

START HERE - Please type or print legibly in black ink.

For USCIS Use Only

Part 1. Information about you.

Family Name (Last Name)	Given Name (First Name)	Middle Name
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Address - C/O

Street Number and Name	Apt. #
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City	State or Province
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Country	Zip/Postal Code	Gender: a. <input type="checkbox"/> Male b. <input type="checkbox"/> Female
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Date of Birth (mm/dd/yyyy)	Country of Birth	Country of Citizenship/Nationality
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E-Mail Address (If any.)	Telephone Number (With area code.) ()
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Alien Registration Number(A#)	U.S. Social Security # (If applicable.)
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Other names used (including maiden name)

Present Status: (check one)

- 1a. Refugee 2a. Lawful Permanent Resident based on previous Refugee status
 1b. Asylee 2b. Lawful Permanent Resident based on previous Asylee status

Date (mm/dd/yyyy) and Place Refugee or Asylee status was granted:

If Granted Refugee Status, Date (mm/dd/yyyy) and Place Admitted to the United States:

If Married, Date (mm/dd/yyyy) and Place of Present Marriage:

If Previously Married, Name(s) of Prior Spouse(s):

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

Part 2. Information about the relationship.

- The alien relative is my: a. Spouse
b. Unmarried child under 21 years of age

Number of relatives I am filing for: _____ (_____ of _____)

Part 3. Information about your alien relative.

(If you are petitioning for more than one family member you must complete and file a separate Form I-730 for each additional family member.)

Family Name	Given Name	Middle Name
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Address - C/O

Street Number and Name	Apt #
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City	State or Province
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Returned	Receipt
Submitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Petitioner Interviewed <input type="checkbox"/> Beneficiary Interviewed	

Consulate

Sections of

207 (c) (2) Spouse
 207 (c) (2) Child
 208 (b) (3) Spouse
 208 (b) (3) Child

Remarks

Action Block

To Be Completed by Attorney or Representative, If any

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

Volag #

Atty State License #

Part 3. Information about your alien relative. (Continued.)

Country	Zip/Postal Code	Gender: a. <input type="checkbox"/> Male b. <input type="checkbox"/> Female
Date of Birth (mm/dd/yyyy)	Country of Birth	Country of Citizenship/Nationality
E-Mail Address (If any.)	Telephone Number (With country and city/area codes.)	
Alien Registration Number (If any.)	U. S. Social Security # (If any.)	

Other Name(s) Used (Including maiden name.)

If Married, Date (mm/dd/yyyy) and Place of Present Marriage:

If Previously Married, Name(s) of Prior Spouse(s):

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

Name and address of your alien relative in the alphabet of the language (if other than Roman letters) spoken in the country where he or she now lives.

Family Name	Given Name	Middle Name
Address - C/O		
Street Number and Name/Apt. #		
City/State or Province		
Country/Zip/Postal Code		

Part 4. Processing Information.

- 1. Check One:**
- a. The person named in **Part 3** is now in the United States.
 - b. The person named in **Part 3** is now outside the United States. (Please indicate the location of the American Consulate or Embassy where your relative will apply for a visa.)

American Consulate/Embassy at: _____
City and Country

2. Is the person named in Part 3 in deportation or removal proceedings in the United States?

- a. No
- b. Yes (Please explain below or on a separate sheet(s) of paper.)

Part 5. Signature. *Read the information on penalties in the instructions before completing this section and sign below. If someone helped you to prepare this petition, he or she must complete **Part 6**.*

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 which the U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature	Print Name	Date	Daytime Telephone Number ()
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NOTE: *If you do not completely fill out this form or 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.*

Part 6. Signature of person preparing form, if other than petitioner above. (Sign below.)

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

Signature	Print	Date	Daytime Telephone Number ()
Firm Name and Address			E-Mail Address (If any.)
