

Petition for Alien Relative

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-130 OMB No. 1615-0012 Expires 12/31/2015

For USCIS Use Only		Fee Stamp		Action Stamp						
A-Number										
A-										
Initial Receipt										
Resubmitted Relocated	<u> </u>	 ection of Law/Visa	Category							
Received	201(b) Spouse - IR-1/CR-1				m S/D - F2-4					
Sent	201(b) Child - IR-2/CR-2	_	_							
Completed	201(b) Parent - IR-5	203(a)(2)(A) Child -	F2-2 🔲 20	03(a)(4) Brothe	r/Sister - F4-1					
Approved	Petition was filed on (Priority	Date mm/dd/yyyy):		_	vestigation					
Returned	PDR request granted/denied - I	New priority date (mm/dd/	′уууу):	☐ Previous: ☐ 203(g) R	ly Forwarded tesolved	☐ Pet. A-File Reviewed ☐ I-485 Filed Simulta ☐ Ben. A-File Reviewed ☐ 204(g) Resolved				
Remarks				Λ	_	T				
	To be	completed by an	attorney	or accred	lited repres	sentative (if any).				
						I				
Select the Form G	is box if Volag N -28 is (if any)	umber	(if appl		ar Number	Talk Attorney or Accredited Representative USCIS ELIS Account Number (if any)				
attached	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(п аррг	icabic)		OSCIS ELIS Account Number (II any)				
► START I	IERE - Type or print	in black ink.								
If you no	and outre space to comm	late any section of	f this poti	tion use th	ao spaco pro	ovided in Part 9. Additional Inforn	nation			
II you ne						ry, with your petition.	lation.			
	.									
D. of			.4) Info	mation About Voy (Detition	2011					
Part 1. Relationship (You are the Petitioner. Your relative is the Beneficiary)			Your	Par	t 2. 11110	rmation About You (Petition	ier)			
relative is th	ne Beneficiary)			1.	Alien Reg	istration Number (A-Number) (if ar	ıy)			
1. I am filii	ng this petition for my	(Select only one b	ox):		,	► A-				
Spou	se Parent Br	rother/Sister C	hild	2.	USCIS EI	LIS Account Number (if any)				
2. If you ar	e filing this petition for	r your child or pare	ent,			>				
	e box that describes yo	ur relationship (Se	lect only	3.	U.S. Socia	d Security Number (if any)				
one box)):	1 / 1		, // '	~) (
	d was born to parents y		to each	1 /						
othe	er at the time of the chil	d's birth Your Full 1		r Full No	Jame					
Step	ochild/Stepparent									
Chil	d was legitimated before	ore 18 years of age		4.a.	Family Na (Last Nam					
	d was born to parents		ried to	4.b.	Given Na					
each	other at the time of th	e child's birth			(First Nan	· _				
	d was adopted (not an vention adoptee)	Orphan or Hague		4.c.	Middle Na	ame				
	• •	or/gigtor one von	lated by							
3. If the beneficiary is your brother/sister, are you related by adoption? Yes No										
	gain lawful permanent									
citizensh	ip through adoption?	Yes	No							

