

Application for Advance Processing of an Orphan Petition

USCIS Form I-600A

Department of Homeland Security OMB No. 1615-0028 Expires 02/28/2026

U.S. Citizenship and Immigration Services

For USCIS Use Only						
The	e applicant is:			Action Block		Receipt/Fee Stamp
	Married 🗆 Unma	urried				
	e applicant is approve han from (if specified)					
(Na	me of non-Hague Conve	ntion Country)				
Ap	proval Valid Until (mr	m/dd/yyyy):				Remarks
Fin	al Adjudicating Office	e: 				
	be Completed by an Attorney or Accredited	Select this I Form G-28 is attached.	or G-28I	Attorney State Bar Number (if applicable)		or Accredited Representative nline Account Number (if any)
Rep	oresentative (if any)					
	are suitable and eligil qualifies as an orphar You must be a U.S.	ble to adopt a chil n under U.S. imm citizen in order t	d from a non- igration law. to file this ap	-Hague Convention country,	who has been	ou (and your spouse, if married) or will be adopted and who y Requirements section of the
	Form I-600A Instruct		ormation.			
Par	t 1. Basis of Fili	ng				
	You are a U.S citizen Convention.	who plans to ado	opt or has ado	pted a child from a country th	nat is not party	to the Hague Adoption
	You previously filed	a Form I-600A; A	AND your ma	urital status changed while you	ır Form I-6002	A application was pending.
Par	t 2. Information	About You (Applicant)			
1.	Family Name (Last N	Vame)		Given Name (First Name))	Middle Name (if applicable)
2.	Other Names Used (i	f any)				
				ng aliases, maiden name, and litional Information.	nicknames. I	f you need extra space to complete
	Family Name (Last N	Vame)		Given Name (First Name)	Middle Name (if applicable)

Pa	rt 2. Information About You (Applicant) (contin	nued)			
Yo	ur Contact Information				
3.	U.S. Mailing Address (if any) In Care Of Name (if any)				
	Street Number and Name			Apt. Ste. Flr.	Number
	City or Town			State	ZIP Code
4.	Is your current U.S. mailing address the same as your U.S.	physical ad	ldress?		Yes No
	If you answered "No," provide your U.S. physical address i appropriate.	n Item Nu	mber 5. or yo	our address abro	ad 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
	City or Town			State	
	Province Postal Code		Country		
_] [
7.	Daytime Telephone Number	8.	Mobile Telep	hone Number (if any)
9.	Email Address (if any)	J			
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 Prov	ince of Birth	
14.	Country of Birth	7			

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Pa	rt 2	. Information About You (Application	ant) (conti	nued)				
15.	15. How did you obtain your U.S. citizenship?							
	A. If you obtained your citizenship through your parents, have you obtained a Certificate of Citizenship in Yes No your own name?							
		If you answered "Yes," provide the follow	ing informa	tion about your Certificate of Cit	zenship:			
		Your Name On the Certificate of Citizensl	nip					
		Family Name (Last Name)		Given Name (First Name)	Middle Name (if applicable)			
		Alien Registration Number (A-Number) (if an	ny) Certifi	cate of Citizenship Number				
		► A-						
		Date of Issuance (mm/dd/yyyy) Place	of Issuance					
	В.	If you obtained your citizenship through n Naturalization:	aturalization	, provide the following informati	on about your Certificate of			
		Your Name On The Certificate of Naturali	ization					
		Family Name (Last Name)		Given Name (First Name)	Middle Name (if applicable)			
		A-Number (if any)	Certificate o	f Naturalization Number				
		► A-						
		Date of Naturalization (mm/dd/yyyy)	Place of Nat	uralization				
16.		re you EVER renounced or lost U.S. citizen th as your parent or grandparent) EVER lost	-	• •	through Yes No			
	NO	TE: If you answered "Yes," provide a deta	ailed explana	ation in the space provided in Par	rt 10. Additional Information.			
17.	Wh	at is your marital status? Single	Married	Separated Divorced	Widowed			
18.	Hov	w many times have you been married (inclu	ding your cu	arrent marriage, if applicable)?				
NO'	TE:	If you are not currently married, skip to It	em Number	· 30.				
Inf	orn	nation About Your Current Marria	ge					
19.	Dat	e of Current Marriage (mm/dd/yyyy)	20. Place	Where Current Marriage Occurre	d			
21.	Nar	ne of Your Current Spouse						
	Fan	nily Name (Last Name)	Given Nan	ne (First Name)	Middle Name (if applicable)			

