



**Petition for Alien Fiancé(e)**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-129F**  
 OMB No. 1615-0001  
 Expires 03/31/2027

<b>For USCIS Use Only</b>		<b>Fee Stamp</b>		<b>Action Block</b>	
Case ID Number					
A-Number					
G-28 Number					
<input type="checkbox"/> The petition is approved for status under Section 101(a)(15)(K). It is valid for 4 months and expires on: _____		<b>Extraordinary Circumstances Waiver</b>			
		<input type="checkbox"/> Approved      Reason _____ <input type="checkbox"/> Denied			
<b>General Waiver</b>		<b>Mandatory Waiver</b>			
<input type="checkbox"/> Approved      Reason _____ <input type="checkbox"/> Denied		<input type="checkbox"/> Approved      Reason _____ <input type="checkbox"/> Denied		<b>AMCON:</b> _____ <input type="checkbox"/> Personal Interview <input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Document Check <input type="checkbox"/> Field Investigation	
<b>Initial Receipt</b>		<b>Relocated</b>		<b>Completed</b>	
<b>Resubmitted</b>		Received			
				Sent	
				<b>Remarks</b>	
				<b>IMBRA disclosure to the beneficiary required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

▶ **START HERE - Type or print in black ink.**

**Part 1. Information About You**

1. Alien Registration Number (A-Number) (if any)  
     ▶ A-
2. USCIS Online Account Number (if any)  
     ▶
3. U.S. Social Security Number (if any)  
     ▶

Select **one** box below to indicate the classification you are requesting for your beneficiary:

- 4.a.  Fiancé(e) (K-1 visa)
- 4.b.  Spouse (K-3 visa)
5. If you are filing to classify your spouse as a K-3, have you filed Form I-130?       Yes     No

**Your Full Name**

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name

**Other Names Used**

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

- 7.a. Family Name (Last Name)
- 7.b. Given Name (First Name)
- 7.c. Middle Name

**Your Mailing Address**    [\(USPS ZIP Code Lookup\)](#)

- 8.a. In Care Of Name
- 8.b. Street Number and Name
- 8.c.  Apt.     Ste.     Flr.
- 8.d. City or Town
- 8.e. State     8.f. ZIP Code
- 8.g. Province
- 8.h. Postal Code
- 8.i. Country
- 8.j. Is your current mailing address the same as your physical address?       Yes     No

If you answered "No," provide your physical address in **Item Numbers 9.a. - 9.h.**

**Part 1. Information About You** (continued)

**Your Address History**

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in **Item Numbers 8.a. - 8.i.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

**Physical Address 1**

9.a. Street Number and Name

9.b.  Apt.  Ste.  Flr.

9.c. City or Town

9.d. State  9.e. ZIP Code

9.f. Province

9.g. Postal Code

9.h. Country

10.a. Date From (mm/dd/yyyy)

10.b. Date To (mm/dd/yyyy)

**Physical Address 2**

11.a. Street Number and Name

11.b.  Apt.  Ste.  Flr.

11.c. City or Town

11.d. State  11.e. ZIP Code

11.f. Province

11.g. Postal Code

11.h. Country

12.a. Date From (mm/dd/yyyy)

12.b. Date To (mm/dd/yyyy)

**Your Employment History**

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

**Employer 1**

13. Full Name of Employer

14.a. Street Number and Name

14.b.  Apt.  Ste.  Flr.

14.c. City or Town

14.d. State  14.e. ZIP Code

14.f. Province

14.g. Postal Code

14.h. Country

15. Your Occupation (specify)

16.a. Employment Start Date (mm/dd/yyyy)

16.b. Employment End Date (mm/dd/yyyy)

**Employer 2**

17. Full Name of Employer

18.a. Street Number and Name

18.b.  Apt.  Ste.  Flr.