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

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	2. Information About You (Petitioner) tinued)	26.	Country of Birth
	Date of Current Marriage (if currently married) (mm/dd/yyyy)	27.	City/Town/Village of Residence
		28.	Country of Residence
Place	e of Your Current Marriage (if married)		
19.a.	City or Town	Fath	er's Information
19.b.	State	29.	Your Father's Full Name
19.c.]	Province		Family Name (Last Name)
19.d.	Country		Given Name
			(First Name) Middle Name
Nam	nes of All Your Spouses (if any)	30.	Date of Birth (mm/dd/yyyy)
Provid	de information on your current spouse (if currently married) and then list all your prior spouses (if any).	31.	Country of Birth
Spous	se 1	32.	City/Town/Village of Residence
	Family Name (Last Name)		† O D
20.b.	Given Name (First Name)	33.	Country of Residence
20.c.]	Middle Name		
21. 1	Date Marriage Ended (mm/dd/yyyy)	Ada	litional Information About You (Petitioner)
	Family Name (Last Name)		Tam a (Select only one box): U.S. Citizen Lawful Permanent Resident u are a U.S. citizen, complete Item Number 35.
22.b.	Given Name (First Name)	35.	My citizenship was acquired through (Select only one box):
22.c.]	Middle Name		Birth in the United States
23.	Date Marriage Ended (mm/dd/yyyy)		Naturalization Parents
Info	rmation About Your Parents	36.	Have you obtained a Certificate of Naturalization or a
Mothe	er's Information		Certificate of Citizenship? Yes No
24.	Your Mother's Full Name	•	u answered "Yes," complete the following:
	Family Name (Last Name)	5/.a.	Certificate Number
(Given Name (First Name)	37.b.	Place of Issuance
	Middle Name		
25.]	Date of Birth (mm/dd/yyyy)	37.c.	Date of Issuance (mm/dd/yyyy)

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	t 2. Information About You (Petitioner)		Street Number and Name
	are a lawful permanent resident, complete Item	45.b.	Apt. Ste. Flr.
	bers 38.a 39.	45.c.	City or Town
38.a.	Class of Admission	45.d.	State 45.e. ZIP Code
38 h	Date of Admission (mm/dd/yyyy)	45.f.	Province
	Place of Admission (City or Town and State)	45.g.	Postal Code
oo.c.	The of radingsion (City of Town and State)	45.h.	Country
	Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident? Yes No	46.	Your Occupation
Emp	ployment History	47.a.	Date From (mm/dd/yyyy)
inside	de your employment history for the last five years, whether e or outside the United States. Provide your current byment first. If you are currently unemployed, type or print	47.b.	Date To (mm/dd/yyyy)
	mployed" in Item Number 40. below.	Par	t 3. Biographic Information
_	loyer 1 Name of Employer/Company	NOT petiti	E: Provide the biographic information about you, the oner.
		1.	Ethnicity (Select only one box)
41.a.	Street Number and Name		Hispanic or Latino Not Hispanic or Latino
41.b.	Apt. Ste. Flr.	2.	Race (Select all applicable boxes)
41.c.	City or Town		☐ White ☐ Asian
41.d.	State 41.e. ZIP Code	ノ	Black or African American
41.f.	Province		American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
41.g.	Postal Code		Height Feet Inches
41.h.	Country	4.	Weight Pounds Pounds
42.	Your Occupation	5.	Eye Color (Select only one box)
			☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel
43.a.	Date From (mm/dd/yyyy)		Maroon Pink Unknown/Other
43.b.	Date To (mm/dd/yyyy)	6.	Hair Color (Select only one box)
_	loyer 2		□ Bald (No hair) □ Black □ Blond □ Brown □ Gray □ Red
44.	Name of Employer/Company		Sandy Unknown/Other Unknown/Other

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Par	rt 4. Information About Beneficiary	Oth	er Information About Beneficiary
1.	Alien Registration Number (A-Number) (if any)	7.	City/Town/Village of Birth
	► A-		
2.	USCIS ELIS Account Number (if any)	8.	Country of Birth
	>		
3.	U.S. Social Security Number (if any)	9.	Date of Birth (mm/dd/yyyy)
		10.	Gender Male Female
Ber	neficiary's Full Name	11.	Has anyone else ever filed a petition for the beneficiary?
4.a.	Family Name (Last Name)		Yes No
4.b.	Given Name (First Name)	Ben	eficiary's Marital Information
4.c.	Middle Name	12.	How many times has the beneficiary been married? ▶
Oth	er Names <mark>Used</mark> (if any)	13.	Current Marital Status
	ide all other names the beneficiary has ever used, including es, maiden name, and nicknames.		Single, Never Married Married Divorced Widowed Separated Annulled
5.a.	Family Name (Last Name)	14,	Date of Current Marriage (if currently married)
5.b.	Given Name (First Name)	- 1-	(mm/dd/yyyy)
5.c.	Middle Name		ce of Beneficiary's Current Marriage narried)
Ber	neficiary's Physical Address	_ 15.a.	City or Town
with	be beneficiary lives outside the United States in a home out a street number or name, leave Item Numbers 6.a. and below blank.	15.b.	State
6.a.	Street Number and Name		Province
6.b.	Apt. Ste. Flr.	15.d.	Country
6.c.	City or Town	Nan	nes of Beneficiary's Spouses (if any)
6.d.	State 6.e. ZIP Code		de information on the beneficiary's current spouse (if
6.f.	Province		ntly married) first and then list all the beneficiary's prior ses (if any).
6.g.	Postal Code	Spou	ise 1
6.h.	Country	16.a.	Family Name (Last Name)
		16.b.	Given Name (First Name)
		16.c.	Middle Name
		17.	Date Marriage Ended (mm/dd/yyyy)