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Pa	art 2. Information About You (Applicant) (continued)
22.	Other Names Your Current Spouse Has Used (if any)
	Provide all other names your spouse has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in Part 10. Additional Information .
	Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
23.	Information About Your Current Spouse
	Spouse's Date of Birth (mm/dd/yyyy) Spouse's A-Number (if any) Spouse's USCIS Online Account Number (if any)
	► A-
	Spouse's City/Town/Village of Birth Spouse's State or Province of Birth
	Spouse's Country of Birth
	Is your spouse a U.S. citizen?
	If you answered "Yes," how did your spouse obtain citizenship? Birth Naturalization Parents
	If you answered "No," provide your spouse's current U.S. immigration status:
	The manufacture is a possession of the manufacture states.
24.	How many times has your current spouse been married (including your current marriage, if applicable)?
Yo	our Spouse's Contact Information
25.	Does your current spouse reside with you?
	If you answered "No," provide your current spouse's physical address in Item Number 26.
26.	Your Current Spouse's Physical Address (if applicable)
-0.	Street Number and Name Apt. Ste. Flr. Number
	City or Town State ZIP Code
	Province Postal Code Country
7	Vous Crouse's Deutime Telephone Number 29 Your Crouse's Mobile Telephone Number (If ony)
27.	Your Spouse's Daytime Telephone Number 28. Your Spouse's Mobile Telephone Number (If any)
••	Y G I F II All (IS)
29.	Your Spouse's Email Address (if any)
Ad	dditional Household Members
30.	How many persons 18 years of age or older (other than your spouse if married) reside with you?
	If you answered "1" or more, you MUST complete Form I-600A/I-600 Supplement 1, Listing of Adult Member of the Household for each person.

Par	t 2. Information About You	(Applicant) (co	ontinued)						
1	List all of your children who are under 18 years of age. Also include any other children under 18 years of age who reside in your household, regardless of your relationship to those children. If you need extra space to complete this table, use the space provided in Part 10. Additional Information .								
	Name (First/Middle/Last)	Date of Birth (mm/dd/yyyy)	Country of Birth	A-Number (if any)	Relationship to You				
F									
Ī									
ŀ									
T <i>C</i>		A J A'							
Ū	ormation About Prior Filings	•							
•	u need extra space to complete Item								
]	Have you ever previously filed Form I-600A, Form I-600, Petition to Classify Orphan as an Immediate Yes No Relative, Form I-800A, Application for Determination of Suitability to Adopt a Child From a Convention Country, or Form I-800, Petition to Classify Convention Adoptee as an Immediate Relative?								
]	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-800 ☐ 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 dor	mestic adoption of	f a child within the U.S	S.?	Yes No				
]	If you answered "Yes," provide the following information for each completed domestic adoption of a child.								
,	State And Country Where Adoption V	Was Finalized		Date Adoption W	as Finalized (mm/dd/yyyy)				
(Have you ever previously attempted to adopt a child internationally or domestically, but the adoption was 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 deta	ailed description o	of the disruption.						

Pa	rt 2	2. Information About You (Applicant) (continued)						
35.	diss	we you ever previously completed an adoption, either in the United States or abroad, that was later solved? An adoption is dissolved if your parental rights over the adopted child are terminated at any e after the adoption was finalized.	Yes No					
	If y	you answered "Yes," provide a detailed description of the dissolution.						
		ve you ever previously placed a child in the care of another person with the intent to transfer permanent tody of the child?	Yes No					
	If you answered "Yes," provide a detailed description of the placement.							
37.		ve you ever received a child with the intent to gain permanent custody but without involving child lfare or other state/local authorities or following a state/local process?	Yes No					
	If y	ou answered "Yes," provide a detailed description of the custody transfer.						
$D\iota$	ity o	of Disclosure						
Instany incideta und namapp	ructi of th dent ils, i er U ne of licab	If your spouse (if married), must answer the following questions. See the Duty of Disclosure section in the Folions concerning your ongoing duty to disclose information in response to these questions. If you or your spouse the questions in Item Numbers 38. and 39. , provide a certified copy of the documentation showing the final of which resulted in arrest, indictment, conviction, and/or any other judicial or administrative action and a writtincluding any mitigating circumstances about each arrest, signed by you and/or your spouse (if married) unde a statement must show the date of each incident; place incident occurred (city/town, state/stoplice department or other law enforcement administration or other entity involved; date of incarceration and the provide a description of any type of counseling, rehabilitation, or other information that you and your spousite considered in light of this history in the space provided in Part 10. Additional Information .	ase answer "Yes" to disposition of each en statement giving r penalty of perjury province, country); I name of facility, if					
38.	Hav	ve you EVER, whether in or outside the United States:						
	A.	Been investigated, arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance? (Answer "Yes" even if the record of the arrest, conviction, or other adverse criminal history was expunged, sealed, pardoned, or the subject of any other amelioration. Do not include traffic violations, except for violations for driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant.)	Yes No					
	B.	Received a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action?	Yes No					
	C.	Received a suspended sentence, been placed on probation or parole, or been in an alternative sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred or withheld adjudication, or expungement of a criminal charge?	Yes No					
	D.	Been the subject of any investigation at any time, even if closed or unsubstantiated, by any child welfare agency, court, or other official authority in any state or foreign country concerning the abuse or neglect of any child?	Yes No					
39.	Has	s your spouse EVER, whether in or outside the United States:						
	A.	Been investigated, arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance? (Answer "Yes" even if the record of the arrest, conviction, or other adverse criminal history was expunged, sealed, pardoned, or the subject of any other amelioration. Do not include traffic violations, except for violations for driving or operating a vehicle while intoxicated or while impaired by or under the influence of alcohol or other intoxicant.)	Yes No					

