

## **Petition for Alien Relative**

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

USCIS Form I-130 OMB No. 1615-0012 Expires 02/28/2027

	For US	SCIS Use On	ly	Fee Stamp				Action Stamp				
	A	-Number										
A- [												
	al Receipt bmitted											
	cated		Se	ection of Law/Visa	Category							
Receiv		☐ 201(b) Spous		203(a)(1) Unm. S/D -		03(a)(2)(B) Uni	n. S/D - F2-4					
Sent				203(a)(2)(A) Spouse -								
Com	pleted	201(b) Paren	t - IR-5	203(a)(2)(A) Child -	F2-2 🔲 20	03(a)(4) Brothe	r/Sister - F4-1					
Appro	oved	Petition was file	d on (Priority I	Date mm/dd/yyyy):		<del></del>	estigation	☐ Personal Interview ☐ 204(a)(2)(A) Resolved				
Retur	ned	PDR request gra	nted/denied - N	New priority date (mm/dd/	ууууу):	☐ Previous ☐ 203(g) R	y Forwarded esolved	☐ Pet. A-File Reviewed ☐ I-485 Filed Simultaneously ☐ Ben. A-File Reviewed ☐ 204(g) Resolved				
Rem	arks											
At w	hich USCIS	S office (e.g.,	NBC, VSC	, LOS, CRO) was Fo	orm I-130	adjudicated	?					
			To be	completed by an	attorney	or accred	ited represe	entative (if any).				
					Attorne (if appli	•	ar Number	Attorney or Accredited Representative USCIS Online Account Number (if any)				
<b>&gt;</b> 5	START H	ERE - Type	e or print	in black ink.								
					f this netit	tion use th	ie space prov	rided in Part 9. Additional Information.				
	ii you nee	-		•	-			y, with your petition.				
_												
		_		e the Petitioner.	Your	Par	t 2. Infor	mation About You (Petitioner)				
rela	tive is th	e Benefici	ary)			1.	Alien Regis	stration Number (A-Number) (if any)				
1.	I am filin	g this petition	on for my (	(Select only one be	ox):		► A-					
	Spous	e Pare	nt Br	other/Sister C	hild	2.	USCIS Onl	Online Account Number (if any)				
2.	If you are	filing this p	etition for	your child or pare	ent,		b Serial diministration (if they)					
			scribes you	ur relationship (Se	lect <b>only</b>		****					
	one box):					3.	U.S. Social	cial Security Number (if any)				
Child was born to parents who were ma other at the time of the child's birth					to each							
	Stepchild/Stepparent					You	Your Full Name					
Child was born to parents who were not married to each other at the time of the child's birth					ried to	4.a.	Family Nar					
each		other at the	time of the	e child's birth		4.b.	(Last Name Given Nam					
Child was adopted (not an Orphan or Hague Convention adoptee)						4.0.	(First Name					
3.		eficiary is y		er/sister, are you re	lated by No	4.c.	Middle Nar	me				
4. Did you gain lawful permanent resident status or citizenship through adoption? Yes No												

Part 2. Information About You (Petitioner)	Address History						
(continued)  Other Names Used (if any)	Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in <b>Item</b>						
Provide all other names you have ever used, including aliases, maiden name, and nicknames.	Numbers 10.a 10.i. Physical Address 1						
5.a. Family Name (Last Name)	12.a. Street Number and Name						
5.b. Given Name (First Name)	<b>12.b.</b> Apt. Ste. Flr.						
5.c. Middle Name	12.c. City or Town						
Other Information	<b>12.d.</b> State <b>12.e.</b> ZIP Code						
6. City/Town/Village of Birth	<b>12.f.</b> Province						
7. Country of Birth	12.g. Postal Code						
7. Country of Birth	12.h. Country						
8. Date of Birth (mm/dd/yyyy)	13.a. Date From (mm/dd/yyyy)						
9. Sex Male Female	13.b. Date To (mm/dd/yyyy)						
Mailing Address (USPS ZIP Code Lookup)	Physical Address 2						
10.a. In Care Of Name	14.a. Street Number and Name						
10.b. Street Number	<b>14.b.</b> Apt. Ste. Flr.						
and Name  10.c. Apt. Ste. Flr.	<b>14.c.</b> City or Town						
10.d. City or Town	<b>14.d.</b> State <b>14.e.</b> ZIP Code						
10.e. State 10.f. ZIP Code	<b>14.f.</b> Province						
10.g. Province	14.g. Postal Code						
10.h. Postal Code	<b>14.h.</b> Country						
10.i. Country	15.a. Date From (mm/dd/yyyy)						
	15.b. Date To (mm/dd/yyyy)						
11. Is your current mailing address the same as your physical address? Yes No	15.b. Date 10 (mm/dd/yyyy)						
If you answered "No" to <b>Item Number 11.</b> , provide	Your Marital Information						
information on your physical address in <b>Item Numbers 12.a.</b> - <b>13.b.</b>	<b>16.</b> How many times have you been married? ▶						
	17. Current Marital Status						
	☐ Single, Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Annulled						