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Part 4. Information About Beneficiary	Beneficiary's Employment Information					
(continued)	Provide the beneficiary's current employment information (if					
Spouse 2	applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print					
18.a. Family Name (Last Name)	"Unemployed" in Item Number 26.a. below.					
18.b. Given Name (First Name)	26.a. Name of Current Employer (if applicable)					
18.c. Middle Name	26.b. Street Number and Name					
19. Date Marriage Ended (mm/dd/yyyy)	26.c. Apt. Ste. Flr.					
Beneficiary's Entry Information	28.d. City or Town					
20. Was the beneficiary EVER in the United States?	26.e. State 26.f. ZIP Code					
If the beneficiary is currently in the United States, complete the items below: 21.a. He or she arrived as a (Class of Admission):	26.g. Province 26.h. Postal Code 26.i. Country					
21.b. Form I-94 Arrival-Departure Record Number	27. Date Employment Began (mm/dd/yyyy)					
21.c. Date of Arrival (mm/dd/yyyy)21.d. Date authorized stay expired, or will expire, as shown on	28. Was the beneficiary EVER under immigration proceedings?					
Form I-94 or Form I-95 (mm/dd/yyyy)	29.a. If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.					
22. Passport Number	Removal Exclusion/Deportation Rescission Judicial Proceedings					
23. Travel Document Number	29.b. City or Town					
24. Country of Issuance for Passport or Travel Document	State					
25. Expiration Date for Passport or Travel Document (mm/dd/yyyy)	29.c. Date (mm/dd/yyyy)					

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Part 4. Information About Beneficiary	Person 4
(continued)	42.a. Family Name (Last Name)
Information About Beneficiary's Family	42.b. Given Name (First Name)
Provide information about the beneficiary's spouse and children.	42.c. Middle Name
Person 1	43. Relationship
30.a. Family Name (Last Name)	44. Date of Birth (mm/dd/yyyy)
30.b. Given Name (First Name)	45. Country of Birth
30.c. Middle Name	
31. Relationship	Person 5
or. Relationship	46.a. Family Name
32. Date of Birth (mm/dd/yyyy)	(Last Name)
33. Country of Birth	46.b. Given Name (First Name)
	46.c. Middle Name
Person 2	47. Relationship
34.a. Family Name (Last Name)	48. Date of Birth (mm/dd/yyyy)
34.b. Given Name	49. Country of Birth
(First Name) 34.c. Middle Name	
54.C. Wilddie Name	Additional Information About Beneficiary
35. Relationship	
36. Date of Birth (mm/dd/yyyy)	Provide the address in the United States where the beneficiary intends to live.
37. Country of Birth	50.a. Street Number and Name
	50.b. Apt. Ste. Flr.
Person 3	50.c. City or Town
38.a. Family Name (Last Name)	50.d. State 50.e. ZIP Code
38.b. Given Name (First Name)	/ 2010
38.c. Middle Name	
39. Relationship	
40. Date of Birth (mm/dd/yyyy)	
41. Country of Birth	

