listed in the instructions, your relative may not be found eligible for the requested benefit and this petition may be denied.</i></p>	<p>information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.</p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> 1) I provided or authorized all of the information contained in, and submitted with, my petition; 2) I reviewed and understood all of the information in, and submitted with, my petition; and 3) All of this information was complete, true, and correct at the time of filing. <p>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.</p> <p>Petitioner's Signature 6.a. Petitioner's Signature 6.b. Date of Signature (mm/dd/yyyy)</p> <p>NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required evidence listed in the Instructions, USCIS may deny your petition.</p>
--	---	---

<p>Page 4, Part 6. Signature of Beneficiary, <u>if in the United States</u></p>	<p><i>Read the information on penalties in the instructions and the warning in Part 4 before completing this section and sign below. If someone other than the petitioner helped you to prepare this petition, that person must complete Part 7.</i></p> <p>NOTE: If the beneficiary is not currently in the United States, this section should be left blank.</p>	<p>[Page 5]</p> <p>Part 6. Beneficiary's Statement, Contact Information, Declaration, Certification, and Signature if in the United States</p> <p>NOTE: Read the information on penalties in the Penalties section of the Form I-730 Instructions before completing this part.</p> <p>NOTE: If the beneficiary is not currently in the United States, or is not 14 years of age or older, this section should be left blank.</p> <p>Beneficiary's Statement NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.</p> <p>1.a. <input type="checkbox"/> I can read and understand English, and I have read and I understand every question and instruction on this petition and my answer to every question.</p> <p>1.b. <input type="checkbox"/> 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, and I understood everything.</p> <p>2. <input type="checkbox"/> At my request, the preparer named in Part 8., [Fillable Filed], prepared this petition for me based only upon information I and the petitioner provided or authorized.</p> <p>Beneficiary's Contact Information</p> <p>3. Beneficiary's Daytime Telephone Number</p> <p>4. Beneficiary's Mobile Telephone Number (if any)</p> <p>5. Beneficiary's Email Address (if any)</p> <p>Beneficiary's Declaration and Certification Copies of any documents I have submitted are exact photocopies of unaltered, original</p>
--	---	--

	<p><i>I certify 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 eligibilityeligibility for the benefit I am seeking.</i></p> <p>Signature</p> <p>Print Full Name</p> <p>Date (mm/dd/yyyy)</p> <p>Daytime Telephone Number</p> <p>NOTE: <i>If you do not completely fill out this form or if you fail to submit the required documents and biometrics listed in the instructions, you may not be found eligible</i></p>	<p>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.</p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> 1) I provided or authorized all of the information contained in, and submitted with, my petition; 2) I reviewed and understood all of the information in, and submitted with, my petition; and 3) All of this information was complete, true, and correct at the time of filing. <p>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.</p> <p>Beneficiary's Signature</p> <p>7.a. Beneficiary's Signature</p> <p>7.b. Date of Signature (mm/dd/yyyy)</p> <p>[Delete]</p> <p>NOTE: <i>This petition must be completely filled out and all required evidence submitted or USCIS may deny this petition.</i></p>
--	--	--

	<p>for the requested benefit and this petition may be denied.</p>	
		<p>[Page 6]</p> <p>Part 7. Contact Information, Certification, and Signature of the Person Interpreting this Petition, if Other Than the Petitioner or Beneficiary</p> <p>Provide the following information about the interpreter used to complete this petition. NOTE: If you did not use an interpreter to help you complete this petition, leave this section blank.</p> <p>Interpreter's Full Name</p> <p>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)</p> <p>Interpreter's Mailing Address</p> <p>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</p> <p>Interpreter's Contact Information</p> <p>4. Interpreter's Daytime Telephone Number 5. Interpreter's Mobile Telephone Number (if any) 6. Interpreter's Email Address (if any)</p> <p>Interpreter's Certification</p> <p>I certify, under penalty of perjury, that:</p> <p>I am fluent in English and [Fillable Field], which is the same language specified in Part 5. or Part 6., Item Number 1.b. I have read to this petitioner, beneficiary, or to them both (if the beneficiary is in the United States and 14 years of age or older) in the identified language, every question and instruction on this petition and the petitioner's or the beneficiary's answer to every question. The petitioner and/or</p>