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Part 2. Information About You (Petitioner)	27. Country of Birth
(continued)	29 City/Tanya William of Basidana
<b>18.</b> Date of Current Marriage (if currently married) (mm/dd/yyyy)	28. City/Town/Village of Residence
	20 G ( SP ) 1
Place of Your Current Marriage (if married)	29. Country of Residence
19.a. City or Town	
12.a. City of Town	Parent 2's Information
<b>19.b.</b> State	Full Name of Parent 2
19.c. Province	30.a. Family Name (Last Name)
19.d. Country	<b>30.b.</b> Given Name
	(First Name)
Names of All Vous Changes (if ann.)	<b>30.c.</b> Middle Name
Names of All Your Spouses (if any)	<b>31.</b> Date of Birth (mm/dd/yyyy)
Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any).	32. Sex Male Female
Spouse 1	33. Country of Birth
20.a. Family Name (Last Name)	
20.b. Given Name (First Name)	34. City/Town/Village of Residence
20.c. Middle Name	35. Country of Residence
21 Data Maniana Fudad (mm/dd/mm)	Country of Residence
21. Date Marriage Ended (mm/dd/yyyy)	
Spouse 2	Additional Information About You (Petitioner)
22.a. Family Name (Last Name)	<b>36.</b> I am a (Select <b>only one</b> box):
22.b. Given Name	U.S. Citizen Lawful Permanent Resident
(First Name)	If you are a U.S. citizen, complete Item Number 37.
22.c. Middle Name	<b>37.</b> My citizenship was acquired through (Select <b>only one</b> box):
23. Date Marriage Ended (mm/dd/yyyy)	Birth in the United States
Information About Your Parents	Naturalization
Parent 1's Information	Parents
Full Name of Parent 1	<b>38.</b> Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? Yes No
24.a. Family Name	If you answered "Yes" to <b>Item Number 38.</b> , complete the
(Last Name)  24.b. Given Name	following:
(First Name)	<b>39.a.</b> Certificate Number
<b>24.c.</b> Middle Name	
25. Date of Birth (mm/dd/yyyy)	39.b. Place of Issuance
26. Sex Male Female	
26. Sex Male Female	<b>39.c.</b> Date of Issuance (mm/dd/yyyy)

