



# 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 12/31/2021

## For U.S. Government Use Only

<p><b>The petitioner is:</b> <input type="checkbox"/> Married <input type="checkbox"/> Unmarried</p> <p><input type="checkbox"/> <b>Form I-600A Approval</b> Approval Valid Until (mm/dd/yyyy): _____</p> <p><b>The petitioner is approved to adopt an orphan from</b> (if specified): _____ (Name of non-Hague Convention Country)</p> <p><input type="checkbox"/> <b>PAIR Letter Issued Date</b> (if applicable) (mm/dd/yyyy): _____</p>	<p style="text-align: center;"><b>Action Block</b></p> <p><b>Department of State Actions:</b></p> <p><input type="checkbox"/> <b>Approved</b></p> <p><input type="checkbox"/> <b>Transfer to USCIS as Not Clearly Approvable</b></p> <p><input type="checkbox"/> <b>Transfer to USCIS as Consular Return</b></p>	<p style="text-align: center;"><b>Receipt/Fee Stamp</b></p> <p><b>Final Adjudicating Office/Post:</b> _____</p> <p><b>Officer Signature and Date:</b> _____</p> <p><b>Child's Legal Name after Adoption:</b> _____</p>
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<b>To be Completed By an Attorney or Accredited Representative</b> (if any)	<input type="checkbox"/> <b>Select this box if Form G-28 or G-28I is attached.</b>	<p><b>Attorney State Bar Number</b> (if applicable)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p><b>Attorney or Accredited Representative USCIS Online Account Number</b> (if any)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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▶ **START HERE - Type or print in black ink. Complete a separate petition for each child.** This petition is made to classify an orphan as your immediate relative.

**You must be a U.S. citizen in order to file this petition.** See the **What Are the Eligibility Requirements** section of the Form I-600 Instructions for more information.

### Part 1. Information About You (Petitioner)

1. Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>

2. Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>

### Your Contact Information

3. U.S. Mailing Address (if any)

In Care Of Name (if any)

Street Number and Name	Apt.	Ste.	Flr.	Number
<div style="border: 1px solid black; height: 25px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div style="border: 1px solid black; height: 25px;"></div>
City or Town	State	ZIP Code ( <a href="#">USPS ZIP Code Lookup</a> )		
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>		

**Part 1. Information About You (Petitioner) (continued)**

4. Is your current U.S. mailing address the same as your U.S. physical address?  Yes  No

If you answered "No," provide your U.S. physical address in **Item Number 5**, or your address abroad in **Item Number 6**, as appropriate.

5. U.S. Physical Address (if any)

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State		ZIP Code <a href="#">(USPS ZIP Code Lookup)</a>	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

6. Address Abroad (if any)

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State			
<input type="text"/>	<input type="text"/>			
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

7. Daytime Telephone Number

8. Mobile Telephone Number (if any)

9. Email Address (if any)

**Information About Your U.S. Citizenship**

10. USCIS Online Account Number (if any)

11. Date of Birth (mm/dd/yyyy)

12. City/Town/Village of Birth

13. State or Province of Birth

14. Country of Birth

15. How did you obtain your U.S. citizenship?  Birth  Parents  Naturalization

A. If you obtained your citizenship through your parents, have you obtained a Certificate of Citizenship in your own name?  Yes  No

If you answered "Yes," provide the following information about your Certificate of Citizenship:

Your Name On the Certificate of Citizenship

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

Alien Registration Number (A-Number) (if any) Certificate of Citizenship Number

▶ A-

Date of Issuance Place of Issuance

(mm/dd/yyyy)

**Part 1. Information About You (Petitioner) (continued)**

**B.** If you obtained your citizenship through naturalization, provide the following information about your Certificate of Naturalization:

Your Name On the Certificate of Naturalization

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

A-Number (if any)

▶ A-

Certificate of Naturalization Number

Date of Naturalization

(mm/dd/yyyy)

Place of Naturalization

**16.** Have you **EVER** renounced or lost U.S. citizenship or has anyone you obtained citizenship through (such as  Yes  No your parent or grandparent) **EVER** lost U.S. citizenship?