18.c. City or Town

18.d. State  18.e. ZIP Code

18.f. Province

18.g. Postal Code

18.h. Country

19. Your Occupation (specify)

**Part 1. Information About You (continued)**

20.a. Employment Start Date (mm/dd/yyyy)

20.b. Employment End Date (mm/dd/yyyy)

**Other Information**

21. Gender  Male  Female

22. Date of Birth (mm/dd/yyyy)

23. Marital Status  
 Single  Married  Divorced  Widowed

24. City/Town/Village of Birth

25. Province or State of Birth

26. Country of Birth

**Information About Your Parents**

**Parent 1's Information**

27.a. Family Name (Last Name)

27.b. Given Name (First Name)

27.c. Middle Name

28. Date of Birth (mm/dd/yyyy)

29. Gender  Male  Female

30. Country of Birth

31.a. City/Town/Village of Residence

31.b. Country of Residence

**Parent 2's Information**

32.a. Family Name (Last Name)

32.b. Given Name (First Name)

32.c. Middle Name

33. Date of Birth (mm/dd/yyyy)

34. Gender  Male  Female

35. Country of Birth

36.a. City/Town/Village of Residence

36.b. Country of Residence

37. Have you ever been previously married?  
 Yes  No

If you answered "Yes" to **Item Number 37.**, provide the names of each spouse and the date that each prior marriage ended in **Item Numbers 38.a. - 39.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

**Name of Previous Spouse**

38.a. Family Name (Last Name)

38.b. Given Name (First Name)

38.c. Middle Name

39. Date Marriage Ended (mm/dd/yyyy)

**Your Citizenship Information**

**You are a U.S. citizen through (select only one box):**

40.a.  Birth in the United States

40.b.  Naturalization

40.c.  U.S. citizen parents

41. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship in your own name?  
 Yes  No

If you answered "Yes" to **Item Number 41.**, complete **Item Numbers 42.a. - 42.c.**

**Part 1. Information About You (continued)**

42.a. Certificate Number

42.b. Place of Issuance

42.c. Date of Issuance (mm/dd/yyyy)

**Additional Information**

43. Have you ever filed Form I-129F for any other beneficiary?  Yes  No

If you answered "Yes" to **Item Number 43.**, provide the responses to **Item Number 44. - 46.** for each previous beneficiary. If you need to provide information for more than one beneficiary, use the space provided in **Part 8. Additional Information.**

44. A-Number (if any) ▶ A-

45.a. Family Name (Last Name)

45.b. Given Name (First Name)

45.c. Middle Name

46. Date of Filing (mm/dd/yyyy)

47. What action did USCIS take on Form I-129F (for example, approved, denied, revoked)?

48. Do you have any children under 18 years of age?  Yes  No

If you answered "Yes" to **Item Number 48.**, provide the ages for your children under 18 years of age in **Item Numbers 49.a. - 49.b.**

Provide the ages for your children under 18 years of age. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

49.a. Age

49.b. Age

Provide all U.S. states and foreign countries in which you have resided since your 18th birthday.

**Residence 1**

50.a. State

50.b. Country

**Residence 2**

51.a. State

51.b. Country

**Part 2. Information About Your Beneficiary**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3. U.S. Social Security Number (if any) ▶

4. Date of Birth (mm/dd/yyyy)

5. Gender  Male  Female

6. Marital Status  Single  Married  Divorced  Widowed

7. City/Town/Village of Birth

8. Country of Birth

9. Country of Citizenship or Nationality

**Other Names Used**

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8.**

**Additional Information.**

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

**Part 2. Information About Your Beneficiary**

(continued)

**Mailing Address for Your Beneficiary**

11.a. In Care Of Name

11.b. Street Number and Name

11.c.  Apt.  Ste.  Flr.

11.d. City or Town

11.e. State  11.f. ZIP Code

11.g. Province

11.h. Postal Code

11.i. Country

**Your Beneficiary's Address History**

Provide your beneficiary's physical addresses for the last five years, whether inside or outside the United States. Provide your beneficiary's current address first if it is different from the mailing address in **Item Numbers 11.a. - 11.i.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

**Beneficiary's Physical Address 1**

12.a. Street Number and Name

12.b.  Apt.  Ste.  Flr.

12.c. City or Town

12.d. State  12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

13.a. Date From (mm/dd/yyyy)

13.b. Date To (mm/dd/yyyy)

**Beneficiary's Physical Address 2**

14.a. Street Number and Name

14.b.  Apt.  Ste.  Flr.

14.c. City or Town

14.d. State  14.e. ZIP Code

14.f. Province

14.g. Postal Code

14.h. Country

15.a. Date From (mm/dd/yyyy)

15.b. Date To (mm/dd/yyyy)

**Your Beneficiary's Employment History**

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

**Beneficiary's Employer 1**

16. Full Name of Employer

17.a. Street Number and Name

17.b.  Apt.  Ste.  Flr.

