

**I-600, Petition to Classify Orphan
as an Immediate Relative**

Do not write in this block. (For USCIS Use Only)

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| <p>TO THE U.S. SECRETARY OF STATE: The petition was filed by: <input type="checkbox"/> Married petitioner <input type="checkbox"/> Unmarried petitioner</p> <p>The petition is approved for orphan: <input type="checkbox"/> Adopted abroad <input type="checkbox"/> Coming to U.S. for adoption. Preadoption requirements have been met.</p> <p>Remarks:</p> | <div style="border: 1px solid black; height: 100px; margin-bottom: 5px; text-align: center; font-size: 12px;">Fee Stamp</div> <div style="border: 1px solid black; height: 25px; margin-bottom: 5px;">File number</div> <div style="border: 1px solid black; padding: 5px;"> DATE OF ACTION DD DISTRICT </div> |
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Type or print legibly in black ink. Complete a separate petition for each child.
Petition is being made to classify the named orphan as an immediate relative.

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| <p>Block I - Information About Petitioner</p> <p>1. My name is: (Last) (First) (Middle)</p> <hr/> <p>2. Other names used (including maiden name if appropriate):</p> <hr/> <p>3. I reside in the U.S. at: (c/o if appropriate) (Apt. No.) _____ (Number and Street) (Town or City) (State) (Zip Code)</p> <hr/> <p>4. Address Abroad (if any): (Number and Street) (Apt. No.) _____ (Town or city) (Province) (Country)</p> <hr/> <p>5. I was born on: (mm/dd/yyyy) _____ In: (Town or City) (State or Province) (Country)</p> <hr/> <p>6. My telephone number is: (include area code)</p> <hr/> <p>7. My marital status is: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> I have never been married. <input type="checkbox"/> I have been previously married _____ time(s).</p> | <p>8. If you are now married, give the following information:</p> <p>Date and place of present marriage (mm/dd/yyyy)</p> <hr/> <p>Name of present spouse (include maiden name of wife)</p> <hr/> <p>Date of birth of spouse (mm/dd/yyyy) Place of birth of spouse</p> <hr/> <p>Number of prior marriages of spouse</p> <hr/> <p>My spouse resides <input type="checkbox"/> With me <input type="checkbox"/> Apart from me (provide address below)</p> <p>(Apt. No.) (No. and Street) (City) (State) (Country)</p> <hr/> <p>9. I am a citizen of the United States through: <input type="checkbox"/> Birth <input type="checkbox"/> Parents <input type="checkbox"/> Naturalization</p> <p>If acquired through naturalization, give name under which naturalized, number of naturalization certificate, and date and place of naturalization:</p> <hr/> <p>If not, submit evidence of citizenship. See page one of the instructions.</p> <p>If acquired through parentage, have you obtained a certificate in your own name based on that acquisition? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <hr/> <p>Have you or any person through whom you claimed citizenship ever lost your U.S. citizenship? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, attach detailed explanation.)</p> |
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Block II - Information About Orphan Beneficiary

10. Name at Birth (First) (Middle) (Last)

11. Name at Present (First) (Middle) (Last)

12. Any other names by which orphan is or was known.

13. Gender Male Female
14. Date of birth (mm/dd/yyyy)

15. Place of Birth (City) (State or Province) (Country)

16. The beneficiary is an orphan because (check one):
 He or she has no parents.
 He or she has only one parent who is the sole or surviving parent.

17. If the orphan has only one parent, answer the following:

a. State what has become of the other parent:

b. Is the remaining parent capable of providing for the orphan's support? Yes Noc. Has the remaining parent in writing irrevocably released the orphan for emigration and adoption? Yes No18. Has the orphan been adopted abroad by the petitioner and spouse jointly or the unmarried petitioner? Yes NoIf yes, did the petitioner and spouse or unmarried petitioner personally see and observe the child prior to or during the adoption proceedings? Yes No

Date of adoption (mm/dd/yyyy)

Place of adoption

19. If either answer in Question 18 is "No," answer the following:

a. Does the petitioner and spouse jointly or does the unmarried petitioner intend to adopt the orphan in the United States? Yes Nob. Have the preadoption requirements, if any, of the orphan's proposed State of residence been met? Yes Noc. If b is answered "No," will they be met later? Yes No20. To petitioner's knowledge, does the orphan have any physical or mental affliction? Yes No

If "Yes," name the affliction.

21. Who has legal custody of the child?

22. Name of child welfare agency, if any, assisting in this case.

23. Name of attorney abroad, if any, representing petitioner in this case.

Address of above.

24. Address in the United States where orphan will reside.

25. Present address of orphan.

25. If orphan is residing in an institution, give full name of institution.

26. If orphan is not residing in an institution, give full name of person with whom residing.

27. Give any additional information necessary to locate orphan, such as name of district, section, zone, or locality in which orphan resides.

28. Location of U.S. Embassy or consulate where application for visa will be made.

(City in Foreign Country) (Foreign Country)

Certification of Petitioner

I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct and that I will care for an orphan or orphans properly if admitted to the United States.

(Signature of Petitioner)

Executed on (Date)

Certification of Married Prospective Petitioner's Spouse

I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct and that my spouse and I will care for an orphan or orphans properly if admitted to the United States.

(Signature of Petitioner)

Executed on (Date)

Signature of Person Preparing Form, If Other Than Petitioner

I declare that this document was prepared by me at the request of the petitioner and is based entirely on information of which I have knowledge.

(Signature)

Street Address and Room or Suite No./City/State/Zip Code

Executed on (Date)