**NOTE:** If you answered "Yes," provide a detailed explanation in the space provided in **Part 10. Additional Information.**

**17.** What is your marital status?  Single  Married  Separated  Divorced  Widowed

**18.** How many times have you been married (including your current marriage, if applicable)?

**NOTE:** If you are not currently married, skip to **Item Number 30.**

**Information About Your Current Marriage**

**19.** Date of Current Marriage (mm/dd/yyyy)

**20.** Place Where Current Marriage Occurred

**21.** Name of Your Current Spouse

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

**22.** Other Names Your Current Spouse Has Used (if any)

Provide all other names your spouse has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

**23.** Information About Your Current Spouse

Spouse's Date of Birth (mm/dd/yyyy)

Spouse's A-Number (if any)

▶ A-

Spouse's USCIS Online Account Number (if any)

▶

Spouse's City/Town/Village of Birth

Spouse's State or Province of Birth

Spouse's Country of Birth

**Part 1. Information About You (Petitioner) (continued)**

Is your spouse a U.S. citizen?  Yes  No

If you answered "Yes," how did your spouse obtain U.S. citizenship?  Birth  Naturalization  Parents

If you answered "No," provide your spouse's current U.S. immigration status:

24. How many times has your current spouse been married (including your current marriage, if applicable)?

**Your Spouse's Contact Information**

25. Does your current spouse reside with you?  Yes  No

If you answered "No," provide your current spouse's physical address in **Item Number 26**.

26. Your Current Spouse's Physical Address (if applicable)

Street Number and Name  Apt. Ste. Flr.    Number

City or Town  State  ZIP Code

Province  Postal Code  Country

27. Spouse's Daytime Telephone Number

28. Spouse's Mobile Telephone Number

29. Spouse's Email Address (if any)

**Additional Household Members**

30. How many persons 18 years of age or older (other than your spouse, if married) reside with you?

If you answered "1" or more, you **MUST** complete Form I-600A/I-600 Supplement 1, Listing of Adult Member of the Household, for each person.

31. List all of your children who are under 18 years of age. Also include any other children under 18 years of age who reside in your household, regardless of your relationship to those children. If you need extra space to complete this table, use the space provided in **Part 10. Additional Information**.

Name (First/Middle/Last)	Date of Birth (mm/dd/yyyy)	Country of Birth	A-Number (if any)	Relationship to You

**Part 1. Information About You (Petitioner) (continued)**

**Information About Prior Filings or Adoptions**

If you need extra space to complete **Item Numbers 32. - 37.**, use the space provided in **Part 10. Additional Information.**

- 32.** 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, Form I-800, Petition to Classify Convention Adoptee as an Immediate Relative, or Form I-130, Petition for Alien Relative, for an adopted child?  Yes  No

If you answered "Yes," provide the following information for **EACH** petition and/or application:

Type of Petition/Application Filed:

Form I-600A  Form I-600  Form I-800A  Form I-130 (for an adopted child)

Result:  Approved  Denied  Withdrawn  Revoked

Other (please explain):

Date (mm/dd/yyyy)

- 33.** Have you previously completed a domestic adoption of a child within the U.S.?  Yes  No

If you answered "Yes," provide the following information for each completed domestic adoption of a child.

State And County Where Adoption Was Finalized

Date Adoption Was Finalized (mm/dd/yyyy)

- 34.** Have you ever previously attempted to adopt a child internationally or domestically, but the adoption was disrupted before it was finalized? An adoption is disrupted if you (or a custodian escorting the child on your behalf) are granted legal custody or guardianship of the child, but the adoptive placement is interrupted before the adoption was finalized.  Yes  No

If you answered "Yes," provide a detailed description of the disruption.