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Pai	rt 2	. Information About You (Applicant) (continued)				
	B.	Received a pardon, amnesty, rehabilitation decree, other act of clemency, or similar ac	Yes No			
	C.	Received a suspended sentence, been placed on probation or parole, or been in an al sentencing or rehabilitation program, such as diversion, deferred prosecution, deferred adjudication, or expungement of a criminal charge?	Yes No			
	D. Been the subject of any investigation at any time, even if closed or unsubstantiated, by any child welfare agency, court, or other official authority in any state or foreign country concerning the abuse or neglect of any child?					
Pai	rt 3	. Information About Your Home Study Preparer and/or Adoption	1 Service Pr	ovider		
1.	You	ir home study:				
	A.	☐ IS attached to this Form I-600A.				
	В.	☐ IS NOT attached to this Form I-600A, but will be submitted within one year from I-600A under 8 CFR 204.3(c)(2) and (h)(5).)				
Inf	orn	nation About Your Home Study Preparer				
2.	Info	ormation About Who Prepared or Will Prepare Your Home Study				
	A.	Name of Home Study Preparer				
	В.	Point of Contact Within the Organization (if applicable)				
		Family Name (Last Name) Given Name (First	Name)			
	C.	Home Study Preparer's Mailing Address and Contact Information				
		Street Number and Name	Apt. Ste. Flr.	Number		
		City or Town	State	ZIP Code		
Province Postal Code Country						
	D.	Home Study Preparer's Daytime Telephone Number E. Home Study Pre	eparer's Fax Nu	imber (if any)		
	F.	Home Study Preparer's Email Address (if any)				

Information About Your Home Study Reviewer and Approver (if applicable)

If your home study was not performed by an accredited agency, an accredited agency must review and approve your home study before you submit it to USCIS. This requirement does not apply to a home study that was prepared by a public domestic authority or a public foreign authority.

Part 3. Information About Your Home Study Preparer and/or Adoption Service Provider (continued)

3.		formation About Who Reviewed And Approved (or will review and approve) Your Home Study (if applicable)						
	Α.	Name of Home Study Reviewer/Approver						
	В.	Point of Contact Within the Organization (if applical	ble)					
		Family Name (Last Name)		Give	en N	ame (Firs	t Name)	
	C.	Reviewer's/Approver's Mailing Address and Contact Information					A	X 1
		Street Number and Name					Apt. Ste. Flr.	Number
		City or Town					State	ZIP Code
		Province P	Postal Code		(Country		
	D.	Home Study Reviewer's/Approver's Daytime Telephone Number E. Home Study (if any)					eviewer's/Appro	over's Fax Number
	F.	Home Study Reviewer's/Approver's Email Address (if any)					
In	fori	nation About Your Primary Adoption Servi	ce Provid	e r (i	f an	nlicahle	•)	
_		ry adoption service provider is the accredited agency		-	_	_		22 CFR 96 for ensuring all
six	adop	otion services defined in 22 CFR 96.2 are provided acres when used (see 22 CFR 96.14), and for developing	cording to t	he lav	w, fo	or supervi	sing and being	responsible for supervised
4.	Is your home study preparer or the agency that reviewed and approved your home study also your primary adoption service provider?							
		ou answered "Yes," indicate which individual or orga ving as your primary adoption service provider.	anization pro	ovide	ed in	either Ite	m Number 2.	or Item Number 3. is
	If y	ou answered "No," you must answer Item Number 5	5.					
5.	Hav	ve you identified another accredited agency or approv	ved person to	serv	ve as	your prin	nary adoption s	ervice provider?
		Yes, I have identified a primary adoption service pro- information of your primary adoption service provide				-	for my case. Pr	rovide the name and contact
		No, I have not yet identified a primary adoption serv	vice provide	r that	wil	l be respo	nsible for my ca	ase.
	NOTE: If you have not identified a different agency to serve as your primary ado agency that prepared or reviewed and approved your home study must serve as yo you file your Form I-600 petition on behalf of a specific child. See the General In Instructions for more information.					rve as you	ır primary adop	tion service provider when
	Pro	vide the name and contact information of the primary	adoption se	ervice	e pro	vider that	will be respon	sible for your case.
	A.	Name of Primary Adoption Service Provider						