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Part 4. Information About Beneficiary (continued)	If filing for your spouse, provide the last address at which you physically lived together.
Provide the beneficiary's address outside the United States.	57.a. Street Number and Name
51.a. Street Number and Name	57.b. Apt. Ste. Flr.
51.b. Apt. Ste. Flr.	57.c. City or Town
51.c. City or Town	57.d. State 57.e. ZIP Code
51.d. Province	57.f. Province
51.e. Postal Code	57.g. Postal Code
51.f. Country	57.h. Country
52. Daytime Telephone Number (if any)	58.a. Date From (mm/dd/yyyy) 58.b. Date To (mm/dd/yyyy)
53. Mobile Telephone Number (if any)	59.a. City or Town
54. Email Address (if any)	59.b. State
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.	The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:
55.a. Family Name (Last Name)	60.a. City or Town
55.b. Given Name (First Name)	60.b. State
55.c. Middle Name	The beneficiary is not eligible 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:
56.a. Street Number and Name	61.a. City or Town
56.b. Apt. Ste. Flr.	61.b. Province
56.c. City or Town 56.d. Province	61.c. Country
56.e. Postal Code 56.f. Country	NOTE: Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that the particular visa-issuing post will accept the
	beneficiary's case for processing. The designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary's case

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Par	t 5. Other Information	Part 6. Petitioner's Statement, Contact
1.	Have you EVER previously filed a petition for this beneficiary or any other alien? Yes No	Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature
•	u answered "Yes," provide the name, place, date of filing, he result.	NOTE: Read the information on penalties in the Penalties
2.a.	Family Name (Last Name)	section of the Form I-130 Instructions before completing this part.
2.b.	Given Name (First Name)	Petitioner's Statement
2.c.	Middle Name	NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.
3.a.	City or Town	1.a. I can read and understand English, and have read and understand every question and instruction on this
3.b.	State	petition, as well as my answer to every question. I have read and understand the Acknowledgement of
4.	Date Filed (mm/dd/yyyy)	Appointment at USCIS Application Support Center.
5.	Result (for example, approved, denied, withdrawn)	1.b. The interpreter named in Part 7. has read to me every question and instruction on this petition, as well as
	u are also submitting separate petitions for other relatives, ide the names of and your relationship to each relative.	my answer to every question, in
	tive 1	a language in which I am fluent. I understand every
6.a.	Family Name (Last Name)	question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated
6.b.	Given Name (First Name)	above. The interpreter named in Part 7. has also read the Acknowledgement of Appointment at USCIS
6.c.	Middle Name	Application Support Center to me, in the language in which I am fluent, and I understand this Application
7.	Relationship	Support Center (ASC) Acknowledgement as read to me by my interpreter.
	tive 2	2.
8.a.	Family Name (Last Name)	who is is not an attorney or accredited
8.b.	Given Name (First Name)	representative, preparing this petition for me. This
8.c.	Middle Name	person who assisted me in preparing my petition has reviewed the Acknowledgement of Appointment at
9.	Relationship	USCIS Application Support Center with me, and I understand the ASC Acknowledgement.
	RNING: USCIS investigates the claimed relationships and	Petitioner's Contact Information
fami	ies the validity of documents you submit. If you falsify a ly relationship to obtain a visa, USCIS may seek to have	3. Petitioner's Daytime Telephone Number
you	criminally prosecuted.	
	ALTIES: By law, you may be imprisoned for up to 5 s or fined \$250,000, or both, for entering into a marriage	4. Petitioner's Mobile Telephone Number (if any)
conti	ract in order to evade any U.S. immigration law. In	F. Defined For NAM (65)
up to	tion, you may be fined up to \$10,000 and imprisoned for 5 years, or both, for knowingly and willfully falsifying	5. Petitioner's Email Address (if any)
or co	oncealing a material fact or using any false document in nitting this petition.	

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Part 6. Petitioner's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, **Certification, and Signature** (continued)

Acknowledgement of Appointment at USCIS **Application Support Center**

understand that the purpose of a USCIS ASC appointment is
for me to provide my fingerprints, photograph, and/or
signature and to re-affirm that all of the information in my

petition is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during

my ASC appointment.

I.