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Part 2. Information About You (Petitioner)	Employer 2					
(continued)	<b>46.</b> Name of Employer/Company					
If you are a lawful permanent resident, complete <b>Item</b>						
Numbers 40.a 41.	47.a. Street Number and Name					
<b>40.a.</b> Class of Admission	47.b. Apt. Ste. Flr.					
	47.0. Apt. Ste. Til.					
<b>40.b.</b> Date of Admission (mm/dd/yyyy)	<b>47.c.</b> City or Town					
Place of Admission	<b>47.d.</b> State <b>47.e.</b> ZIP Code					
<b>40.c.</b> City or Town	47.f. Province					
40.d State	47.g. Postal Code					
41. Did you gain lawful permanent resident status through	<b>47.h.</b> Country					
marriage to a U.S. citizen or lawful permanent resident?						
∐ Yes □ No	48. Your Occupation					
Employment History						
Provide your employment history for the last five years, whether	<b>49.a.</b> Date From (mm/dd/yyyy)					
inside or outside the United States. Provide your current	<b>49.b.</b> Date To (mm/dd/yyyy)					
employment first. If you are currently unemployed, type or print "Unemployed" in <b>Item Number 42.</b>						
Employer 1	Part 3. Biographic Information					
<b>42.</b> Name of Employer/Company	NOTE: Provide the biographic information about you, the					
. , , , ,	petitioner.					
43.a. Street Number	1. Ethnicity (Select <b>only one</b> box)					
and Name	☐ Hispanic or Latino ☐ Not Hispanic or Latino					
43.b. Apt. Ste. Flr.						
<b>43.c.</b> City or Town	2. Race (Select all applicable boxes)  White					
<b>43.d.</b> State <b>43.e.</b> ZIP Code	Asian					
	Black or African American					
43.f. Province	American Indian or Alaska Native					
<b>43.g.</b> Postal Code	Native Hawaiian or Other Pacific Islander					
43.h. Country	3. Height Feet Inches					
	4. Weight Pounds					
44. Your Occupation	5. Eye Color (Select <b>only one</b> box)					
	Black Blue Brown					
<b>45.a.</b> Date From (mm/dd/yyyy)	Gray Green Hazel					
	☐ Maroon ☐ Pink ☐ Unknown/Other					
<b>45.b.</b> Date To (mm/dd/yyyy)						

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Par	et 3. Biographic Information (continued)	Beneficiary's Physical Address
6.	Hair Color (Select <b>only one</b> box)  Bald (No hair) Black Blond Gray Red Sandy White Unknown/Other	If the beneficiary lives outside the United States in a home without a street number or name, leave <b>Item Numbers 11.a.</b> and <b>11.b.</b> blank.  11.a. Street Number and Name
Par	rt 4. Information About Beneficiary	11.b. Apt. Ste. Flr.
1.	Alien Registration Number (A-Number) (if any)  • A-	11.c. City or Town  11.d. State 11.e. ZIP Code
<ol> <li>3.</li> </ol>	USCIS Online Account Number (if any)  U.S. Social Security Number (if any)	11.f. Province 11.g. Postal Code
		11.h. Country
Ber	neficiary's Full Name	
4.a.	Family Name	Other Address and Contact Information
4.b.	(Last Name)  Given Name (First Name)	Provide the address in the United States where the beneficiary intends to live, if different from <b>Item Numbers 11.a 11.h.</b> If the address is the same, type or print "SAME" in <b>Item Number</b>
4.c.	Middle Name	12.a.
$\Omega$ 4 $l$	Names Hand (if ann)	12.a Street Number and Name
	ner Names Used (if any)	<b>12.b.</b> Apt. Ste. Flr.
	ide all other names the beneficiary has ever used, including es, maiden name, and nicknames.	12.c. City or Town
5.a.	Family Name (Last Name)	12.d. State 12.e. ZIP Code
5.b.	Given Name (First Name)	Provide the beneficiary's address outside the United States, if
5.c.	Middle Name	different from <b>Item Numbers 11.a 11.h.</b> If the address is the same, type or print "SAME" in <b>Item Number 13.a.</b>
Oth	ner Information About Beneficiary	13.a. Street Number and Name
6.	City/Town/Village of Birth	13.b.
		13.c. City or Town
7.	Country of Birth	13.d. Province
8.	Date of Birth (mm/dd/yyyy)	13.e. Postal Code
		13.f. Country
9.	Sex Male Female	
10.	Has anyone else ever filed a petition for the beneficiary?  Yes No Unknown	14. Daytime Telephone Number (if any)
	<b>NOTE:</b> Select "Unknown" <i>only</i> if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.	