\_\_\_\_\_

- 35.** Have you ever previously completed an adoption, either in the United States or abroad, that was later dissolved? An adoption is dissolved if your parental rights over the adopted child are terminated at any time after the adoption was finalized.  Yes  No

If you answered "Yes," provide a detailed description of the dissolution.

\_\_\_\_\_

- 36.** Have you ever previously placed a child in the care of another person with the intent to transfer permanent custody of the child?  Yes  No

If you answered "Yes," provide a detailed description of the placement.

\_\_\_\_\_

- 37.** Have you ever received a child with the intent to gain permanent custody, but without involving child welfare or other state/local authorities or following a the state/local process?  Yes  No

If you answered "Yes," provide a detailed description of the custody transfer.

\_\_\_\_\_

**Part 1. Information About You (Petitioner) (continued)**

***Duty of Disclosure***

You and your spouse (if married) must answer the following questions. See the **Duty of Disclosure** section in the Form I-600 Instructions concerning your ongoing duty to disclose information in response to these questions. If you or your spouse answer "Yes" to any of the questions in **Item Number 38.** and **39.**, provide a certified copy of the documentation showing the final disposition of each incident which resulted in arrest, indictment, conviction, and/or any other judicial or administrative action and a written statement giving details, including any mitigating circumstances about each arrest, signed by you and/or your spouse (if married) under penalty of perjury under U.S. law. The written statement must show the date of each incident; place incident occurred (city/town, state/province, country); name of police department or other law enforcement administration or other entity involved; date of incarceration and name of facility, if applicable. Provide a description of any type of counseling, rehabilitation, or other information that you and your spouse (if married) would like considered in light of this history in the space provided in **Part 10. Additional Information.**

**38.** Have you **EVER**, whether in or outside the United States:

- A. Been investigated, arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance? (Answer "Yes," even if the record of the arrest, conviction, or other adverse criminal history was expunged, sealed, pardoned, or the subject of any other amelioration. Do not include traffic violations, except for violations for driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant.)  Yes  No
- B. Received a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?  Yes  No
- C. Received a suspended sentence, been placed on probation or parole, or been in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge?  Yes  No
- D. Been the subject of any investigation at any time, even if closed or unsubstantiated, by any child welfare agency, court, or other official authority in any state or foreign country concerning the abuse or neglect of any child?  Yes  No

**39.** Has your spouse **EVER**, whether in or outside the United States:

- A. Been investigated, arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance? (Answer "Yes," even if the record of the arrest, conviction, or other adverse criminal history was expunged, sealed, pardoned, or the subject of any other amelioration. Do not include traffic violations, except for violations for driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant.)  Yes  No
- B. Received a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?  Yes  No
- C. Received a suspended sentence, been placed on probation or parole, or been in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge?  Yes  No
- D. Been the subject of any investigation at any time even if closed or unsubstantiated, by any child welfare agency, court, or other official authority in any state or foreign country concerning the abuse or neglect of any child?  Yes  No

**Part 2. Information About the Orphan Beneficiary**

**1.** Name at Birth

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

**2.** Current Name

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

**Part 2. Information About the Orphan Beneficiary (continued)**

**3. Other Names the Orphan Has Used**

Provide all other names the orphan has ever used, including aliases and nicknames. If you need extra space to complete this section, use the space provided in **Part 10. Additional Information.**

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

**4. Gender**

Male  Female

**5. Date of Birth (mm/dd/yyyy)**

**6. City/Town/Village of Birth**

**7. State or Province of Birth**

**8. Country of Birth**

**9. The beneficiary is an orphan because (select **only one** box):**

- A.**  He or she has no parents due to the death or disappearance of, abandonment or desertion by, or separation or loss from both parents.
- B.**  He or she has a sole or surviving parent who is incapable of providing proper care and who has in writing irrevocably released the child for emigration and adoption.

