

START HERE - Please Type or Print

Part 1. Information about person or organization filing this petition. (Individuals should use top name line; organizations should use the second line.) *If you are filing for yourself, skip to Part 2. A widow(er) must file for him/her self.*

Family Name	Given Name	Middle Initial
Company or Organization Name		
Address - C/O		
Street Number and Name	Apt. #	
City	State or Province	
Country	ZIP/Postal Code	
U.S. Social Security #	A #	IRS Tax # (if any)

Part 2. Classification Requested (check one):

- a. Amerasian
- b. Widow(er) of a U.S. citizen who died within the past 2 years
- c. Special Immigrant Juvenile
- d. Special Immigrant Religious Worker
- e. Special Immigrant based on employment with the Panama Canal Company, Canal Zone, Government or U.S. Government in the Canal Zone
- f. Special Immigrant Physician
- g. Special Immigrant International Organization Employee or family member

Part 3. Information about the person this petition is for.

Family Name	Given Name	Middle Initial
Address - C/O		
Street Number and Name	Apt. #	
City	State or Province	
Country	ZIP/Postal Code	
Date of Birth (Month/Day/Year)	Country of Birth	
U.S. Social Security # (if any)	A # (if any)	

Complete the items below if this person is in the United States:

Date of Arrival (Month/Day/Year)	I-94 #
Current Nonimmigrant Status	Expires on (Month/Day/Year)

FOR INS USE ONLY

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Petitioner/Applicant Interviewed	
<input type="checkbox"/> Beneficiary Interviewed	
<input type="checkbox"/> I-485 Filed Concurrently	
<input type="checkbox"/> Bene "A" File Reviewed	
Classification	
Consulate	
Priority Date	
Remarks:	
Action Block	
To be completed by Attorney or Representative, if any	
<input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant	
VOLAG #	
ATTY State License #	

Part 4. Processing Information.

Below give the United States Consulate you want notified if this petition is approved and if any requested adjustment of status cannot be granted.

American Consulate City	Country
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If you gave a United States address in Part 3, print the person's foreign address below. If his/her native alphabet does not use Roman letters, print his/her name and foreign address in the native alphabet.

Name	Address
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- Sex of the person this petition is for. Male Female
- Are you filing any other petitions or application with this one? No Yes (How many? _____)
- Is the person this petition is for in exclusion of deportation proceedings? No Yes (Explain on a separate sheet of paper)
- Has the person this petition is for ever worked in the U.S. without permission? No Yes (Explain on a separate sheet of paper)
- Is an application for adjustment of status attached to this petition? No Yes

Part 5. Complete only if filing for an Amerasian.

Section A. Information about the mother of the Amerasian.

Family Name	Given Name	Middle Initial
Living? <input type="checkbox"/> No (Give date of death _____) <input type="checkbox"/> Yes (Complete address line below) <input type="checkbox"/> Unknown (attach a full explanation)		
Address		

Section B. Information about the father of the Amerasian. If possible, attach a notarized statement from the father regarding parentage. Explain on separate paper any question you cannot fully answer in the space provided in this form.

Family Name	Given Name	Middle Initial
Date of Birth (Month/Day/Year)	Country of Birth	
Living? <input type="checkbox"/> No (Give date of death _____) <input type="checkbox"/> Yes (Complete address line below) <input type="checkbox"/> Unknown (attach a full explanation)		
Home Address		

Home Phone #	Work Phone #
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At the time the Amerasian was conceived:

- The father was in the military (indicated branch of service below - and give service number here):
 Army Air Force Navy Marine Corps Coast Guard _____
- The father was a civilian employee abroad. Attach a list of names and addresses of the organizations which employed him at that time.
- The father was not in the military, and was not a civilian employed abroad. (Attach a full explanation of the circumstances.)

Part 6. Complete only if filing for a Juvenile.

Section A. Information about the Juvenile.

List any other names used.

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

Answer the following questions regarding the person thus petition is for. If you answer "no" explain on a separate sheet of paper.

- Is he/she still a juvenile under the laws of the state in which the juvenile court upon which the alien has been declared dependent located? No Yes
- Does he/she continue to be dependent upon the juvenile court? No Yes
- Does he/she continue to be eligible for long term foster care? No Yes

Continued on next page.

Part 7. Complete only if filing for a Widow or Widower.

Section A. Information about the U.S. citizen husband or wife who died.

Family Name		Given Name	Middle Initial
Date of Birth (Month/Day/Year)	Country of Birth		Date of Death (Month/Day/Year)
His/her U.S. citizenship was based on (check one)			
<input type="checkbox"/> Birth in the U.S.		<input type="checkbox"/> Birth abroad to U.S. citizen parent(s)	<input type="checkbox"/> Naturalization

Section B. Additional Information about you.

How many times have you been married?	How many times was the person in Section A married?
Give the date and place you and person in section A were married.	
Did you live with this U.S. citizen spouse from the date you were married until he/she died?	
<input type="checkbox"/> Yes <input type="checkbox"/> No (attach explanation)	
Were you legally separated at the time of the United States citizen's death?	
<input type="checkbox"/> Yes (attach explanation) <input type="checkbox"/> No	
Give your address at the times of the United States citizen's death.	

Part 8. Information about the children and spouse of the person this petition is for.

For a widow or widower, include any children of your deceased spouse.

A. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child		A #
B. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child		A #
C. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child		A #
D. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child		A #
E. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child		A #
F. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child		A #
G. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child		A #
H. Family Name	Given Name	Middle Initial	Date of Birth (Month/Day/Year)
Country of Birth	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child		A #

Continued on back.

Part 9. Signature.

Read the information on penalties in the instructions before completing this part. If you are going to file this petition at an INS office in the United States, sign below. If you are going to file it at a U.S. consulate or INS office overseas, sign it in front of a U.S. INS or consular official.

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. If filing this on behalf of an organization, I certify that I am empowered to do so by that. I authorize the release of any information from my records, or from the petitioning organization's records, which the Immigration and Naturalization Service needs to determine eligibility for the benefit being sought.

Signature		Date
Signature of INS or Consular Official	Print Name	Date

Please Note: If you do not completely fill out this form, or fail to submit required documentation listed in the instructions, then the person(s) filed for may not be found eligible for a requested benefit, and it may have to be denied.

Part 10. Signature of person preparing form if other than above. (sign below)

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

Signature	Print Your Name	Date
Firm Name and Address		