		<p>beneficiary, informed me that he and/or she understand every instruction, question, and answer on the petition, including the Petitioner’s Declaration and Certification, and the Beneficiary’s Declaration and Certification, and have verified the accuracy of every answer.</p> <p><i>Interpreter’s Signature</i> 7.a. Interpreter’s Signature 7.b. Date of Signature (mm/dd/yyyy)</p>
<p>Page 4, Part 7. Signature of Person Preparing Form, If Other Than Petitioner or Beneficiary Above</p>	<p>Daytime Telephone Number Firm Name and Address E-Mail Address (If any)</p>	<p>[Page 7]</p> <p>Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Beneficiary</p> <p>Provide the following information about the preparer. If you filled out this petition yourself (without a preparer), please leave this section blank.</p> <p><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)</p> <p><i>Preparer’s Mailing Address</i> 3.a. Street Number and Name 3.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. [fillable field] 3.c. City or Town 3.d. State 3.e. ZIP Code 3.f. Province 3.g. Postal Code 3.h. Country</p> <p><i>Preparer’s Contact Information</i> 4. Preparer’s Daytime Telephone Number 5. Preparer’s Mobile Telephone Number (if any) 6. Preparer’s Email Address (if any)</p> <p><i>Preparer’s Statement</i> 7.a. <input type="checkbox"/> 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. <input type="checkbox"/> I am an attorney or accredited representative and my representation of the</p>

	<p>I declare that I prepared this petition at the request of _____(name of person(s) above), and it is based on all of the information of which I have knowledge.</p> <p>Signature Date (mm/dd/yyyy)</p> <p>Print Full Name</p>	<p>petitioner in this case <input type="checkbox"/> extends <input type="checkbox"/> does not extend beyond the preparation of this petition.</p> <p>NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.</p> <p>Preparer’s Certification By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner and/or the beneficiary. The petitioner and beneficiary (if the beneficiary is in the United States and 14 years of age or older) then reviewed this completed petition and informed me that he and/or she understands all of the information contained in, and submitted with, his and/or her petition, including the Petitioner’s Declaration and Certification, and the Beneficiary’s Declaration and Certification that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner and beneficiary provided to me or authorized me to obtain or use.</p> <p>Preparer’s Signature 8.a. Preparer’s Signature 8.b. Date of Signature (mm/dd/yyyy)</p> <p>[Delete]</p>
<p>Page 4, Part 8. To Be Completed at Interview of Beneficiary, If Applicable (14 years of age or older)</p>	<p><i>Beneficiaries in the United States will be interviewed by USCIS officers. Their petitioners may also be interviewed. Beneficiaries living overseas will be interviewed by a USCIS officer or a DOS consular officer.</i></p>	<p>[Page 8]</p> <p>Part 9. To Be Completed at Interview of Beneficiary, If Applicable (14 years of age or older)</p> <p><i>Beneficiaries in the United States will be interviewed by USCIS officers. Their petitioners may also be interviewed. Beneficiaries living overseas will be interviewed by a USCIS officer or a Department of State (DOS) consular officer.</i></p>

	<p>I swear (affirm) that I know the contents of this petition that I am signing, including the attached documents and supplements, and that they are <input type="checkbox"/> all true or <input type="checkbox"/> not all true to the best of my knowledge and that correction(s) numbered _____ to _____ were made by me or at my request. With these corrections, the information on this form is now true.</p> <p>Signature of Beneficiary</p> <p>Signed and sworn before me by the beneficiary named herein on:</p> <p><i>Date (mm/dd/yyyy)</i></p> <p>Write your Name in your Native Alphabet</p> <p>Signature of USCIS Officer or DOS Consular Officer</p> <p><input type="checkbox"/> Beneficiary Approved for Travel, Admission Code: _____</p> <p><input type="checkbox"/> Petition Returned Service Center via NVC</p> <p>CBP Action Block</p>	<p>I swear (affirm) that I know the contents of this petition that I am signing, including the attached documents and supplements, and that they are <input type="checkbox"/> all true or <input type="checkbox"/> not all true to the best of my knowledge and that corrections numbered _____ to _____ were made by me or at my request. With these corrections, the information on this form is now true.</p> <p>Signature of Beneficiary</p> <p>Signed and sworn before me by the beneficiary named herein on:</p> <p><i>Date (mm/dd/yyyy)</i></p> <p>Write your Name in your Native Alphabet</p> <p>Signature of USCIS Officer or DOS Consular Officer</p> <p><input type="checkbox"/> Beneficiary Approved for Travel, Admission Code: _____</p> <p><input type="checkbox"/> Petition Returned Service Center via NVC</p> <p>CBP Action Block</p>
--	--	--