

Petition to Classify Orphan as an Immediate Relative

USCIS Form I-600

Department of Homeland Security U.S. Citizenship and Immigration Services

OMB No. 1615-0028 Expires 07/31/2025

			For U	.S. Governm	ent Use Only				
TI	ne petitioner is: 🔲 Mar	ried Unmarried		Action I	Block		Receipt/Fee Stamp		
	Form I-600A Approva Approval Valid Until (n								
The petitioner is approved to adopt an orphan from (if specified): (Name of non-Hague Convention Country) PAIR Letter Issued Date (if applicable) (mm/dd/yyyy):			Department of State Actions: ☐ Approved ☐ Transfer to USCIS as Not Clearly Approvable ☐ Transfer to USCIS as Consular Return			Officer Sig	Final Adjudicating Office/Post: Officer Signature and Date: Child's Legal Name after Adoption:		
	To be Completed By an Attorney or Accredited Representative (if applicable) Accredited Representative (if any) Select this box if Form G-28 or G-28I is attached. Attorney State Bar Number (if applicable) USCIS Online Account Number (if any)								
Pa	orphan as your immed	diate relative. citizen in order to fi more information.	le this po	etition. See the	•		is petition is made to classify an nirements section of the Form		
1.	Family Name (Last N	,			ne (First Name)	N	Middle Name (if applicable)		
		·					, 11		
2.	Other Names Used (if Provide all other nam this section, use the sp	es you have ever use				cknames. If yo	ou need extra space to complete		
	Family Name (Last N	Jame)		Given Nar	ne (First Name)	N	Middle Name (if applicable)		
Yo	ur Contact Inform	nation							
3.	U.S. Mailing Address In Care Of Name (if a								
	Street Number and Na	ame				Apt. Ste. Flr.	Number		
	City or Town					State	ZIP Code		

Pa	rt 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 yappropriate.	your address abroad in Item Number 6. , as
5.	U.S. Physical Address (if any)	
	Street Number and Name	Apt. Ste. Flr. Number
	City or Town	State ZIP Code
6.	Address Abroad (if any)	
	Street Number and Name	Apt. Ste. Flr. Number
		7
	City or Town	State
	Province Postal Code Country	
7.	Daytime Telephone Number 8. Mobile Telephone	ne Number (if any)
	Sujumo respinsio rumosi	no riamos. (ir any)
9.	Email Address (if any)	
	Email Address (II ally)	
In	formation 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 Provin	ace of Birth
14	Country of Birth	
17.	Country of Birth	
15	How did you obtain your U.S. citizenship? Birth Parents	Naturalization
13.		
	A. If you obtained your citizenship through your parents, have you obtained a Ceyour own name?	ertificate of Citizenship in Yes No
	If you answered "Yes," provide the following information about your Certific	ate of Citizenship:
	Your Name On the Certificate of Citizenship	
	Family Name (Last Name) Given Name (First Na	me) Middle Name (if applicable
	Alien Registration Number (A-Number) (if any) Certificate of Citizenship Nur	mber
	► A-	
	Date of Issuance Place of Issuance	
	(mm/dd/yyyy)	

