



## PETITION FOR ALIEN RELATIVE QUESTIONNAIRE

<b>I. Information About You &amp; Relationship (Petitioner)</b>	
<b>Filing this petition for:</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Child
<b>Beneficiary related by adoption?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Gain LPR or Citizenship through adoption?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name:</b>	
<b>Other Names Used:</b>	
<b>SSN #:</b>	
<b>Sex:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Present marital status:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married (Please fill Section II) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Please fill Section III)
<b>Address in US:</b>	
<b>Telephone/Mobile/Email:</b>	
<b>Date of Birth:</b>	<b>City/Country of Birth:</b>
<b>Citizenship:</b>	
<b>A#:</b>	
<b>Social Security #:</b>	

<b>II. CURRENT SPOUSE INFORMATION</b>	
<b>Name:</b>	
<b>Current Address:</b>	

<b>Telephone:</b>			
<b>Date of Birth:</b>		<b>City/Country of Birth:</b>	
<b>Date &amp; Place of Marriage:</b>			
<b>Citizenship:</b>		<b>Immigration status (if not U.S. citizen):</b>	
<b>A# if any:</b>			
<b>Social Security #:</b>			
<b>Date &amp; Please of naturalization:</b>			

### III. PREVIOUS MARRIAGE INFORMATION

I have been married \_\_\_\_ time(s).  
 (\*If you or your spouse were previously married, please provide the following information for all your prior marriages.)

	<b>Yourself</b>	<b>Current Spouse</b>
<b>Name of Prior Spouse</b>		
<b>Date &amp; Place of Birth</b>		
<b>When &amp; Where did the Marriage take place?</b>		
<b>When &amp; How did the marriage end?</b>		
<b>Immigration Status of Prior Spouse</b>		

### IV. Additional Information About You:

<b>I am a</b>	<input type="checkbox"/> U S Citizen <input type="checkbox"/> Lawful Permanent Resident
<b>Citizenship was acquired through:</b>	<input type="checkbox"/> By Birth <input type="checkbox"/> Naturalization <input type="checkbox"/> Parents
<b>Obtained Naturalization Certification</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Certificate Number</b>	
<b>Place of Issuance</b>	
<b>Date of Issuance:</b>	
<b>If Lawful permanent resident, then</b>	
<b>Class of Admission:</b>	
<b>Date of Admission:</b>	
<b>Place of Admission: (City &amp; State)</b>	
<b>LPR through marriage to USC or LPR</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>V. ADDITIONAL INFORMATION ABOUT YOU</b>							
<b>RESIDENCE IN THE LAST FIVE YEARS (LIST PRESENT FIRST)</b>							
<b>Street &amp; Number</b>	<b>City</b>	<b>State</b>	<b>Country</b>	<b>From</b>		<b>To</b>	
				<b>Month</b>	<b>Year</b>	<b>Month</b>	<b>Year</b>
						Present	

**VI. EMPLOYMENT HISTORY DURING THE LAST 5 YEARS (START WITH MOST RECENT)**

Employer's Name:	Work Address:	Your occupation:	From		To	
			Month	Year	Month	Year

**VII. Information About Your Parents**

Full Name	Male/ Female	Date of Birth	Country & City of Birth	Current City & Country of Residence

**VIII. How many children do you have? Please complete the following information for each child.**

Full name of child	Date of birth	Birth Country	Citizenship	A#	Current Address

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IX. Biographic Information	
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race</b>	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other
<b>Height &amp; Weight:</b>	
<b>Eye &amp; Hair Color:</b>	

**Beneficiary's Information:**

I. Information About You & Relationship (Beneficiary)	
<b>Filing this petition for:</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Child
<b>Beneficiary related by adoption?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Gain LPR or Citizenship through adoption?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Name:</b>	
<b>Other Names Used:</b>	
<b>SSN #:</b>	
<b>Sex:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Present marital status:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married (Please fill Section II) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced (Please fill Section III)
<b>Address in US:</b>	
<b>Telephone/Mobile/Email:</b>	

<b>Date of Birth:</b>		<b>City/Country of Birth:</b>	
<b>Citizenship:</b>			
<b>A#:</b>			
<b>Social Security #:</b>			

<b>II. CURRENT SPOUSE INFORMATION (Beneficiary)</b>			
<b>Name:</b>			
<b>Current Address:</b>			
<b>Telephone:</b>			
<b>Date of Birth:</b>		<b>City/Country of Birth:</b>	
<b>Date &amp; Place of Marriage:</b>			
<b>Citizenship:</b>		<b>Immigration status (if not U.S. citizen):</b>	
<b>A# if any:</b>			
<b>Social Security #:</b>			
<b>Date &amp; Please of naturalization:</b>			

<b>III. PREVIOUS MARRIAGE INFORMATION (Beneficiary)</b>		
I have been married ____ time(s).		
(*If you or your spouse were previously married, please provide the following information for all your prior marriages.)		
	<b>Yourself</b>	<b>Current Spouse</b>
<b>Name of Prior Spouse</b>		
<b>Date &amp; Place of Birth</b>		
<b>When &amp; Where did the Marriage take place?</b>		
<b>When &amp; How did the marriage end?</b>		

<b>Immigration Status of Prior Spouse</b>		
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IV. ADDITIONAL INFORMATION ABOUT YOU (BENEFICIARY)							
RESIDENCE IN THE LAST FIVE YEARS (LIST PRESENT FIRST)							
Street & Number	City	State	Country	From		To	
				Month	Year	Month	Year
						Present	

V. EMPLOYMENT HISTORY DURING THE LAST 5 YEARS (START WITH MOST RECENT) (Beneficiary)						
Employer's Name:	Work Address:	Your occupation:	From		To	
			Month	Year	Month	Year

**VI. Information About Your Parents (Beneficiary)**

Full Name	Male/ Female	Date of Birth	Country & City of Birth	Current City & Country of Residence

**VII. How many children do you have? Please complete the following information for each child. (Beneficiary)**

Full name of child	Date of birth	Birth Country	Citizenship	A#	Current Address

**VIII. Biographic Information (Beneficiary)**

<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race</b>	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other
<b>Height &amp; Weight:</b>	
<b>Eye &amp; Hair Color:</b>	



<b>IX. Documents Required (Petitioner and Beneficiary)</b>	
<input type="checkbox"/>	Copy of your green card (front and back)
<input type="checkbox"/>	Copy of your passport (old and current) with all biographic pages and all dates (Departures and Arrivals - legible from the Passport)
<input type="checkbox"/>	Copy of current driver's license or Government ID
<input type="checkbox"/>	Four passport size pictures (2" X 2" color frontal view with white background)
<input type="checkbox"/>	Copy of your SS card
<input type="checkbox"/>	I-120s (if any)
<input type="checkbox"/>	Copy of spouse's citizenship certificate or green card, if available,
<input type="checkbox"/>	Copy of marriage certificate, if available.
<input type="checkbox"/>	Copy of Divorce certificate, if available.
<input type="checkbox"/>	Copy of birth certificate, (English & it's true translated version)
<input type="checkbox"/>	Copy of EAD if issued earlier.
<input type="checkbox"/>	Copy of Child/children birth certificate.
<input type="checkbox"/>	Four photographs of the children if under 21 yrs.