By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in my petition and all supporting documents submitted with my petition were provided by me and are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this Acknowledgement of Appointment at USCIS **Application Support Center** with me.

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 eligibility for the immigration benefit that I seek.

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 laws.

I certify under penalty of perjury, that the information in my petition, my responses to each question, and any document submitted with my petition were provided by me and are complete, true, and correct.

Petitioner's Signature 6.a. Petitioner's Signature **6.b.** 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. Interpreter's Contact Information, Certification, and Signature Provide the following information about the interpreter. Interpreter's Full Name Interpreter's Family Name (Last Name) **1.b.** Interpreter's Given Name (First Name) Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address 3.a. Street Number and Name 3.b. Apt. Ste. Flr. **3.c.** City or Town **ZIP** Code 3.d. State 3.f. Province

Postal Code

3.h. Country

Int	Interpreter's Contact Information				
4.	Interpreter's Daytime Telephone Number				
5.	Interpreter's Email Address (if any)				

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Part 7. Interpreter's Contact Information, **Preparer's Mailing Address Certification, and Signature** (continued) **3.a.** Street Number and Name Interpreter's Certification **3.b.** Apt. Ste. Flr. I certify that: I am fluent in English and 3.c. City or Town which is the same language provided in Part 6., Item Number 3.d. State **3.e.** ZIP Code I have read to this petitioner every question and instruction on Province this petition, as well as the answer to every question, in the language provided in Part 6., Item Number 1.b.; and **3.g.** Postal Code I have read the Acknowledgement of Appointment at USCIS **3.h.** Country **Application Support Center** to the petitioner in the same language provided in Part 6., Item Number 1.b. The petitioner has informed me that he or she understands every Preparer's Contact Information instruction and question on the petition, as well as the answer to every question, and the petitioner verified the accuracy of every Preparer's Daytime Telephone Number answer; and The petitioner has also informed me that he or she understands 5. Preparer's Fax Number the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photograph, and/or signature, he or she is Preparer's Email Address (if any) re-affirming that the contents of this petition and all supporting documentation are complete, true, and correct. Interpreter's Signature Preparer's Statement **6.a.** Interpreter's Signature I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent. **6.b.** Date of Signature (mm/dd/yyyy) 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 Part 8. Contact Information, Statement, of this petition. Certification, and Signature of the Person Preparing this Petition, If Other Than the **NOTE:** If you are an attorney or accredited representative whose representation extends beyond **Petitioner** preparation of this petition, you must submit a Provide the following information about the preparer. completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition. Preparer's Full Name **1.a.** Preparer's Family Name (Last Name) **1.b.** Preparer's Given Name (First Name) 2. Preparer's Business or Organization Name (if any)

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Part 8. Contact Information, Statement, Certification, and Signature of the Person Preparing this Petition, If Other Than the Petitioner (continued)

Preparer's Certification

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner. I completed this petition based only on responses the petitioner provided to me. After completing the petition, I reviewed it and all of the petitioner's responses with the petitioner, who agreed with every answer on the petition. If the petitioner supplied additional information concerning a question on the petition, I recorded it on the petition. I have also read the **Acknowledgement of Appointment at USCIS Application Support Center** to the petitioner and the petitioner has informed me that he or she understands the ASC Acknowledgement.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

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Part 9	. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
within the space that to complete of paper.	ed extra space to provide any additional information is petition, use the space below. If you need more in what is provided, you may make copies of this page ete and file with this petition or attach a separate sheet. Type or print your name and A-Number (if any) at the ch sheet; indicate the Page Number , Part Number , a Number to which your answer refers; and sign and a sheet.	5.d.					
	mily Name ast Name)						
	ven Name rst Name)						
1.c. Mi	ddle Name						
2. A-	Number (if any) ► A -						
3.a. Pag	ge 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.					
		F	-0	F			
_	PKUDU		,	H	\mathcal{F}	V	
4.a. Pag	ge Number 4.b. Part Number 4.c. Item Number	7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
4.d	10/15	7.d.	<u>20</u>		5		

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