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Information About Beneficiary's Family Provide information about the beneficiary's spouse and children.    Person 1		t 4. Information About Beneficiary ntinued)	24.	Date Marriage Ended (mm/dd/yyyy)					
Children.   Person 1	15.	Mobile Telephone Number (if any)	Information About Beneficiary's Family						
Person 1			Provide information about the beneficiary's spouse and						
25.a. Family Name (Last Name)	16.	Email Address (if any)	children.						
Beneficiary's Marital Information   17. How many times has the beneficiary been married?									
17. How many times has the beneficiary been married?	Dom	oficiam's Marital Information	25.a.						
25.c. Middle Name   26. Relationship   27. Date of Birth (mm/dd/yyyy)   28. Country of Birth   29.a. Family Name (Last Name)   29.b. Given Name (First Name)   20.d. Country   31. Date of Birth (mm/dd/yyyy)   32. Country of Birth   33.a. Family Name (Last Name)   21.a. Family Name (Last Name)   21.a. Family Name (Last Name)   21.b. Given Name (First Name)   33.c. Middle Name   34. Relationship   35. Relationship   35. Relationship   36. Relationship   37. Relationship   37. Relationship   38. Relation			25.b.						
18. Current Marital Status  Single, Never Married Married Divorced  Widowed Separated Annulled  19. Date of Current Marriage (if currently married)  (mm/dd/yyyy)  Place of Beneficiary's Current Marriage  (if married)  20.a. City or Town  20.b. State  20.c. Province  20.d. Country  Names of Beneficiary's Spouses (if any)  Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).  Spouse 1  21.a. Family Name (Last Name)  21.b. Given Name (First Name)  31. Date of Birth (mm/dd/yyyy)  32. Country of Birth  Person 2  29.a. Family Name (Last Name)  31. Date of Birth (mm/dd/yyyy)  32. Country of Birth  Person 3  33.a. Family Name (Last Name)  33.b. Given Name (First Name)  31. Given Name (First Name)  33.c. Middle Name  34. Relationship	17.	How many times has the beneficiary been married?	25 o	·					
Single, Never Married Divorced Widowed Separated Annulled  19. Date of Current Marriage (if currently married) (mm/dd/yyyy)  Place of Beneficiary's Current Marriage (if married)  20.a. City or Town  20.b. State  20.c. Province  20.d. Country  10. Date of Birth (mm/dd/yyyy)  20.a. Family Name (Last Name)  20.b. State  20.c. Province  30. Relationship  30. Relationship  31. Date of Birth (mm/dd/yyyy)  32. Country of Birth  Person 2  29.a. Family Name (First Name)  29.b. Given Name (First Name)  29.c. Middle Name  30. Relationship  31. Date of Birth (mm/dd/yyyy)  32. Country of Birth  Person 3  33.a. Family Name (Last Name)  33.b. Given Name (First Name)  21.a. Family Name (Last Name)  33.b. Given Name (First Name)  34. Relationship			25.6.	Wilddie Name					
Widowed   Separated   Annulled   27. Date of Birth (mm/dd/yyyy)   28. Country of Birth   29.a. Family Name (Last Name)   29.b. Given Name (First Name)   20.d. Country   31. Date of Birth (mm/dd/yyyy)   32. Country of Birth   33.b. Given Name (Last Name)   21.b. Given Name (First Name)   33.c. Middle Name   34. Relationship   35. Country   36. Country   36. Country   37. Date of Birth (mm/dd/yyyy)   37. Country of Birth   37. Country of	18.		26.	Relationship					
19. Date of Current Marriage (if currently married)  (mm/dd/yyyy)  Place of Beneficiary's Current Marriage (if married)  20.a. City or Town  20.b. State  20.c. Province  20.d. Country  30. Relationship  20.d. Country  31. Date of Birth (mm/dd/yyyy)  32. Country of Birth  Person 2  29.b. Given Name (First Name)  20.c. Province  30. Relationship  31. Date of Birth (mm/dd/yyyy)  32. Country of Birth  Person 3  33.a. Family Name (Last Name)  21.a. Family Name (Last Name)  21.b. Given Name (First Name)  31. Date of Birth (mm/dd/yyyy)  32. Country of Birth  25. Country of Birth  26. Country of Birth  27. Country of Birth  28. Country of Birth			27.	Date of Birth (mm/dd/yyyy)					
Place of Beneficiary's Current Marriage (if married)  20.a. City or Town  20.b. State  20.c. Province  20.d. Country  Names of Beneficiary's Spouses (if any)  Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).  Spouse 1  21.a. Family Name (Last Name)  21.b. Given Name (First Name)  21.c. Middle Name  33.a. Family Name (Last Name)  33.a. Family Name (Last Name)  33.b. Given Name (First Name)  34. Relationship			28.	Country of Birth					
Place of Beneficiary's Current Marriage (if married)  20.a. City or Town  20.b. State  20.c. Province  20.d. Country  31. Date of Birth (mm/dd/yyyy)  32. Country of Birth  Names of Beneficiary's Spouses (if any)  Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).  Spouse 1  21.a. Family Name (Last Name)  21.b. Given Name (First Name)  32.c. Middle Name  33.c. Middle Name  34. Relationship	19.	<u> </u>							
(if married) 29.a. Family Name (Last Name)   20.b. State 29.b. Given Name (First Name)   20.c. Province 30. Relationship   20.d. Country 31. Date of Birth (mm/dd/yyyy)   Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any). Person 3   Spouse 1 33.a. Family Name (Last Name)   21.a. Family Name (Last Name) 33.b. Given Name (First Name)   21.b. Given Name (First Name) 33.c. Middle Name   31. Date of Birth (mm/dd/yyyy) 32. Country of Birth   31. Date of Birth (mm/dd/yyyy) 33.a. Family Name (Last Name)   33.a. Family Name (First Name) 33.b. Given Name (First Name)   33.b. Given Name (First Name) 33.c. Middle Name   34. Relationship									
20.a. City or Town  20.b. State  20.c. Province  20.d. Country  30. Relationship  30. Relationship  31. Date of Birth (mm/dd/yyyy)  32. Country of Birth  Names of Beneficiary's Spouses (if any)  Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).  Spouse 1  21.a. Family Name (Last Name)  21.b. Given Name (First Name)  21.c. Middle Name  33.c. Middle Name  34. Relationship	Plac	ce of Beneficiary's Current Marriage	Pers	on 2					
20.b. State  20.c. Province  20.d. Country  31. Date of Birth (mm/dd/yyyy)  32. Country of Birth  Names of Beneficiary's Spouses (if any)  Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).  Spouse 1  21.a. Family Name (Last Name)  21.b. Given Name (First Name)  33.c. Middle Name  34. Relationship	(if n	narried)	29.a.						
20.b. State  20.c. Province  20.d. Country  31. Date of Birth (mm/dd/yyyy)  32. Country of Birth  Names of Beneficiary's Spouses (if any)  Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).  Spouse 1  21.a. Family Name (Last Name)  21.b. Given Name (First Name)  21.c. Middle Name  33.c. Middle Name  34. Relationship	20.a.	City or Town	29.b.						
20.c. Province  20.d. Country  30. Relationship  31. Date of Birth (mm/dd/yyyy)  32. Country of Birth  Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).  Spouse 1  21.a. Family Name (Last Name)  21.b. Given Name (First Name)  21.c. Middle Name  32. Country of Birth  Person 3  33.a. Family Name (Last Name)  33.b. Given Name (First Name)  33.c. Middle Name  34. Relationship	20 h	State							
20.d. Country  31. Date of Birth (mm/dd/yyyy)  32. Country of Birth  Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).  Spouse 1  21.a. Family Name (Last Name)  21.b. Given Name (First Name)  21.c. Middle Name  30. Relationship  31. Date of Birth (mm/dd/yyyy)  32. Country of Birth  Person 3  33.a. Family Name (Last Name)  33.b. Given Name (First Name)  33.c. Middle Name  34. Relationship	20.D.	State	29.c.	Middle Name					
Names of Beneficiary's Spouses (if any)  Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).  Spouse 1  21.a. Family Name (Last Name)  21.b. Given Name (First Name)  21.c. Middle Name  31. Date of Birth (mm/dd/yyyy)  32. Country of Birth  Person 3  33.a. Family Name (Last Name)  33.b. Given Name (First Name)  33.c. Middle Name  34. Relationship	20.c.	Province	30.	Relationship					
Names of Beneficiary's Spouses (if any)  Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).  Spouse 1  21.a. Family Name (Last Name)  21.b. Given Name (First Name)  21.c. Middle Name  32. Country of Birth  Person 3  33.a. Family Name (Last Name)  33.b. Given Name (First Name)  33.b. Given Name (First Name)  33.c. Middle Name  34. Relationship	20.d.	Country	21	Data of Digith (man/dd/man)					
Names of Beneficiary's Spouses (if any)  Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).  Spouse 1  21.a. Family Name (Last Name)  21.b. Given Name (First Name)  21.c. Middle Name  33.c. Middle Name  34. Relationship									
Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).  Spouse 1  21.a. Family Name (Last Name)  21.b. Given Name (First Name)  21.c. Middle Name  33.c. Middle Name  34. Relationship	Mar	mag of Panaficianula Snovega (if any)	32.	Country of Birth					
currently married) first and then list all the beneficiary's prior spouses (if any).  Spouse 1  21.a. Family Name (Last Name)  21.b. Given Name (First Name)  21.c. Middle Name  33.c. Middle Name  34. Relationship									
spouses (if any).  Spouse 1  21.a. Family Name (Last Name)  21.b. Given Name (First Name)  21.c. Middle Name  33.a. Family Name (Last Name)  33.b. Given Name (First Name)  33.c. Middle Name  34. Relationship		•	Pers	on 3					
Spouse 1  21.a. Family Name (Last Name)  21.b. Given Name (First Name)  21.c. Middle Name  (Last Name)  33.b. Given Name (First Name)  33.c. Middle Name  34. Relationship		• • •							
21.a. Family Name (Last Name)  21.b. Given Name (First Name)  21.c. Middle Name  33.c. Middle Name  34. Relationship	Spou	ise 1		(Last Name)					
21.b. Given Name (First Name)  21.c. Middle Name  33.c. Middle Name  34. Relationship	21.a.		33.b.						
21.c. Middle Name 34. Relationship	21.b.		33.c.	Middle Name					
Z1.c. Middle Name			34	Relationship					
35 Data of Right (mm/dd/yyyyy)	21.c.	Middle Name		-					
22. Date Marriage Ended (mm/dd/yyyy)	22.	Date Marriage Ended (mm/dd/yyyy)	35.	Date of Birth (mm/dd/yyyy)					
36. Country of Birth			36.	Country of Birth					
Spouse 2	Spou	se 2							
23.a. Family Name (Last Name)	23.a.								
23.b. Given Name	23.b.	Given Name							
(First Name)  23.c. Middle Name	22 ~								

