

# Form I-600A, Application for Advance Processing of Orphan Petition

**Do not write in this block**

**For USCIS Use Only**

<p>It has been determined that the:</p> <p><input type="checkbox"/> Married                      <input type="checkbox"/> Unmarried          prospective adoptive parent will furnish proper care to a beneficiary orphan if admitted to the United States.</p> <p>There:</p> <p><input type="checkbox"/> are                                      <input type="checkbox"/> are not          preadoption requirements in the State of the child's proposed residence.</p> <p>The following is a description of the preadoption requirements, if any, of the State of the child's proposed residence:</p> <p>_____</p> <p>_____</p> <p>The preadoption requirements, if any:</p> <p><input type="checkbox"/> have been met.                      <input type="checkbox"/> have not been met.</p>	<p style="text-align: center;">Fee Stamp</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <div style="border: 1px solid black; padding: 5px;"> <p>DATE OF FAVORABLE DETERMINATION</p> <p>DD</p> <p>DISTRICT</p> </div> <p>File number of applicant, if applicable: _____</p>
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**Type or print legibly in black ink.**

*This application is made by the named prospective adoptive parent for advance processing of an orphan petition.*

**BLOCK I - Information About the Prospective Adoptive Parent**

<p><b>1.</b> My name is: (Last)                      (First)                      (Middle)</p> <p>_____</p> <p>_____</p> <p><b>2.</b> Other names used (including maiden name if appropriate):</p> <p>_____</p> <p>_____</p> <p><b>3.</b> I reside in the U.S. at:                      (C/O if appropriate)</p> <p>_____</p> <p>(Number and Street)                      (Apt. No.)</p> <p>_____</p> <p>(Town or City)                      (State) (Zip Code)</p> <p><b>4.</b> Address abroad (if any):</p> <p>_____</p> <p>(Number and Street)                      (Apt. No.)</p> <p>_____</p> <p>(Town or City)                      (State or Province)</p> <p>_____</p> <p>(Country)</p> <p><b>5.</b> I was born on: (mm/dd/yyyy) _____</p> <p>In:</p> <p>_____</p> <p>(Town or City)                      (State or Province)</p> <p>_____</p> <p>(Country)</p>	<p><b>6.</b> My telephone number is: (include area code)</p> <p>_____</p> <p><b>7.</b> I am a citizen of the United States through:</p> <p><input type="checkbox"/> Birth      <input type="checkbox"/> Parents      <input type="checkbox"/> Naturalization</p> <p>If acquired through naturalization, provide the following:</p> <p><b>a.</b> Name under which you naturalized:</p> <p>_____</p> <p><b>b.</b> Naturalization certificate number:</p> <p>_____</p> <p><b>c.</b> Date of naturalization (mm/dd/yyyy):</p> <p>_____</p> <p><b>d.</b> Place of naturalization:</p> <p>_____</p> <p>If acquired through parentage, have you obtained a certificate in your own name based on that acquisition?</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes</p> <p>_____</p> <p>If not, submit evidence of citizenship. See <b>Page 2</b> of the instructions.</p> <p>_____</p> <p>Have you or any person through whom you claimed citizenship ever lost U.S. citizenship?</p> <p><input type="checkbox"/> No      <input type="checkbox"/> Yes (If "Yes," attach detailed explanation)</p>
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**BLOCK I - Information About the Prospective Adoptive Parent** (Continued)

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8. My marital status is:

a.  Married  Widowed  Divorced  Single

b. If you are now or if you have been married, how many times have you been married (include current marriage if married): \_\_\_\_\_

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9. If you are now married, provide the following information:

Date of present marriage (mm/dd/yyyy):

Place of present marriage:

\_\_\_\_\_

\_\_\_\_\_

Name of present spouse:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of birth of present spouse (mm/dd/yyyy):

Place of birth of present spouse:

\_\_\_\_\_

\_\_\_\_\_

My spouse has been married \_\_\_\_\_ time(s) (include current marriage)

My spouse resides:  With me  Apart from me (provide address below)

Number and Street

Apt. No. City

State

Country

\_\_\_\_\_

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**BLOCK II - General Information**

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10. Name and address of organization or individual assisting you in locating or identifying an orphan.

Name of organization or individual:

Address of organization or individual:

\_\_\_\_\_

\_\_\_\_\_

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11. Do you plan to travel abroad to locate or adopt a child?

No

Yes

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12. Does your spouse, if any, plan to travel abroad to locate or adopt a child?

No

Yes

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13. If the answer to **Question 11** or **12** is "Yes," provide the following information, if known:

a. Your date of intended departure (mm/dd/yyyy):

b. Your spouse's date of intended departure (mm/dd/yyyy):

c. Names of city, province, country you are traveling to:

\_\_\_\_\_

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14. Will the child be adopted abroad after having been personally seen and observed by you and your spouse (if married)?

No

Yes

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15. Will the preadoption requirements, if any, of the child's proposed State of residence be met prior to or after the child enters the United States?

No

Yes

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16. From what country do you plan to adopt, if known?

\_\_\_\_\_

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17. Where do you wish to file your orphan petition? (Complete **one** of the options below)

The USCIS office located at:

The U.S. Embassy or consulate at:

**OR**

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**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 Disabilities and Impairments** (Read the information in the instructions before completing this section.)

**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 impairment(s).  No  Yes
- 3. For my household member because of his or her disability(ies) and/or impairment(s).  No  Yes

If you answered "Yes," check any applicable box. Provide information on the disability(ies) and/or impairment(s) for each person:

- Deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):  
\_\_\_\_\_
- Blind or sight-impaired and request the following accommodation(s):  
\_\_\_\_\_
- 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):  
\_\_\_\_\_

<p><b>Certification of Prospective Adoptive Parent</b></p> <p>I certify, under penalty of perjury under the laws of the United States 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.</p> <p>_____ (Signature of Prospective Adoptive Parent)</p> <p>_____ Executed on (Date)</p>	<p><b>Certification of Married Prospective Adoptive Parent Spouse</b></p> <p>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.</p> <p>_____ (Signature of Prospective Adoptive Parent Spouse)</p> <p>_____ Executed on (Date)</p>
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<p><b>Signature of Person Preparing Form, If Other Than Petitioner</b></p> <p>I declare that this document was prepared by me at the request of the petitioner and is based entirely on information of which I have knowledge.</p>	
_____ (Signature)	_____ Executed on (Date)
_____ Street Address and Room or Suite No./City/State/Zip Code	