**10. If the orphan has a sole or surviving parent, answer the following:**

**A. What happened to the other birth or previous parent?**

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**B. 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

**11. Did you adopt the orphan abroad?**  Yes  No

**12. Did your spouse (if married) adopt the orphan abroad?**  Yes  No

**13. If you answered "Yes" to **Item Number 11.** or **Item Number 12.**, provide the following information:**

**A. Did you or your spouse (if married) personally see and observe the child before or during the adoption proceedings? (This does not include the visa interview and issuance.)**  Yes  No

**B. Date of Adoption (mm/dd/yyyy)**

**C. Place of Adoption**

**14. If you answered "No" to either **Item Number 11.**, **Item Number 12.**, or **Item A.** in **Item Number 13.**, provide the following information:**

**NOTE:** If you need extra space to complete **Items A. - D.**, use the space provided in **Part 10. Additional Information.**

**A. Do you and your spouse (if married) intend to adopt the orphan in the United States?**  Yes  No

**B. Provide a written description of all the pre-adoption requirements of the state of the orphan's proposed residence and cite any relevant state statutes and regulations. If the state of the orphan's proposed residence does not have any pre-adoption requirements, indicate "not applicable."**

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**Part 2. Information About the Orphan Beneficiary (continued)**

C. Have any pre-adoption requirements of the orphan's proposed state of residence already been met?  Yes  No  
If you answered "Yes," provide which requirements have been met.

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D. Will any pre-adoption requirements be met at a later time?  Yes  No  
If you answered "Yes," describe the steps you will take to comply with these requirements.

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If you answered "No," provide each pre-adoption requirement that will not be met and explain why.

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15. To your knowledge:

A. Does the orphan have any special need, disability, and/or impairment?  Yes  No

B. If you answered "Yes," name or describe the special need, disability, and/or impairment.

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16. The orphan's legal custodian is (select **only one** box):

An individual or entity other than the orphan's birth parents.

Name of the individual or entity:

Both of the orphan's living birth parents.

One of the orphan's living birth parents. The living birth parent is the (select only one box):  Mother  Father

17. Information About the Attorney Abroad Representing You and/or Your Spouse (if married) in this Case (if any)

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

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>



**Part 2. Information About the Orphan Beneficiary (continued)**

**18. Address Where the Orphan Will Reside After the Adoption (or after you obtain legal custody)**

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

**19. Current Address of the Orphan**

In Care Of Name

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

**20. If the orphan resides in an institution, provide the full name of the institution.**

**21. If the orphan does not reside in an institution, provide the full name of the person with whom the orphan is residing or the name of the orphan's caretaker.**

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

**22. Provide any additional information necessary to locate the orphan, such as the name of a district, section, zone, or locality in which the orphan resides:**

**23. After you obtain an adoption or legal custody of the orphan, do you intend to:**

**A.** Seek an immigrant visa because the child will reside with you in the United States?  Yes  No

**B.** Seek a non-immigrant visa for the child to travel to the United States temporarily for the purpose of naturalization, because you will continue to reside abroad with the child immediately following the adoption?  Yes  No

**24. Where do you wish to file your visa application (if applicable)?**

The U.S. Embassy or U.S. Consulate located at:

### Part 3. Information About Your Home Study and Primary Adoption Service Provider

1. Your home study:

- A.  Was previously submitted with your **approved** Form I-600A application (please attach a copy of your Form I-600A approval notice).
- B.  Was previously submitted with your **pending** Form I-600A application (please attach a copy of your Form I-600A fee receipt notice).
- 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.)

### Information About Your Primary Adoption Service Provider

**NOTE:** A primary adoption service provider is the accredited agency or approved person who is responsible under 22 CFR 96 for ensuring all six adoption services defined in 22 CFR 96.2 are provided according to the law, for supervising and being responsible for supervised providers when used (see 22 CFR 96.14), and for developing and implementing a service plan in accordance with 22 CFR 96.44.