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Par	t 4. Information About Beneficiary	48.	Travel Document Number				
(cor	ntinued)						
Perso	on 4	49.	Country of Issuance for Passport or Travel Document				
37.a.	Family Name (Last Name)						
37.b.	Given Name	50.	Expiration Date for Passport or Travel Document				
	(First Name)		(mm/dd/yyyy)				
37.c.	Middle Name	Ber	neficiary's Employment Information				
38.	Relationship	Prov	ide the beneficiary's current employment information (if				
39.	Date of Birth (mm/dd/yyyy)		icable), even if they are employed outside of the United es. If the beneficiary is currently unemployed, type or print				
40.	Country of Birth		employed" in <b>Item Number 51.a.</b>				
		51.a	Name of Current Employer (if applicable)				
Perso		51.b	. Street Number and Name				
41.a.	Family Name (Last Name)	51.c	Apt. Ste. Flr.				
41.b.	Given Name (First Name)						
41.c.	Middle Name	51.d	. City or Town				
		51.e.	State 51.f. ZIP Code				
42.	Relationship	51.g	. Province				
43.	Date of Birth (mm/dd/yyyy)	51 h	. Postal Code				
44.	Country of Birth						
		51.1.	Country				
Ben	eficiary's Entry Information	52.	Date Employment Began (mm/dd/yyyy)				
45.	Was the beneficiary <b>EVER</b> in the United States?		1 1, 1 1 1, 2 1 1, 3 1, 1 1, 1 1, 1 1, 1				
	Yes No						
If the	beneficiary is currently in the United States, complete	Ada	ditional Information About Beneficiary				
	s Numbers 46.a 46.d.	53.	Was the beneficiary ${\bf EVER}$ in immigration proceedings?				
46.a.	He or she arrived as a (Class of Admission):		Yes No				
		54.	If you answered "Yes," select the type of proceedings and				
46.b.	Form I-94 Arrival-Departure Record Number		provide the location and date of the proceedings.				
			Removal Exclusion/Deportation				
46.c.	Date of Arrival (mm/dd/yyyy)		Rescission Other Judicial Proceedings				
46.d.	Date authorized stay expired, or will expire, as shown on	55.a	City or Town				
	Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status						
		55.b	. State				
47.	Passport Number	56.	Date (mm/dd/yyyy)				

