



**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 02/28/2026

For U.S. Government Use Only

The petitioner is: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Form I-600A Approval Approval Valid Until (mm/dd/yyyy): _____ The petitioner is approved to adopt an orphan from (if specified): _____ (Name of non-Hague Convention Country) <input type="checkbox"/> PAIR Letter Issued Date (if applicable) (mm/dd/yyyy): _____	Action Block Department of State Actions: <input type="checkbox"/> Approved <input type="checkbox"/> Transfer to USCIS as Not Clearly Approvable <input type="checkbox"/> Transfer to USCIS as Consular Return	Receipt/Fee Stamp Final Adjudicating Office/Post: _____ Officer Signature and Date: _____ Child's Legal Name after Adoption: _____
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To be completed by an Attorney or Accredited Representative (if any).	<input type="checkbox"/> Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable) _____	Attorney or Accredited Representative USCIS Online Account Number (if any) _____
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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. Basis of Filing

1. Petition Filing Basis

Select the appropriate option below. See USCIS Form G-1055, Fee Schedule, available at www.uscis.gov/g-1055, for information on filing fees.

You filed Form I-600A and it is pending or was approved and remains valid, and you are filing Form I-600 for:

- One child
- Multiple children who are birth siblings. This petition is for the first sibling.
- Multiple children who are birth siblings. This petition is for an additional sibling.
- Multiple children who are not birth siblings. This petition is for the first child.
- Multiple children who are not birth siblings. This petition is for an additional child.

You do not have a valid Form I-600A approval (because you did not file a Form I-600A, your Form I-600A approval expired or is no longer valid, etc.). You are requesting a suitability and eligibility determination as part of your Form I-600 (combination filing), and you are filing Form I-600 for:

- One child
- Multiple children who are birth siblings. This petition is for the first sibling.
- Multiple children who are birth siblings. This petition is for an additional sibling.
- Multiple children who are not birth siblings. This petition is for the first child.
- Multiple children who are not birth siblings. This petition is for an additional child.

Part 1. Basis of Filing (continued)

2. Any Change in Marital Status

Complete this section if you filed Form I-600A or a Form I-600 combination filing and have had a change in marital status since you filed your application or petition.

- Your marital status changed while your Form I-600A or Form I-600 combination filing was pending, and you are submitting a combination filing with a new basis marital status.
- Your marital status changed after your Form I-600A or Form I-600 combination filing was approved, and you are submitting a combination filing with a new basis marital status.

Part 2. Information About You (Petitioner)

1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

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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 12. Additional Information**.

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

Your Contact Information

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

In Care Of Name (if any)

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

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)

In Care Of Name (if any)

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

Part 2. Information About You (Petitioner) (continued)

6. Address Abroad (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

Province

Postal Code

Country

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

State or Province of Birth

Country of Birth

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

13.b. 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)

Alien Registration Number (A-Number) (if any)

Certificate of Citizenship Number

Date of Issuance (mm/dd/yyyy)

Place of Issuance

13.c. 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)

Certificate of Naturalization Number

Date of Naturalization (mm/dd/yyyy)

Place of Naturalization

Part 2. Information About You (Petitioner) (continued)

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

NOTE: If you answered "Yes," provide a detailed explanation in the space provided in **Part 12. Additional Information.**

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

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

NOTE: If you are not currently married, skip to **Item Number 28.**

Information About Your Current Marriage

17. Date of Current Marriage (mm/dd/yyyy)

18. Place Where Current Marriage Occurred

19. Name of Your Current Spouse

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

20. 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 12. Additional Information.**

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

21. Information About Your Current Spouse

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

Spouse's A-Number (if any)

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

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:

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

Part 2. Information About You (Petitioner) (continued)

Your Spouse's Contact Information

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

If you answered "No," provide your current spouse's physical address in **Item Number 24.**

24. 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

25. Spouse's Daytime Telephone Number

26. Spouse's Mobile Telephone Number

27. Spouse's Email Address (if any)

Additional Household Members

28. 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.

29. 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 12. Additional Information.**

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

Part 2. Information About You (Petitioner) (continued)

Information About Prior Filings or Adoptions

If you need extra space to complete **Item Numbers 30. - 35.**, use the space provided in **Part 12. Additional Information.**

- 30.** Have you ever previously filed Form I-600, Form I-600A, Application for Advance Processing of an Orphan Yes No 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?

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)

- 31.** 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)

- 32.** 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.

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

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

- 34.** 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.

- 35.** 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 state/local process? Yes No

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

Part 2. 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 Numbers 36.a. - 37.d.**, 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 12. Additional Information**.

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

- 36.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
- 36.b.** Received a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? Yes No
- 36.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
- 36.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

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

- 37.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
- 37.b.** Received a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? Yes No
- 37.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
- 37.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 3. 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 3. 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 12. Additional Information**.

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

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

Male Female

6. City/Town/Village of Birth **State or Province of Birth**

<input type="text"/>	<input type="text"/>
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Country of Birth

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

- They have** no parents due to the death or disappearance of, abandonment or desertion by, or separation or loss from both parents.
- They have** 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.

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

8.a. What happened to the other birth or previous parent?