2. Name of Primary Adoption Service Provider

3. Point of Contact Within the Organization

Family Name (Last Name)

Given Name (First Name)

4. Primary Adoption Service Provider's Mailing Address

Street Number and Name

Apt. Ste. Flr. Number

   

City or Town

State

ZIP Code

5. Primary Adoption Service Provider's Daytime Telephone Number

6. Primary Adoption Service Provider's Fax Number (if any)

7. Primary Adoption Service Provider's Email Address (if any)

8. The primary adoption service provider named above is one of the following:

- A. An accredited agency in the United States.  Yes  No
- B. An approved person in the United States.  Yes  No

**Part 4. Information About Fees, Expenses, and Other Compensation**

If you need extra space to complete the tables in **Item Numbers 1. or 2.**, use the space provided in **Part 10. Additional Information.**

- 1. Information on payments already made.** In the following table, provide all payments, including in-kind contributions that you and your spouse (if married) have made in relation to the adoption of the child identified in this Form I-600. The information you provide in this table must include all fees, expenses, in-kind contributions, and other compensation that you and your spouse (if married) or anyone on behalf of you and your spouse, have directly or indirectly made, to any individual, agency, entity, governmental authority, or other payee or recipient. The information below should include all payments made as of the date of your signing this Form I-600.

Date (mm/dd/yyyy)	Payee	Relationship to Child (if any)	Purpose of Payment	Amount of Payment (or description and value of in kind consideration)

- 2. Information on anticipated future payments.** In the following table, provide all fees, expenses, in-kind contributions, and other compensation that you and your spouse (if married) or anyone on behalf of you and your spouse, reasonably expect to pay or make, either directly or indirectly, to any individual, agency, entity, governmental authority, or other payee or recipient.

Anticipated Date of Payment (mm/dd/yyyy)	Payee	Relationship to Child (if any)	Purpose of Payment	Amount of Payment (or description and value of in kind consideration)

**Part 4. Information About Fees, Expenses, and Other Compensation (continued)**

3. Have you or your spouse (if married) or anyone on behalf of you and your spouse, given or arranged to give money or other consideration either directly or indirectly to the orphan's parent(s), agent(s), other individual(s), or entity to induce or encourage the release of the orphan?  Yes  No

If you answered "Yes," provide a detailed description to explain.

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**Part 5. Accommodations for Individuals With Disabilities and/or Impairments**

**NOTE:** Read the information in the Form I-600 Instructions before completing this section.

1. Are you requesting an accommodation because of disabilities and/or impairments?  Yes  No
2. If you answered "Yes," select all applicable boxes below to indicate who has the disabilities and/or impairments.
- Petitioner  Spouse  Other Adult Household Member
3. If you answered "Yes" to **Item Number 1.**, select all applicable boxes in **Items A. - C.** and provide an answer for each person with disabilities and/or impairments.

A.  Deaf or hard of hearing and request the following accommodation. (If requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).):

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B.  Blind or have low vision and request the following accommodation:

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C.  Another type of disability and/or impairment. (Describe the nature of the disability and/or impairment and the requested accommodation.):

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**Part 6. Petitioner's Statement, Certification, Duty of Disclosure, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-600 Instructions before completing this section.

***Petitioner's Statement***

1. Petitioner's Statement Regarding the Interpreter (Select the box for either **Item A.** or **B.**)
- 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.
- B.  The interpreter named in **Part 8.** read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Petitioner's Statement Regarding the Preparer (if applicable)

At my request, the preparer named in **Part 9.**, , prepared this application for me based only upon information I provided or authorized.

**Part 6. Petitioner's Statement, Certification, Duty of Disclosure, and Signature (continued)**

***Petitioner's 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 and all of my records that USCIS may need to determine my suitability and eligibility as an adoptive parent and 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 and enforcement of U.S. immigration law.

I understand that USCIS will require me to appear for an appointment to take my biometrics (for example, fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my petition;
- 2) I understood all of the information contained in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my petition, I understand all of the information contained in and submitted with my petition, and that all of this information is complete, true, and correct.

***Petitioner's Duty of Disclosure***

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 Form I-600A Instructions, and I agree to notify my home study preparer and USCIS of any new information that I am required to disclose.