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Part 4. Information About Beneficiary (continued)	The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:					
If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language.	62.a. City or Town					
57.a. Family Name	<b>62.b.</b> Province					
(Last Name)	<b>62.c.</b> Country					
57.b. Given Name (First Name)						
<b>57.c.</b> Middle Name	NOTE: Choosing a U.S. Embassy or U.S. Consulate outside					
58.a. Street Number and Name	the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for					
58.b.	processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary's case.					
<b>58.c.</b> City or Town						
<b>58.d.</b> Province	Part 5. Other Information					
<b>58.e.</b> Postal Code	1. Have you <b>EVER</b> previously filed a petition for this beneficiary or any other alien? Yes No					
58.f. Country	If you answered "Yes," provide the name, place, date of filing, and the result.					
If filing for your spouse, provide the last address at which	2.a. Family Name (Last Name)					
you physically lived together. If you never lived together,	2.b. Given Name					
type or print, "Never lived together" in Item Number 59.a.	(First Name)					
59.a. Street Number and Name	2.c. Middle Name					
<b>59.b.</b> Apt. Ste. Flr.	<b>3.a.</b> City or Town					
<b>59.c.</b> City or Town	3.b. State					
<b>59.d.</b> State <b>59.e.</b> ZIP Code	4. Date Filed (mm/dd/yyyy)					
<b>59.f.</b> Province	5. Result (for example, approved, denied, withdrawn)					
<b>59.g.</b> Postal Code	If you are also submitting separate petitions for other relatives,					
<b>59.h.</b> Country	provide the names of and your relationship to each relative.					
	Relative 1					
<b>60.a.</b> Date From (mm/dd/yyyy)	6.a. Family Name (Last Name)					
<b>60.b.</b> Date To (mm/dd/yyyy)	6.b. Given Name (First Name)					
The beneficiary is in the United States and will apply for	<b>6.c.</b> Middle Name					
adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:	7. Relationship					
<b>61.a.</b> City or Town						
61 h State						