17.c. City or Town

17.d. State  17.e. ZIP Code

17.f. Province

17.g. Postal Code

17.h. Country

18. Beneficiary's Occupation (specify)

19.a. Employment Start Date (mm/dd/yyyy)

19.b. Employment End Date (mm/dd/yyyy)

**Part 2. Information About Your Beneficiary**  
(continued)

**Beneficiary's Employer 2**

20. Full Name of Employer  
[ ]

21.a. Street Number and Name [ ]

21.b.  Apt.  Ste.  Flr. [ ]

21.c. City or Town [ ]

21.d. State [ ] 21.e. ZIP Code [ ]

21.f. Province [ ]

21.g. Postal Code [ ]

21.h. Country [ ]

22. Beneficiary's Occupation (specify)  
[ ]

23.a. Employment Start Date (mm/dd/yyyy) [ ]

23.b. Employment End Date (mm/dd/yyyy) [ ]

**Information About Your Beneficiary's Parents**

**Parent 1's Information**

24.a. Family Name (Last Name) [ ]

24.b. Given Name (First Name) [ ]

24.c. Middle Name [ ]

25. Date of Birth (mm/dd/yyyy) [ ]

26. Gender  Male  Female

27. Country of Birth [ ]

28.a. City/Town/Village of Residence [ ]

28.b. Country of Residence [ ]

**Parent 2's Information**

29.a. Family Name (Last Name) [ ]

29.b. Given Name (First Name) [ ]

29.c. Middle Name [ ]

30. Date of Birth (mm/dd/yyyy) [ ]

31. Gender  Male  Female

32. Country of Birth [ ]

33.a. City/Town/Village of Residence [ ]

33.b. Country of Residence [ ]

**Other Information About Your Beneficiary**

34. Has your beneficiary ever been previously married?  
 Yes  No

If you answered "Yes" to **Item Number 34.**, provide the names of each prior spouse and the date each prior marriage ended in **Item Numbers 35.a. - 36.** If you need to provide information for more than one spouse, use the space provided in **Part 8. Additional Information.**

**Name of Previous Spouse**

35.a. Family Name (Last Name) [ ]

35.b. Given Name (First Name) [ ]

35.c. Middle Name [ ]

36. Date Marriage Ended (mm/dd/yyyy) [ ]

37. Has your beneficiary ever been in the United States?  
 Yes  No

If your beneficiary is currently in the United States, complete **Item Numbers 38.a. - 38.h.**

38.a. He or she last entered as a (for example, visitor, student, exchange alien, crewman, stowaway, temporary worker, without inspection):  
[ ]

38.b. I-94 Arrival-Departure Record Number  
▶ [ ]

38.c. Date of Arrival (mm/dd/yyyy) [ ]

**Part 2. Information About Your Beneficiary**  
(continued)

- 38.d.** Date authorized stay expired or will expire as shown on Form I-94 or I-95 (mm/dd/yyyy)
- 38.e.** Passport Number
- 38.f.** Travel Document Number
- 38.g.** Country of Issuance for Passport or Travel Document
- 38.h.** Expiration Date for Passport or Travel Document (mm/dd/yyyy)
- 39.** Does your beneficiary have any children?  
 Yes  No

If you answered "Yes" to **Item Number 39.**, provide the following information about each child. If you need to provide information for more than one child, use the space provided in **Part 8. Additional Information.**

**Children of Beneficiary**

- 40.a.** Family Name (Last Name)
- 40.b.** Given Name (First Name)
- 40.c.** Middle Name
- 41.** Country of Birth
- 42.** Date of Birth (mm/dd/yyyy)
- 43.** Does this child reside with your beneficiary?  
 Yes  No

If the child does not reside with your beneficiary, provide the child's physical residence.

- 44.a.** Street Number and Name
- 44.b.**  Apt.  Ste.  Flr.
- 44.c.** City or Town
- 44.d.** State  **44.e.** ZIP Code
- 44.f.** Province
- 44.g.** Postal Code
- 44.h.** Country

**Address in the United States Where Your Beneficiary Intends to Live**

- 45.a.** Street Number and Name
- 45.b.**  Apt.  Ste.  Flr.
- 45.c.** City or Town
- 45.d.** State  **45.e.** ZIP Code
- 46.** Daytime Telephone Number

**Your Beneficiary's Physical Address Abroad**

- 47.a.** Street Number and Name
- 47.b.**  Apt.  Ste.  Flr.
- 47.c.** City or Town
- 47.d.** Province
- 47.e.** Postal Code
- 47.f.** Country
- 48.** Daytime Telephone Number