_		3. Information About Your Home Study Prepared Point of Contact Within the Organization	und of Huopion Service 110 vider	(continued)			
		Family Name (Last Name)	Given Name (First Name)				
	C.	Primary Adoption Service Provider's Daytime Telephone Number	D. Primary Adoption Service Provider's Fa	ax Number			
	Е.	Primary Adoption Service Provider's Email Address (if any)					
Pa	rt 4	4. Information About Your Intended Adoption(s)					
ι.	Wh	hat country do you intend to adopt from (if known)?					
2.	Do	you or your spouse (if married) plan to travel abroad to locate of	or adopt a child?	Yes No			
3.	If y	you answered "Yes" to Item Number 2., provide the following	information (if available):				
	A.	Your Intended Departure Date (mm/dd/yyyy)	B. Your Spouse's Intended Departure Date (mm/dd/yyyy)				
	C.	Place to Which You or Your Spouse (if married) Are Travelin	g				
		City or Town	Province				
		Country					
l.		ill you and your spouse (if married) adopt the child abroad after we personally seen and observed the child before or during the ac	· · · · · · · · · · · · · · · · · · ·	Yes No			
5.	of the	you know that the child will be adopted in the United States, pro the state of the child's proposed residence. Cite any relevant state eady taken or will take to comply with these requirements. Idented at this time as a result of state law. If you need extra space to Additional Information.	te statutes and regulations, and describe the stiffy and explain any pre-adoption requirement	steps you have nts that you cannot			
j.	Who	here do you wish to file your Form I-600 orphan petition? (Com	plete one of the options below)				
A. The USCIS office located at:							
		OR					
	B.	The U.S. Embassy or U.S. Consulate located at:					
	ъ	you plan to adopt more than one child?		□Vac □No			
7.	Do	you plan to adopt more than one emia.		∐ Yes ∐ No			

Pa	art 5. A	Accommodations for Individuals With Disabilities and/or Impairments	
NC	TE: Rea	ad the information in the Form I-600A Instructions before completing this section.	
1.	Are you	a requesting an accommodation because of disabilities and/or impairments?	Yes No
2.	If you ar	answered "Yes," select all applicable boxes below that indicate who has the disabilities and/or impairments.	
	App	plicant Spouse Other Adult Household Member	
3.		answered "Yes" to Item Number 1 ., select all applicable boxes in Items A C. and provide an answer for easabilities and/or impairments.	ch person
	A. [Deaf or hard of hearing and request the following accommodation. (If requesting a sign-language interprete for which language (for example, American Sign Language)):	er, indicate
	В.	Blind or have low vision and request the following accommodation:	
	С. 🗌	Another type of disability and/or impairment. (Describe the nature of the disability and/or impairment and taccommodation):	the requested
Pa	art 6. A	Applicant's Statement, Certification, Duty of Disclosure, and Signature	
NC	TE: Rea	ad the Penalties section of the Form I-600A Instructions before completing this section.	
A_{l}	pplicant	t's Statement	
1.		ant'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 approximate many answer to every question.	plication and
	В. 🗌	The interpreter named in Part 8. read to me every question and instruction on this application and my answer question in, a language in which I am fl understood everything.	
2.	Applica	ant's Statement Regarding the Preparer (if applicable)	
		my request, the preparer named in Part 9. , d this application for me based only upon information I provided or authorized.	,
A			
A	yyucant	t'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.

I furthermore authorize release of information contained in this application, 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.