***Petitioner's Signature***

3. Petitioner's Signature

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.

**Part 7. Your Spouse's Statement, Certification, Duty of Disclosure, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-600 Instructions before completing this section.

***Your Spouse's Statement***

1. Spouse's Statement Regarding the Interpreter (Select the box for either **Item A.** or **B.**)

- A.  I can read and understand English, and have read and understand every question and instruction on this petition and my answer to every question.
- B.  The interpreter named in **Part 8.** read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Spouse's Statement Regarding the Preparer (if applicable)

- At my request, the preparer named in **Part 9.**, , prepared this petition for me based only upon information I provided or authorized.

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**Part 7. Your Spouse's Statement, Certification, Duty of Disclosure, and Signature (continued)*****Your Spouse's 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 and all of my records that USCIS may need to determine my suitability and eligibility as an adoptive parent and 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 and enforcement of U.S. immigration law.

I understand that USCIS will require me to appear for an appointment to take my biometrics (for example, fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my petition;
- 2) I understood all of the information contained in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my petition, I understand all of the information contained in and submitted with my petition, and that all of this information is complete, true, and correct.

***Your Spouse's Duty of Disclosure***

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 Form I-600A Instructions, and I agree to notify the home study preparer and USCIS of any new information that I am required to disclose.

***Your Spouse's Signature***

3. Your Spouse's Signature Date of Signature (mm/dd/yyyy)
- |  |  |
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|  |  |
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**Part 8. Interpreter's Contact Information, Certification, and Signature**

If you and/or your spouse (if married) used an interpreter to read and complete this petition, provide the following information about the interpreter.

***Interpreter's Full Name***

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)  

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2. Interpreter's Business or Organization Name (if any)  

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**Part 8. Interpreter's Contact Information, Certification, and Signature (continued)**

**Interpreter's Mailing Address**

3. Street Number and Name  Apt.  Ste.  Flr.  Number   
City or Town  State  ZIP Code   
Province  Postal Code  Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number  5. Interpreter's Mobile Telephone Number (if any)   
6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:  
I am fluent in English and , which is the same language specified in **Parts 6. and 7., Item B in Item Number 1.**, and I have read to this petitioner and/or the petitioner's spouse in the identified language every question and instruction on this petition and their answer to every question. The petitioner and/or the petitioner's spouse informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Certification** and the **Your Spouse's Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7. Interpreter's Signature  Date of Signature (mm/dd/yyyy)

**Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Petition, If Other Than the Petitioner and Spouse**

If you and/or your spouse (if married) used a preparer to complete this petition, provide the following information about the preparer.

**Preparer's Full Name**

1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)   
2. Preparer's Business or Organization Name (if any)

**Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Petition, If Other Than the Petitioner and Spouse** (continued)

**Preparer's Mailing Address**

3. Street Number and Name  Apt.  Ste.  Flr.  Number   
City or Town  State  ZIP Code   
Province  Postal Code  Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number  5. Preparer's Mobile Telephone Number (if any)   
6. Preparer's Email Address (if any)

**Preparer's Statement**

7. A.  I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and/or the petitioner's spouse (if married) with the petitioner's and/or the petitioner's spouse's consent.  
B.  I am an attorney or accredited representative and my representation of the petitioner and/or the petitioner's spouse (if married) in this case  extends  does not extend beyond the preparation of this petition.

**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 petitioner's spouse (if married). The petitioner and the petitioner's spouse (if married) 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 Certification** and the **Your Spouse's 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.

**Preparer's Signature**

8. Preparer's Signature  Date of Signature (mm/dd/yyyy)



**Part 10. 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. If you attach a separate sheet of paper, type or print your full 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. Family Name (Last Name)  Given Name (First Name)  Middle Name

2. A-Number (if any) ▶ A- 

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3. A. Page Number  B. Part Number  C. Item Number

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4. A. Page Number  B. Part Number  C. Item Number

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6. A. Page Number  B. Part Number  C. Item Number

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