**Your Beneficiary's Name and Address in His or Her Native Alphabet**

- 49.a.** Family Name (Last Name)
- 49.b.** Given Name (First Name)
- 49.c.** Middle Name
- 50.a.** Street Number and Name
- 50.b.**  Apt.  Ste.  Flr.
- 50.c.** City or Town
- 50.d.** Province
- 50.e.** Postal Code
- 50.f.** Country

**Part 2. Information About Your Beneficiary**  
(continued)

51. Is your fiancé(e) related to you?  
 Yes  No  N/A, beneficiary is my spouse

52. Provide the nature and degree of relationship (for example, third cousin or maternal uncle).

53. Have you and your fiancé(e) met in person during the two years immediately before filing this petition?  
 Yes  No  N/A, beneficiary is my spouse

If you answered "Yes" to **Item Number 53.**, describe the circumstances of your in-person meeting in **Item Number 54.** Attach evidence to demonstrate that you were in each other's physical presence during the required two year period.

If you answered "No," explain your reasons for requesting an exemption from the in person meeting requirement in **Item Number 54.** and provide evidence that you should be exempt from this requirement. Refer to **Part 2., Item Numbers 53. - 54.** of the **Specific Instructions** section of the Instructions for additional information about the requirement to meet. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

54.

**International Marriage Broker (IMB) Information**

55. Did you meet your beneficiary through the services of an IMB?  
 Yes  No

If you answered "Yes" to **Item Number 55.**, provide the IMB's contact information and Website information below. In addition, attach a copy of the signed, written consent form the IMB obtained from your beneficiary authorizing your beneficiary's personal contact information to be released to you.

56. IMB's Name (if any)

57.a. Family Name of IMB (Last Name)

57.b. Given Name of IMB (First Name)

58. Organization Name of IMB

59. Website of IMB

60.a. Street Number and Name

60.b.  Apt.  Ste.  Flr.

60.c. City or Town

60.d. Province

60.e. Postal Code

60.f. Country

61. Daytime Telephone Number

**Consular Processing Information**

Your beneficiary will apply for a visa abroad at the U.S. Embassy or U.S. Consulate at:

62.a. City or Town

62.b. Country

**Part 3. Other Information**

**Criminal Information**

**NOTE:** These criminal information questions must be answered even if your records were sealed, cleared, or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

1. Have you **EVER** been subject to a temporary or permanent protection or restraining order (either civil or criminal)?  Yes  No

**Have you EVER been arrested or convicted of any of the following crimes:**

2.a. Domestic violence, sexual assault, child abuse, child neglect, dating violence, elder abuse, stalking or an attempt to commit any of these crimes? (See **Part 3. Other Information, Item Numbers 1. - 3.c.** of the Instructions for the full definition of the term "domestic violence.")  Yes  No



**Part 3. Other Information** (continued)

2.b. Homicide, murder, manslaughter, rape, abusive sexual contact, sexual exploitation, incest, torture, trafficking, peonage, holding hostage, involuntary servitude, slave trade, kidnapping, abduction, unlawful criminal restraint, false imprisonment, or an attempt to commit any of these crimes?  Yes  No

2.c. Three or more arrests or convictions, not from a single act, for crimes relating to a controlled substance or alcohol?  Yes  No

**NOTE:** If you were ever arrested or convicted of any of the specified crimes, you must submit certified copies of all court and police records showing the charges and disposition for every arrest or conviction. You must do so even if your records were sealed, expunged, or otherwise cleared, and regardless of whether anyone, including a judge, law enforcement officer, or attorney, informed you that you no longer have a criminal record. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

If you have provided information about a conviction for a crime listed in **Item Numbers 2.a. - 2.c.** and you were being battered or subjected to extreme cruelty at the time of your conviction, select all of the following that apply to you:

- 3.a.  I was acting in self-defense.
- 3.b.  I violated a protection order issued for my own protection.
- 3.c.  I committed, was arrested for, was convicted of, or pled guilty to a crime that did not result in serious bodily injury and there was a connection between the crime and me having been battered or subjected to extreme cruelty.

4.a. Have you ever been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance in any country, excluding traffic violations (unless a traffic violation was alcohol- or drug-related or involved a fine of \$500 or more)?  Yes  No

4.b. If the answer to **Item Number 4.a.** is "Yes," provide information about each of those arrests, citations, charges, indictments, convictions, fines, or imprisonments in the space below. If you were the subject of an order of protection or restraining order and believe you are the victim, please explain those circumstances and provide any evidence to support your claims. Include the dates and outcomes. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

**Multiple Filer Waiver Request Information**

Refer to **Part 3. Types of Waivers** in the **Specific Instructions** section of the Instructions for an explanation of the filing waivers.