Pa	rt 1	. Information About You (Petitioner)	(conti	nued)		
	В.	If you obtained your citizenship through naturaliz	zation, _I	provide the following inform	ation about yo	ur Certificate of Naturalization:
		Your Name On the Certificate of Naturalization	1			
		Family Name (Last Name)		Given Name (First Name)		Middle Name (if applicable)
		A-Number (if any)	Certifi	cate of Naturalization Num	ber	
		► A-				
		Date of Naturalization	Place	of Naturalization		
		(mm/dd/yyyy)				
16.		ve you EVER renounced or lost U.S. citizenship or parent or grandparent) EVER lost U.S. citizen		anyone you obtained citizer	nship through	(such as Yes No
	NO	TE: If you answered "Yes," provide a detailed	explana	ation in the space provided i	n Part 10. A d	lditional Information.
17.	Wh	at is your marital status? Single M	Married	Separated Di	vorced	Widowed
18.	Но	w many times have you been married (including	your cı	urrent marriage, if applicabl	e)?	
	NO	TE: If you are not currently married, skip to Ite	em Nur	nber 30.		
In	forn	nation About Your Current Marriage				
19.	Dat	e of Current Marriage (mm/dd/yyyy) 20. Plac	e Whe	re Current Marriage Occurr	ed	
21.	Naı	ne of Your Current Spouse				
	Fan	nily Name (Last Name) Giv	en Nan	ne (First Name)	Midd	le Name (if applicable)
22.	Oth	er Names Your Current Spouse Has Used (if any	y)			
		vide all other names your spouse has ever used, applete this section, use the space provided in Par		_	d nicknames.	If you need extra space to
	Fan	nily Name (Last Name) Giv	en Nan	ne (First Name)	Midd	le Name (if applicable)
23.	Info	ormation About Your Current Spouse				
	Spo	ouse's Date of Birth (mm/dd/yyyy) Spouse's A-N ► A-	Number	(if any) Spous	se's USCIS Or	nline Account Number (if any)
	Spo	ouse's City/Town/Village of Birth		Spouse's State or Pro	ovince of Birtl	h
	Spo	ouse's Country of Birth		- 		

Pa	rt 1. Information About You	(Petitioner) (con	ntinued)					
Is y	our spouse a U.S. citizen?						Yes] No
If y	ou answered "Yes," how did your spo	ouse obtain U.S. citiz	zenship?	Birth	Naturalizatio	on _	Parents	
If y	ou answered "No," provide your spou	ise's current U.S. im	migration status:					
24.	How many times has your current sp	oouse been married (including your curr	ent marria	age, if applicable	e)?		
Yo	ur Spouse's Contact Informat	ion						
25	Does your current spouse reside with	h vou?					Yes	□No
20.	If you answered "No," provide your	•	vsical address in Ite	em Numb	er 26.			110
26.	Your Current Spouse's Physical Add		,					
	Street Number and Name	aress (ir appricaere)			Apt. Ste. Flr.	Number		
	City or Town				State	ZIP Cod	 le	
	City of Town					Zii Cou		
	Province	Postal Code	Cov	inter:				
	Frovince	Fostal Code		intry				
25			20 5	34.11.7	D.1.1. N. 1	1		
21.	Spouse's Daytime Telephone Number	er	28. Spouses	Niobile I	Telephone Numb	ber		
20	Consider Francis Addition (Const.)							
29.	Spouse's Email Address (if any)							
Ad	ditional Household Members							
30.	How many persons 18 years of age of	or older (other than y	your spouse, if marr	ied) resid	e with you?			
	If you answered "1" or more, you M for each person.	UST complete Form	n I-600A/I-600 Sup	plement 1	, Listing of Adu	ılt Memb	er of the H	ousehold,
31.	List all of your children who are und	ler 18 years of age.	Also include any ot	her childr	en under 18 yea	rs of age	who reside	e in your
	household, regardless of your relation in Part 10. Additional Information		ren. If you need ex	tra space t	to complete this	table, use	e the space	provided
	Name (First/Middle/Last)	Date of Birth (mm/dd/yyyy)	Country of Birt	h A-N	umber (if any)	Rela	tionship 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 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) **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 Yes No 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. 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? Yes 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. **36.** Have you ever previously placed a child in the care of another person with the intent to transfer permanent Yes ☐ No custody of the child? 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 Yes or other state/local authorities or following a the state/local process? 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**.

