

ADJUSTMENT INFORMATION SHEET

Please complete and return this form for immediate processing.

PETITIONER

Name:

Address:

Place of Birth (city, country):

Date of Birth (month/day/year): Gender: Marital Status:

Name of Current Spouse:

Date of Marriage: Date Marriage Ended (if applicable):

Name of Prior Spouse(s):

Citizen By (put x before one):BIRTH orNATURALIZATION

Social Security #: Alien # (Green Card):

Father's Name:

POB: DOB:

Mother's Name:

POB: DOB:

BENEFICIARY

Name:

Address:

Address Abroad:

Place of Birth (city, country):

Date of Birth (month/day/year): Gender: Marital Status:

Name of Current Spouse:

Date of Marriage: Date Marriage Ended (if applicable):

Name of Prior Spouse(s):

Citizen By (check one): BIRTH or NATURALIZATION

Social Security #: Alien # (Green Card):

Date of Last Entry to the U.S.: I-94#:

U.S. Consulate where Visa was Issued: Date:

Have you previously applied for Permanent Residence Status:

Father's Name:

POB: DOB:

Mother's Name:

POB: DOB:

Beneficiary's Children: NAME POB (city, country) DOB (month/day/year)

1:

2:

3:

4:

5:

6:

INCLUDE COPY OF: Passport, I-94, Birth Certificate, Marriage Certificate, Divorce Certificate, Death Certificate