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Par	t 5. Other I	nformation (continued)	Pet	titioner's Contact Information				
Rela	tive 2		3.	Petitioner's Daytime Telephone Number				
8.a.	Family Name (Last Name)							
8.b.	Given Name (First Name)		4.	Petitioner's Mobile Telephone Number (if any)				
8.c.	Middle Name		5.	Petitioner's Email Address (if any)				
9.	Relationship							
veriffamilyou of PEN years additup to or co	tes the validity of the property of the proper	aw, you may be imprisoned for up to 5 000, or both, for entering into a marriage evade any U.S. immigration law. In the fined up to \$10,000 and imprisoned for the for knowingly and willfully falsifying the erial fact or using any false document in	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 information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.  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.					
Part 6. Petitioner's Statement, Contact Information, Declaration, and Signature				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:				
		nalties section of the Form I-130 ompleting this part.	1) I provided or authorized all of the information contained in, and submitted with, my petition;					
Pet	itioner's State	ement		2) I reviewed and understood all of the information in,				
	cable, select the	ox for either <b>Item Number 1.a.</b> or <b>1.b.</b> If box for <b>Item Number 2.</b> and understand English, and I have read		<ul><li>and submitted with, my petition; and</li><li>3) All of this information was complete, true, and correct at the time of filing.</li></ul>				
1.b.	and unders petition an The interp question a	stand every question and instruction on this ad my answer to every question.  reter named in <b>Part 7.</b> read to me every nd instruction on this petition and my every question in	my j or a info	rtify, under penalty of perjury, that all of the information in petition and any document submitted with it were provided uthorized by me, that I reviewed and understand all of the rmation contained in, and submitted with, my petition, and all of this information is complete, true, and correct.				
		,	Pet	titioner's Signature				
		e in which I am fluent. I understood all of nation as interpreted.	6.a.	Petitioner's Signature (sign in ink)				
2.	At my req	uest, the preparer named in <b>Part 8.</b> ,	<b>→</b>					
		his petition for me based only upon on I provided or authorized.		Date of Signature (mm/dd/yyyy)  FF TO ALL PETITIONERS: If you do not completely				

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**NOTE TO ALL PETITIONERS:** If you do not completely fill out this petition or fail to submit required documents listed

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in the Instructions, USCIS may deny your petition.

## Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter if you

Prov. used	ide the following information about the interpreter if you one.	I am fluent in English and					
Inte	erpreter's Full Name	which is the same language provided in <b>Part 6.</b> , <b>Item Number 1.b.</b> , and I have read to this petitioner in the identified language every question and instruction on this petition and his or her					
1.a.	Interpreter's Family Name (Last Name)	answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the					
1.b.	Interpreter's Given Name (First Name)	petition, including the <b>Petitioner's Declaration and Certification</b> , and has verified the accuracy of every answer.					
2.	Interpreter's Business or Organization Name (if any)	Interpreter's Signature					
		7.a. Interpreter's Signature (sign in ink)					
	erpreter's Mailing Address	7.b. Date of Signature (mm/dd/yyyy)					
3.a.	Street Number and Name						
3.b.	Apt. Ste. Flr.	Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if					
3.c.	City or Town	Other Than the Petitioner					
3.d.	State 3.e. ZIP Code	Provide the following information about the preparer.					
3.f.	Province	Preparer's Full Name					
3.g.	Postal Code	1.a. Preparer's Family Name (Last Name)					
	Country						
		<b>1.b.</b> Preparer's Given Name (First Name)					
Inte	erpreter's Contact Information	2. Preparer's Business or Organization Name (if any)					
4.	Interpreter's Daytime Telephone Number						
		Preparer's Mailing Address					
5.	Interpreter's Mobile Telephone Number (if any)	3.a. Street Number and Name					
6.	Interpreter's Email Address (if any)	<b>3.b.</b>					
		3.c. City or Town					
		3.d. State 3.e. ZIP Code					
		3.f. Province					
		3.g. Postal Code					

Interpreter's Certification

I certify, under penalty of perjury, that:

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**3.h.** Country

## Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

Pre	pare	er's Contact Information										
4.	Preparer's Daytime Telephone Number											
5.	Preparer's Mobile Telephone Number (if any)											
6.	Preparer's Email Address (if any)											
Pre	pare	er's Statement										
7.a.	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.		I am an attorney or accredited representative and my representation of the petitioner in this case extends does not extend beyond the preparation of this petition.										
<b>NOTE:</b> If you are an attorney or accredited representative whose representation extends preparation of this petition, you may be oblig submit a completed Form G-28, Notice of Ed Appearance as Attorney or Accredited Representative, with this petition.												
Pre	pare	er's Certification										
prepared petitisme the petitism petitism petitism petitism prepared prepare	ared to concrete the concrete t	gnature, I certify, under penalty of perjury, that I this petition at the request of the petitioner. The then reviewed this completed petition and informed to or she understands all of the information contained bmitted with, his or her petition, including the the tr's Declaration and Certification, and that all of this complete, true, and correct. I completed this assed only on information that the petitioner provided authorized me to obtain or use.										
Pre	pare	er's Signature										
8.a.	Pre	parer's Signature (sign in ink)										
8.b.	Dat	e of Signature (mm/dd/yyyy)										

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Par	t 9. Additio	nal Ir	ıforr	nation			5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
withing space to conduct of particular to the conduct of the condu	n need extra spanthis petition, we than what is proposed and file per. Type or proposed feach sheet; indeed the need of the ne	use the rovided with the rould the round the round the round the rould the round the rould the round the r	space l, you is peti r nam he <b>Pa</b>	below. may mak ition or a le and A- ge Numb	If you te copi ttach a Numb <b>oer</b> , <b>P</b> a	need more ies of this page separate sheet er (if any) at th art Number,	·					
	Family Name (Last Name) Given Name											
	(First Name)											
1.c.	Middle Name											
2.	A-Number (if	any) ▶	<b>A-</b>									
3.a.	Page Number	3.b.	Part	Number	3.c.	Item Number	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.							6.d.		•			
4.a.	Page Number	<b>4.b.</b>	Part	Number	4.c.	Item Number	7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
4.d.												
4.a.							/.a.					

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