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**UNMARRIED**

**SONS AND**

**DAUGHTERS OF**

**U.S. CITIZENS**



## **FAMILY PETITION CHECK LIST**

1. Proof of the relationship to the petitioner
  - Birth Certificate of the Beneficiary
  - Birth Certificate of the Petitioner
  - If the Beneficiary is married or have kids you have to bring proof of their relationship to the Beneficiary (Birth certificates and Married Certificate).
  
2. Proof of the Immigrant Status of the Petitioner
  - Certificate of Naturalization
  - U.S. Passport
  - U.S. Birth Certificate

# QUESTIONNAIRE

## A. REALSTIONSHIP

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1. The alien relative is my:  
Husband/Wife \_\_\_\_\_ Parent \_\_\_\_\_ Child \_\_\_\_\_
2. Are you related by adoption?  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. Did you gain your residence trough adoption?  
Yes \_\_\_\_\_ No \_\_\_\_\_

## B. INFORMATION ABOUT YOU (PETITIONER)

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1. NAME (Family name in caps) (Middle)  
\_\_\_\_\_
2. ADDRESS (Number and Street) (Apartment Number)  
\_\_\_\_\_  
(Town or City) (State/Country) (ZIP/Postal )  
\_\_\_\_\_
3. PLACE OF BIRTH (Town or City) (State/County)  
\_\_\_\_\_
4. DATE OF BIRTH (Mo/Day/Yr) 5. SEX Male \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_  
Female \_\_\_\_\_ 6. MARITAL STATUS Widowed \_\_\_\_\_ Divorce \_\_\_\_\_
7. OTHER NAMES USED (Including maiden Name)  
\_\_\_\_\_
8. DATE AND PLACE OF PRESENT MARRIAGE (If married)  
\_\_\_\_\_
9. SOCIAL SECURITY NUMBER 10. ALIEN REGISTRATION NUMBER (If any)  
\_\_\_\_\_
11. NAMES OF PRIOR HUSBANDS/WIVES 12. DATE(S) ENDED  
\_\_\_\_\_
13. IF YOU ARE A U.S. CITIZEN, COMPLETE THE FOLLOWING  
My citizenship was acquired through (check one)  
\_\_\_\_ Birth in the U.S.  
\_\_\_\_ Naturalization (Give number of certificate, date and place it was issued)

### PARENTS

Have you obtained a certificate of citizenship in your own name?

Yes \_\_\_\_\_ No \_\_\_\_\_

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If "Yes", give number of certificate, date and place it was issued

- 14a. If you are a lawful permanent resident alien, complete the following:  
Date and Place of admission for, or adjustment to, lawful permanent residence, and class of admission:  
\_\_\_\_\_

14b. Did you gain permanent residence status through marriage to United States citizen or lawful permanent resident?  
YES\_\_\_ NO\_\_\_

**C. INFORMATION ABOUT YOUR ALIEN RELATIVE (BENEFICIARY)**

1. NAME (Family name in caps) (First) (Middle)

2. ADDRESS (Number and Street) (Apartment Number)

(Town or City) (State/Country) (ZIP/Postal )

3. PLACE OF BIRTH (Town or City) (State/County)

4. DATE OF BIRTH (Mo/Day/Yr) 5. SEX \_\_\_ Male \_\_\_ Female 6. MARITAL STATUS \_\_\_ Married \_\_\_ Single \_\_\_ Widowed \_\_\_ Divorce

7. OTHER NAMES USED (Including maiden Name)

8. DATE AND PLACE OF PRESENT MARRIAGE (If married)

10. SOCIAL SECURITY NUMBER (If any) 10. ALIEN REGISTRATION NUMBER

11. NAMES OF PRIOR HUSBANDS/WIVES 12. DATE(S) ENDED

13. Has your relative evr been in the U.S.?

Yes\_\_\_ NO\_\_\_ ]

14. if your realtive is currntly in the U.S., complete the following: he or She last arrived as a (visitor,student, stowaway,wihtout inspection,etc.)

Arrival/Departure Record (I-94) Number Daye Arrived (Month/Day/Year)

Date authorized stay expired, or will expire as shown on form I-94 or I-95

15. Name and Address of present Employer (If any)

date this emplment began (Month/Day/Year)

15. Has your relative ever been under immigration proceedings?

Yes\_\_\_ No\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_  
Exclusion \_\_\_\_\_ Deportation \_\_\_\_\_ Recision \_\_\_\_\_  
Judicial Proceedings \_\_\_\_\_

16. List Husband/wife and all children of your relative (If your relative is your husband/wife, list only his or her children).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Address in the U.S. where your relative intends to live  
(Number and Street) (Town or City) (State)

18. Your relative's address abroad

19. If filing for you husband/wife, give last address at which you both lived together:

20. Your relative will apply for visa abroad at the American Consulate in

\_\_\_\_\_  
(City) (Country)

21. Have you ever filed a petition for this or any other alien before?

Yes \_\_\_ No \_\_\_

If yes give name, place and date of filing, and result.

\_\_\_\_\_