8.b. Is the remaining parent capable of providing proper care for the orphan? Yes No

8.c. Has the remaining parent irrevocably released the orphan for emigration and adoption, in writing? Yes No

9. Did you adopt the orphan abroad? Yes No

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

If you answered "Yes" to **Item Number 9.** or **Item Number 10.**, provide the following information:

11.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

11.b. Date of Adoption (mm/dd/yyyy) <input type="text"/>	11.c. Place of Adoption <input type="text"/>
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If you answered "No" to either **Item Number 9.**, **Item Number 10.**, or **Item Number 11.a.**, provide the following information:

NOTE: If you need extra space to complete **Item Numbers 12.a. - 12.d.**, use the space provided in **Part 12. Additional Information**.

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

12.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."

Part 3. Information About the Orphan Beneficiary (continued)

12.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.

12.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.

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

To your knowledge:

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

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

14. 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

15. 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)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Part 3. Information About the Orphan Beneficiary (continued)

16. 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"/>		

17. Current Address of the Orphan

In Care Of Name				
<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"/>		

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

19. 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"/>

20. 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:

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

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

21.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

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

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

Part 4. Information About Your Home Study and Primary Adoption Service Provider

Your home study:

- 1.a. Was previously submitted with your **approved** Form I-600A application (please attach a copy of your Form I-600A approval notice).
- 1.b. Was previously submitted with your **pending** Form I-600A application (please attach a copy of your Form **I-600A receipt** notice).
- 1.c. Was previously submitted with a Form I-600A/I-600, Supplement 3 (please attach a copy of your Form I-600A/I-600, Supplement 3 receipt notice).
- 1.d. **IS attached** to this Form I-600.
- 1.e. **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)

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

- 8.a. An accredited agency in the United States. Yes No
- 8.b. An approved person in the United States. Yes No

Part 5. 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 12. 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 5. 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.

DRAFT

Part 6. Request for Exemption From Submitting Affidavit of Support Under Section 213A of the INA on behalf of Orphan Beneficiary

Select one of the below to indicate if you will submit an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) with any visa application to the U.S. Department of State (DOS), or if you are requesting an exemption.

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA on behalf of the orphan beneficiary listed in **Part 3**. because:

- 1.a. The orphan beneficiary can receive credit for 40 qualifying quarters (credits) of work earned by the orphan beneficiary's petitioning parent(s) in the United States (as defined by the Social Security Act). (Do not count any quarters for which a means-tested public benefit was received.)
- 1.b. Upon admission as a lawful permanent resident, the orphan beneficiary will be under 18 years of age, unmarried, and the child of a U.S. citizen, is not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320.

NOTE: For this to apply, the child will need an adoption that is considered final under U.S. immigration law.

2. Neither of these exemptions apply, and I will submit Form I-864 or Form I-864EZ to DOS.

Part 7. 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

If you answered "Yes" to **Item Number 1.**, select all applicable boxes in **Item Numbers 3.a. - 3.b.** and provide an answer for each person with disabilities and/or impairments.

- 3.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).)

- 3.b. Blind or have low vision and request the following accommodation:

- 3.c. Another type of disability and/or impairment. (Describe the nature of the disability and/or impairment and the requested accommodation.)

Part 8. Petitioner's Certification, Duty of Disclosure, and Signature

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

Petitioner's Certification

I certify, under penalty of perjury, that I provided or authorized all of the **responses and information** contained in and submitted with my petition, I **read and understand** or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 10., understood**, all of the **responses and information** contained in, and submitted with, my petition, and that all of the **responses and the information are** complete, true, and correct. **Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.**

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

1. Petitioner's Signature Date of Signature (mm/dd/yyyy)
- ➔

Part 9. Your Spouse's Certification, Duty of Disclosure, and Signature

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

Your Spouse's Certification

I certify, under penalty of perjury, that I provided or authorized all of the **responses and information** contained in and submitted with my petition, I **read and understand** or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 10., understood**, all of the **responses and information** contained in, and submitted with, my petition, and that all of the **responses and the information are** complete, true, and correct. **Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.**

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

1. Your Spouse's Signature Date of Signature (mm/dd/yyyy)
-

Part 10. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
-
2. Interpreter's Business or Organization Name
-

Part 10. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Contact Information

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

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the petition and Instructions and interpreted the petitioner's and/or petitioner's spouse's (if married) answers to the questions in that language, and the petitioner and/or the petitioner's spouse informed me that they understood every instruction, question, and answer on the petition.

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

Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Petition, If Other Than the Petitioner and Spouse

Preparer's Full Name

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

Preparer's Contact Information

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

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this petition for the petitioner and/or the petitioner's spouse (if married) at their request and with express consent and that all of the responses and information contained in and submitted with the petition are complete, true, and correct and reflects only information provided by the petitioner and/or the petitioner's spouse (if married). The petitioner and/or the petitioner's spouse (if married) reviewed the responses and information and informed me that they understand the responses and information in or submitted with the petition.

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

Part 12. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

2. A-Number (if any) ▶ A-

3. Page Number Part Number Item Number

4. Page Number Part Number Item Number

5. Page Number Part Number Item Number

6. Page Number Part Number Item Number