app	licat	ple. Provide a description of any type of cou	at administration or other entity involved; date of in inseling, rehabilitation, or other information that yo space provided in Part 10. Additional Informatio	ou and your spo		•
38.	Hav	ve you EVER , whether in or outside the U	nited States:			
	A.	violating any law or ordinance? (Answer adverse criminal history was expunged, so	d, indicted, convicted, fined, or imprisoned for brown "Yes," even if the record of the arrest, conviction ealed, pardoned, or the subject of any other amelications for driving or operating a vehicle while see of alcohol or other intoxicant.)	n, or other oration. Do	Yes	□ No
	B.	Received a pardon, amnesty, rehabilitation	n decree, other act of clemency, or similar action	?	Yes	☐ No
	C.	-	ced on probation or parole, or been in an alternative has diversion, deferred prosecution, deferred or val charge?		Yes	☐ No
	D.		ny time, even if closed or unsubstantiated, by any thority in any state or foreign country concerning		Yes	☐ No
39.	Has	s your spouse EVER , whether in or outside	e the United States:			
	A.	violating any law or ordinance? (Answer adverse criminal history was expunged, so Do not include traffic violations, except for the contract of the contract o	d, indicted, convicted, fined, or imprisoned for brown "Yes," even if the record of the arrest, conviction ealed, pardoned, or the subject of any other amelion violations for driving or operating a vehicle when the influence of alcohol or other intoxicant.)	n, or other oration.	Yes	☐ No
	B.	Received a pardon, amnesty, rehabilitation	n decree, other act of clemency, or similar action	?	Yes	☐ No
	C.		ced on probation or parole, or been in an alternation as diversion, deferred prosecution, deferred or val charge?		Yes	□ No
	D.		ny time even if closed or unsubstantiated, by any thority in any state or foreign country concerning		Yes	☐ No
Pa	rt 2	2. Information About the Orphan	Beneficiary			
1.	Naı	me at Birth				
	Fan	nily Name (Last Name)	Given Name (First Name)	Middle Name	(if applicat	ole)
2.	Cui	rrent Name				
	Fan	nily Name (Last Name)	Given Name (First Name)	Middle Name	(if applicat	ole)
					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·

Part 2. Information About the Orphan Beneficiary (continued)

3.	Oth	ner Names the Orphan Has	Used										
		ovide all other names the o					ou need extra space	to complete	this				
	Fan	nily Name (Last Name)		Given Nan	ne (F	irst Name)	Middle Nam	e (if applica	ble)				
4.	Ger	nder 5.	Date of Birth (mi	n/dd/vvvv)	6.	City/Town/Village of l							
		Male Female											
7.	Stat	te or Province of Birth			8.	Country of Birth							
		te of Frovince of Bitti			•								
9.	The	a banaficiary is an arphan l	hacausa (salact an	ly one boy):									
7.		The beneficiary is an orphan because (select only one box):											
	A.	He or she has no par both parents.	ents due to the dea	th or disappe	earan	ce of, abandonment or o	desertion by, or sepa	ration or los	s from				
		_											
	В.	He or she has a sole released the child for			pable	e of providing proper ca	re and who has in w	riting irrevo	cably				
10.	If tl	he orphan has a sole or sur	_	_	wino								
10.		What happened to the oth			·· ·····s	•							
	110	what happened to the ou	ici ontil of previou	as parent.									
	В.	Is the remaining parent co	anable of providin	g proper care	e for	the orphan?		Yes	☐ No				
		Has the remaining parent	•			•	on in writing?	Yes	□ No				
11.		l you adopt the orphan abr	·	oca the orpha	11 101	emigration and adopted	,, iii wiidiig.	Yes	□ No				
		l your spouse (if married) a		broad?				Yes	□ No				
		you answered "Yes" to Iter	• •		r 12	provide the following	information:						
15.	•	Did you or your spouse (-		Yes	□No				
	A.	proceedings? (This does					uring the adoption						
	B.	Date of Adoption (mm/de	d/yyyy) C.	Place of A	dopti	on							
14.	If v	ou answered "No" to eithe	er Item Number 1	1., Item Nur	nber	12., or Item A. in Item	Number 13., provi	de the follo	wing				
		ormation:							C				
	NO	OTE: If you need extra spa	ace to complete Ite	ems A D., 1	use tl	ne space provided in Pa	rt 10. Additional Ir	nformation.					
	A.	Do you and your spouse	(if married) intend	to adopt the	orph	an in the United States	?	Yes	☐ No				
	B.	Provide a written descrip											
		relevant state statutes and requirements, indicate "n		e state of the	orpl	nan's proposed residence	e does not have any	pre-adoptior	1				
		requirements, mercute in	от аррионого.										

