OMB No. 1615-0028; Expires 03/31/15 Form I-600A, Application for Advance Processing of Orphan Petition

Do not write in this block For USCIS Use Only				
It has been determined that the: Married prospective adoptive parent will furnish proper care orphan if admitted to the United States. There: are preadoptive requirements in the State of the child's The following is a description of the preadoption requirements.	proposed residence.	Fee Stamp		
of the State of the child's proposed residence:		DATE OF FAVORABLE DETERMINATION DD DISTRICT		
The preadoption requirements, if any: have been met. have not been met.		File number of applicant, if applicable:		
	<u> </u>	6. My telephone number is: (include area code)		
2. Other names used (including maiden name if a	appropriate):	7. I am a citizen of the United States through: Birth Parents Naturalization If acquired through naturalization, provide the following: a. Name under which you naturalized: b. Naturalization certificate number: c. Date of naturalization (mm/dd/yyyy):		
3. I reside in the U.S. at: (C/O if appropriate	*)			
(Number and Street)	(Apt. No.)			
(Town or City) (State) 4. Address abroad (if any):	(Zip Code)			
(Number and Street)	(Apt. No.)	d. Place of naturalization:		
(Town or City) (State or Pro	ovince)	If acquired through parentage, have you obtained a certificate in your own name based on that acquisition? No Yes		
5. I was born on: (mm/dd/yyyy) In:		If not, submit evidence of citizenship. See Page 2 of the instructions.		
(Town or City) (State or Pro	ovince)	Have you or any person through whom you claimed citizenship ever lost U.S. citizenship?		
(Country)		No Yes (If "Yes," attach detailed explanation)		
Received Trans. In Ret'd Trans. Out	Completed			

BLOCK I - Information About the Prospective Add	optive Parent (Continue	ed)					
8. My marital status is:							
a. Married Widowed Divorced	Single						
b. If you are now or if you have been married, how may time have you been married (include current marriage if married):							
9. If you are now married, provide the following inform	nation:						
Date of present marriage (mm/dd/yyyy):	Place of present marr	riage:					
Name of present spouse:							
(Last) (First)	(Middle)	(M	Taiden, if any)				
Date of birth of present spouse (mm/dd/yyyy):	Place of birth of pres	sent spouse:					
My spouse has been married time(s) (in	nclude current marriage)						
My spouse resides: With me Apart from	om me (<i>provide address b</i>	pelow)					
Number and Street	Apt. No. City	State	Country				
BLOCK II - General Information							
10. Name and address of organization or individual ass	sisting you in locating or	identifying an orphan.					
Name of organization or individual:		rganization or individual:					
11. Do you plan to travel abroad to locate or adopt a c	No Yes						
12. Does your spouse, if any, plan to travel abroad to le	No Yes						
13. If the answer to Question 11 or 12 is "Yes," provi	de the following information	tion, if known:					
a. Your date of intended departure (mm/dd/yyyy):	b. Your spouse	e's date of intended depart	ture (mm/dd/yyyy):				
c. Names of city, province, country you are traveli	ng to:						
14. Will the child be adopted abroad after having beer spouse (if married)?	n personally seen and obse	erved by you and your	□ No □ Yes				
15. Will the preadoption requirements, if any, of the c after the child enters the United States?	hild's proposed State of re	esidence be met prior to o	or No Yes				
16. From what country do you plan to adopt, if known	?						
17. Where do you wish to file your orphan petition? (Complete one of the optic	ons below)					
The USCIS office located at:	• • •	bassy or consulate at:					
	OR						

BLOCK II - General Information (Continued)							
18. Do you plan to adopt more than one child?		☐ No	Yes				
If "Yes," how many children do you plan to adopt?							
BLOCK III - Accommodations for Individuals With Disal instructions before completing this section.)	bilities and Impairments (Read the	? information i	n the				
19. I am requesting an accommodation:							
1. Because of my disability(ies) and/or impairment(s).		☐ No	Yes				
2. For my spouse because of his or her disability(ies) and/or in	npairment(s).	☐ No	Yes				
3. For my household member because of his or her disability(id	es) and/or impairment(s).	☐ No	Yes				
If you answered "Yes," check any applicable box. Provide in person:	nformation on the disability(ies) and/or	impairment(s) f	or each				
Deaf or hard of hearing and request the following accowhich language (e.g., American Sign Language)):	mmodation(s) (if requesting a sign-lang	uage interpreter	;, indicate				
Blind or sight-impaired and request the following acco	Blind or sight-impaired and request the following accommodation(s):						
Other type of disability(ies) and/or impairment(s) (descarce accommodation(s) being requested):	Other type of disability(ies) and/or impairment(s) (describe the nature of the disability(ies) and/or impairment(s) and accommodation(s) being requested):						
Certification of Prospective Adoptive Parent I certify, under penalty of perjury under the laws of the United States	Certification of Married Prospect Spouse	ive Adoptive Pa	arent				
of America, that the foregoing is true and correct and that I will care for an orphan/orphans properly if admitted to the United States.	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/orphans properly if admitted to the United States.						
(Signature of Prospective Adoptive Parent)	(Signature of Prospective Adoptive Parent Spouse)						
Executed on (Date)	Executed on (Date)						
Signature of Person Preparing Form, If Other Than Petitione I declare that this document was prepared by me at the request of the petitione		of which I have k	nowledge.				
(Signature)	Executed on (Date)						
Street Address and Room or Suite No./City/State/Zip Code							