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Part 6. Applicant's Statement, Certification, Duty of Disclosure, and Signature (continued)

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 application;
- 2) I understood all of the information contained in, and submitted with, my application; 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 application, I understand all of the information contained in and submitted with my application, and that all of this information is complete, true, and correct.

Applicant'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-600A and/or Form I-600 Instructions, and I agree to notify my home study preparer and USCIS of any new information that I am required to disclose.

A_{I}	pplicant's Signature	
3.	Applicant's Signature	Date of Signature (mm/dd/yyyy)
	OTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit structions, USCIS may deny your application.	required documents listed in the
Pa	art 7. Your Spouse's Statement, Certification, Duty of Disclosure, and Signa	ture
Y	our Spouse's Statement	
1.	understood everything.	
2.	Spouse's Statement Regarding the Preparer (if applicable) At my request, the preparer named in Part 9. , prepared this application for me based only upon information I provided or authorized.	,

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.

I furthermore authorize release of information contained in this application, 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.

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Part 7. Your Spouse's Statement, Certification, Duty of Disclosure, and Signature (continued)

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 application;
- 2) I understood all of the information contained in, and submitted with, my application; 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 application, I understand all of the information contained in and submitted with my application, 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-600A and/or Form I-600 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	art 8. Interpreter's Contact Information, Certif	ication,	and Signatu	ire		
	you and/or your spouse (if married) used an interpreter to reach out the interpreter.	d and con	nplete this appli	cation, provid	e the following information	
In	terpreter's Full Name					
1.	Interpreter's Family Name (Last Name)	Int	erpreter's Giver	Name (First	Name)	
2.	Interpreter's Business or Organization Name (if any)					
In	terpreter's Mailing Address					
3.	Street Number and Name			Apt. Ste. F	lr. Number	
	City or Town			State	ZIP Code	
	Province Postal Code		Country			
In	terpreter's Contact Information					
4.	Interpreter's Daytime Telephone Number	5.	Interpreter's N	Mobile Teleph	one Number (if any)	
6.	Interpreter's Email Address (if any)	7				

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Pa	Part 8. Interpreter's Contact Information, Certification, and Signature (continued)											
In	terpreter's Certification											
I ce I an Item and or s	ertify, under penalty of perjury, that: In fluent in English and In B in Item Number 1., and I have read to the distriction on this application and their answers she understands every instruction, question, and buse's Certification, and has verified the accurate.	er to every question. In answer on the application.	applicant's spor The applicant ar	use in the ident	ant's spouse informed me that he							
In	terpreter's Signature											
7.	Interpreter's Signature		Date of Signature (mm/dd/yyyy)									
	art 9. Contact Information, Declarate ther Than the Applicant and Spouse		re of the Per	son Preparii	ng this Application, If							
-	ou and/or your spouse (if married) used a prep parer.	parer to complete this	application, pro	vide the follow	ing information about the							
Pr	reparer's Full Name											
1.	Preparer's Family Name (Last Name)		Preparer's Given Name (First Name)									
2.	Preparer's Business or Organization Name (i	f any)]									
Pr	eparer's Mailing Address											
3.	Street Number and Name			Apt. Ste. Flr.								
	City or Town		State	ZIP Code								
	Province	Postal Code	Country									
Pr	reparer's Contact Information											
4.	Preparer's Daytime Telephone Number	5	5. Preparer's M	Iobile Telephor	ne Number (if any)							
6.	Preparer's Email Address (if any)											

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Preparer's Statement 7. A. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and/or the applicant's spouse (if married) with the applicant's and/or the applicant's spouse's (if married) consent. B. ☐ I am an attorney or accredited representative and my representation of the applicant and/or the applicant's spouse (if married) in this case ☐ extends ☐ does not extend beyond the preparation of this application. Preparer's Certification By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant and/or the applicant's spouse (if married). The applicant and the applicant's spouse (if married) then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the Applicant's Certification and the Your Spouse's Certification, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use. Preparer's Signature

Part 9. Contact Information, Declaration, and Signature of the Person Preparing this Application, If

Other Than the Applicant and Spouse (continued)

Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 10. Additional Information

If you need extra space to provide any additional information within this application, 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 application 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.	Fan	Family Name (Last Name)			Given Na	ame (First Name)	Middle Name (if applicable)				
2.	A-Number (if any) ► A-										
3.	Α.	Page Number									
•			Σ.	Part Number	•	Item Number					
	D.										
4.	A.	Page Number	В.	Part Number	C.	Item Number					
	D.										
	υ.										
5.	Α.	Page Number	В.	Part Number	C.	Item Number					
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	D.										
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