Par	t 2	. Information About the Orphan Beneficiary (continued)
		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.
]	D.	Will any pre-adoption requirements be met at a later time? 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.
		your knowledge:
		Does the orphan have any special need, disability, and/or impairment? Yes No If you answered "Yes," name or describe the special need, disability, and/or impairment.
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.
15		One of the orphan's living birth parents. The living birth parent is the (select only one box): Mother Father
		ormation About the Attorney Abroad Representing You and/or Your Spouse (if married) in this Case (if any) nily Name (Last Name) Given Name (First Name) Middle Name (if applicable)
:	Stre	et Number and Name Apt. Ste. Flr. Number
[City	or Town State ZIP Code
]	Pro	vince Postal Code Country

Pa	rt 2. Information About the Orpha	an B	Beneficiary (contin	ued)					
18.	Address Where the Orphan Will Reside After	er the	e Adoption (or after yo	u obtain leg	gal custody)				
	Street Number and Name				Apt. Ste.	Flr.	Number		
	City or Town				 State		ZIP Code		
	Province	Pos	stal Code	Country					
19.	Current Address of the Orphan								
	In Care Of Name								
	Street Number and Name				Ant Ste	Flr	Number		
	Sirect Number and Page]	Tumber		
	City or Town				State		ZIP Code		
	CRY OF TOWN								
	Duovinos	Dog	otal Cada	Country					
	Province	Pos	stal Code	Country					
20	Te da a comban maridas in an institution manais	ـــا	- f-11f-11 - iti	L					
20.	If the orphan resides in an institution, provid	ie in	e tun name of the msu	tution.					
) 1	If the orphan does not reside in an institution	n nr	avide the full name of	the person r	with whom th	20.05	nhan is residing or	than	omo
21.	of the orphan's caretaker.	n, pro	ovide the full flame of	me person	wiui wiioiii u	ie oi	phan is festuning of	the i	anne
	Family Name (Last Name)		Given Name (First N	ame)	Middle Name (if applicable)				
			,				` **		
22.	Provide any additional information necessar	ry to	locate the orphan, such	as the nan	ne of a distric	t, sec	ction, zone, or loca	ality i	n
	which the orphan resides:	,	1				, ,	,	
23.	After you obtain an adoption or legal custod	ly of	the orphan, do you int	end to:					
	A. Seek an immigrant visa because the chi	ld w	ill reside with you in th	ne United S	tates?		Y	es [No
	B. Seek a non-immigrant visa for the child							es [No
	naturalization, because you will continu	ie to	reside abroad with the	child imme	ediately follo	wing	the		
24	adoption?	tion :	(if applicable)?						
.⊶.	Where do you wish to file your visa applicate								
	The U.S. Embassy or U.S. Consulate located	d at:							

Pa	rt 3. Information About Your Home Study and	Primary Adoption Service Provider
1.	Your home study:	
	A. Was previously submitted with your approved Form approval notice).	n I-600A application (please attach a copy of your Form I-600A
	B. Was previously submitted with your pending Form receipt notice).	I-600A application (please attach a copy of your Form I-600A fee
	C. IS attached to this Form I-600.	
	appropriate state authority has indicated that it will s	e requirements necessitating review and documentation. The ubmit the home study directly to U.S. Citizenship and Immigration to USCIS until the state authority is ready to send your home study
In	formation About Your Primary Adoption Service P	rovider
ens	uring all six adoption services defined in 22 CFR 96.2 are provervised providers when used (see 22 CFR 96.14), and for deve	ency or approved person who is responsible under 22 CFR 96 for rided according to the law, for supervising and being responsible for loping and implementing a service plan in accordance with 22 CFR
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 Numb	per 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)