Indicate which one of the following waivers you are requesting:

- 5.a.  Multiple Filer, No Permanent Restraining Orders or Convictions for a Specified Offense (**General Waiver**)
- 5.b.  Multiple Filer, Prior Permanent Restraining Orders or Criminal Conviction for Specified Offense (**Extraordinary Circumstances Waiver**)
- 5.c.  Multiple Filer, Prior Permanent Restraining Order or Criminal Convictions for Specified Offense Resulting from Domestic Violence (**Mandatory Waiver**)
- 5.d.  Not applicable, beneficiary is my spouse or I am not a multiple filer

**Part 4. Biographic Information**

- 1. Ethnicity (Select **only one** box)
  - Hispanic or Latino
  - Not Hispanic or Latino
- 2. Race (Select **all applicable** boxes)
  - White
  - Asian
  - Black or African American
  - American Indian or Alaska Native
  - Native Hawaiian or Other Pacific Islander
- 3. Height      Feet  Inches
- 4. Weight      Pounds
- 5. Eye Color (Select **only one** box)
 

<input type="checkbox"/> Black	<input type="checkbox"/> Blue	<input type="checkbox"/> Brown
<input type="checkbox"/> Gray	<input type="checkbox"/> Green	<input type="checkbox"/> Hazel
<input type="checkbox"/> Maroon	<input type="checkbox"/> Pink	<input type="checkbox"/> Unknown/Other
- 6. Hair Color (Select **only one** box)
 

<input type="checkbox"/> Bald (No hair)	<input type="checkbox"/> Black	<input type="checkbox"/> Blond
<input type="checkbox"/> Brown	<input type="checkbox"/> Gray	<input type="checkbox"/> Red
<input type="checkbox"/> Sandy	<input type="checkbox"/> White	<input type="checkbox"/> Unknown/Other

**Part 5. Petitioner's Contact Information, Certification, and Signature**

***Petitioner's Contact Information***

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

- 1. Petitioner's Daytime Telephone Number
- 2. Petitioner's Mobile Telephone Number (if any)
- 3. Petitioner's Email Address (if any)

***Petitioner's Certification and Signature***

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my petition, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 6.**, understood, all of the responses and information contained in, and submitted with, my petition, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

- 4. Petitioner's Signature  
➔
- Date of Signature (mm/dd/yyyy)

**Part 6. Interpreter's Contact Information, Certification, and Signature**

***Interpreter's Full Name***

- 1. Interpreter's Family Name (Last Name)
- Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name

***Interpreter's Contact Information***

- 3. Interpreter's Daytime Telephone Number
- 4. Interpreter's Mobile Telephone Number (if any)
- 5. Interpreter's Email Address (if any)

***Interpreter's Certification and Signature***

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the petition and Instructions and interpreted the petitioner's answers to the questions in that language, and the petitioner informed me that they understood every instruction, question, and answer on the petition.

- 6. Interpreter's Signature
- Date of Signature (mm/dd/yyyy)

**Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner**

***Preparer's Full Name***

- 1. Preparer's Family Name (Last Name)
- Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name

***Preparer's Contact Information***

- 3. Preparer's Daytime Telephone Number
- 4. Preparer's Mobile Telephone Number (if any)
- 5. Preparer's Email Address (if any)

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**Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)**

***Preparer's Certification and Signature***

I certify, under penalty of perjury, that I prepared this petition for the petitioner at their request and with express consent and that all of the responses and information contained in and submitted with the petition are complete, true, and correct and reflects only information provided by the petitioner. The petitioner reviewed the responses and information and informed me that they understand the responses and information in or submitted with the petition.

**6. Preparer's Signature**

Date of Signature (mm/dd/yyyy)

**Part 8. 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. Type or print your 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.a Family Name (Last Name)

1.b Given Name (First Name)

1.c Middle Name

2. A-Number (if any) ▶ A-

3.a Page Number  3.b Part Number  3.c Item Number

3.d. 


4.a Page Number  4.b Part Number  4.c Item Number

4.d. 


5.a Page Number  5.b Part Number  5.c Item Number

5.d. 


6.a Page Number  6.b Part Number  6.c Item Number

6.d. 


7.a Page Number  7.b Part Number  7.c Item Number

7.d. 