_		
Pa	rt 4. In	formation About Fees, Expenses, and Other Compensation (continued)
3.	give mor	or your spouse (if married) or anyone on behalf of you and your spouse, given or arranged to lev or other consideration either directly or indirectly to the orphan's parent(s), agent(s), other al(s), or entity to induce or encourage the release of the orphan?
	If you an	swered "Yes," provide a detailed description to explain.
Pa	rt 5. A	ccommodations for Individuals With Disabilities and/or Impairments
NO	TE: Rea	If the information in the Form I-600 Instructions before completing this section.
	Are you	requesting an accommodation because of disabilities and/or impairments?
2.	-	swered "Yes," select all applicable boxes below to indicate who has the disabilities and/or impairments.
	Petit	ioner Spouse Other Adult Household Member
3.		swered "Yes" to Item Number 1 ., select all applicable boxes in Items A C. and provide an answer for each person bilities and/or impairments.
		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).):
	В. 🗌	Blind or have low vision and request the following accommodation:
		Another type of disability and/or impairment. (Describe the nature of the disability and/or impairment and the requested accommodation.):
Pa	rt 6. Pe	etitioner's Statement, Certification, Duty of Disclosure, and Signature
Ю	TE: Rea	d the Penalties section of the Form I-600 Instructions before completing this section.
Pe	titioner	s Statement
	Petitione	r's Statement Regarding the Interpreter (Select the box for either Item A. or B.)
	· · · · · · · · · · · · · · · · · · ·	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.
		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.		r's Statement Regarding the Preparer (if applicable)
		ny request, the preparer named in Part 9 .,
		ared 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

prepared this petition for me based only upon information I provided or authorized.

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.

Pe	etitioner'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.							
Yo	our 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. ,						

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.

Y	our Spouse's Signature							
3.	Your Spouse's Signature	Date of Signature (mm/dd/yyyy)						
Pa	Part 8. Interpreter's Contact Information, Certification, and Signature							
•	rou and/or your spouse (if married) used an interpreter to read and of interpreter.	complete this petition, provide	the following information about					
In	terpreter's Full Name							
1.	Interpreter's Family Name (Last Name)	Interpreter's Given Name (First Name)					
2.	Interpreter's Business or Organization Name (if any)							
	merpreter's Business of Organization Name (if any)							

Pa	Part 8. Interpreter's Contact Information, Certification, and Signature (continued)				
In	terpreter's Mailing Address				
3.	Street Number and Name	Apt. Ste. Fl	r Number		
•	Steet Planter and Plante				
	City or Town	State	ZIP Code		
	Province Postal Code Country				
In	terpreter's Contact Information				
	•	bila Talambana	Number (if and		
4.	Interpreter's Daytime Telephone Number 5. Interpreter's Mo	one reiepnone	Number (II any)		
6.	Interpreter's Email Address (if any)				
In	terpreter's Certification				
I ce	rtify, under penalty of perjury, that:				
	n fluent in English and	, which i	s the same language specified in		
eve info Cer	rts 6. and 7., Item B in Item Number 1., and I have read to this petitioner and/or the ry question and instruction on this petition and their answer to every question. The formed me that he or she understands every instruction, question, and answer on the rtification and the Your Spouse's Certification, and has verified the accuracy of e	petitioner and/ petition, includ	or the petitioner's spouse		
In	terpreter's Signature				
7.	Interpreter's Signature		Date of Signature (mm/dd/yyyy)		
	art 9. Contact Information, Declaration, and Signature of the Pernan the Petitioner and Spouse	son Prepari	ng this Petition, If Other		
If y	ou and/or your spouse (if married) used a preparer to complete this petition, provid	e the following	information about the preparer.		
Pr	reparer's Full Name				
1.	Preparer's Family Name (Last Name) Preparer's Gi	ven Name (Firs	et 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 Street Number and Name Apt. Ste. Flr. Number City or Town State ZIP Code Province Postal Code Country Preparer's Contact Information Preparer's Daytime Telephone Number **5.** Preparer's Mobile Telephone Number (if any) Preparer's Email Address (if any) Preparer's Statement 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. 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

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)

petition based only on information that the petitioner provided to me or authorized me to obtain or use.

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.	ran	my Name (Last	name)	G	iven Name (First Name)	Middle Name
2.	A-N	Sumber (if any)	► A	-			
3.	A.	Page Number	В.	Part Number	C.	Item Number	
	D.						
	Д.						
4.	A.	Page Number	В.	Part Number	С.	Item Number	
	D.						
5	Δ	Page Number	R	Part Number	C	Item Number	
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	D.						
6.	A.	Page Number	В.	Part Number	C.	Item Number	
	D.						