



日期:  
致:

您是被批准的 I-730 申请的受益人,为了继续完成移民申请的程序,我们办公室必须对您进行面试。这次面试的目的是要确认 I-730 中提出的家庭关系,从而作出您是否能够移民的决定。您会被要求提供证据,以表明您与您的申请人之间的真实关系。

您必须在完成如下表格后带齐所需文件按照下列时间前来参加面试。

您的面试时间已定为:\_\_\_\_\_ 早 8: 00 \_\_\_\_\_

我们的地址是:北京市朝阳区天泽路美国驻华使馆

**您必须带齐下列文件和表格:**

1. 您的护照(必须携带三份护照个人信息资料页的复印件)
2. 您的中国身份证。(原件及一份复印件)
3. 体检报告(约需 3-4 天才能完成,密封的信封内必须有三份原件)
4. 如果您于 1996 年以后出生,您必须携带由卫生部发给您的出生医学证原件及一份其英文翻译的公证书。如果您于 1996 年之前出生,并且在出生时没有得到出生证,您必须携带其他种类的出生证明,例如您出生所在的医院依据出生登记本的记录所出具的证明书,您同时还须携带此证书的带有英文翻译的公证。
5. 所有申请人都必须携带您的出生证、结婚证、离婚证(或法院颁发的离婚判决书)或死亡证的原件和带英文翻译的公证书的原件。子女必须携带父母的结婚证、离婚证(或法院颁发的离婚判决书)或死亡证的原件和带英文翻译的公证书的原件。
6. 所有 18 周岁以下的子女必须在合法监护人的陪同下来参加面试,该监护人必须携带其中国身份证原件和一份复印件。
7. 您的户口簿原件及一份带有英文翻译的公证书。
8. 凡 14 周岁以上的受益人须递交一份无犯罪记录的公证书及其英文翻译件。
9. 每人十张照片,规格是 50X50 毫米,白色背景彩色正面照片。
10. 您在美国的申请人的中国身份证。
11. 每位受益人请填写 I-765 表格的第一至第十一项,并在表格上签名。(I-765 表格附在此通知后面)表格的左上方钉两张照片(照片背面须写上受益人 A 号码并装于透明塑料袋内钉于表格左上方)
12. 每位受益人必须填写 G-325C 表格,表格附在此通知后面。
13. 每位受益人必须填写宣誓表并签字,表格附在此通知后面。
14. 每位受益人必须填写 V92 表格,表格附在此通知后面。

您还须带来其他的证据,包括所有的家庭照片,或是任何能够帮助证明您与申请人之间真实关系的其他文件。例如,您的出生证和结婚证原件,独生子女证,学校记录,离婚调解书,儿童预防接种证,任何在出生时得到的文件,和其他您得到的能证明您们之间关系的有效官方文件。请注意,您带来的所有文件必须是真实的。**如果您呈上虚假文件,或是以虚假手段获得的文件,您的案件将会被取消或否决。**

**请注意,下列事项将有助于加快您面试当天的进程:**

1. 您必须将所有要求的文件整理好,以便交给准备面试您的官员。
2. 每名受益人请上交只属于自己的文件,请不要与他人的表格及文件相混。
3. 所有表格上的所有空白处都**必须**填写完毕,如果填表人不属于表格上所列举情况,请填“无”。
4. 旅行箱、大型公文箱、旅行背包及其他大件物品不得带入本办公室。
5. 手机和各种笔不允许带入办公室。

请您仔细阅读本通知并感谢您的关注。

美国国土安全部  
美国公民事务与移民局北京办公室

(Rev. 11/2/2011)



**U.S. Citizenship  
and Immigration  
Services**

## 体检说明

您可以到下列任何一间诊所或者医院接受体检。我们不接受非指定医院的体检报告。您必须在您您的面谈日期之前去医院体检。每一接受体检者需携带护照及四张签证照片。

您可以预先打电话到相关医院了解体检的正确程序。

北京国际旅行卫生保健中心	地址：北京市东城区和平里北街 20 号 电话：（010）58648801 体检费用：成人 880 元人民币，儿童 600 元人民币
上海国际旅行卫生保健中心	地址：上海市长宁区金浜路 15 号（3 号楼 2 楼） 电话：（021）62699006/62697117 体检费用：成人 1100 元人民币，儿童 640 元人民币
福建省立医院	地址：福州市东街 134 号 电话：（0591）87557768-8050/8065（需预约） （0591）87858037 体检费用：成人 1200 元人民币，儿童 800 元人民币
广东国际旅行卫生保健中心	地址：广州市沙田北街 33 号 电话：（020）81219500 / 81219513 体检费用：成人 800 元人民币，儿童 500 元人民币

(Rev. BEI Nov-2011)



**U.S. Citizenship  
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**MEDICAL EXAMINATION INSTRUCTION**

You should arrange to undergo your medical examination at the hospital indicated below. Medical examinations conducted at other hospitals will not be accepted. You must go to the hospital to have your examination earlier than your interview appointment date. Each person who is examined must bring four visa photographs of himself to give to the examination physician.

You may call the hospital or clinic at the phone number indicated below to ensure proper processing of your exam.

NAME	ADDRESS, TEL#, PRICE
<b>Beijing International Travel Healthcare Center</b>	#20 Heping Li North Street, Dongcheng District, Beijing Tel: (010) 58648801 Price: RMB 880 for adult, RMB 600 for child
<b>Shanghai International Travel Healthcare Center</b>	2 F. Bld 3, No. 15 Jin Bang Road, Shanghai Tel: (021) 62699006 / 62697117 Price: RMB 1100 for adult, RMB 640 for child
<b>Fujian Provincial Hospital</b>	#134 Dongjie, Fuzhou, Fujian Tel: (0591) 87557768-8050 or 8065 (for appointment) (0591) 87858037 Price: RMB 1200 for adult, RMB 800 for child
<b>Health Care Center of Guangdong International Travel</b>	#33 Shamina North Street, Shamian Island, Guangzhou Tel: (020) 81219500 or 91219513 Price: RMB 800 for adult, RMB 500 for child

(Rev. BEI Nov-2011)



**U.S. Citizenship  
and Immigration  
Services**

This office has received notification that you are the beneficiary of an approved I-730 Relative Petition. In order to continue the process of applying for immigration benefits, this office must interview you. The purpose of this interview will be to determine your eligibility to immigrate based on the claimed family relationship. You will be asked to present evidence to demonstrate the relationship between you and the petitioner is valid.

You must complete the enclosed forms and bring them with you on the interview date noted below:

**You are now scheduled to appear in this office at the following place, date and time:**

\_\_\_\_\_ at 8:00 a.m. \_\_\_\_\_.

**US Embassy  
Tian Ze Road  
Chaoyang District, Beijing 100600**

**YOU MUST BRING THE FOLLOWING DOCUMENTS TO THE INTERVIEW**

1. Original Passport (**You must also bring three photo copies of the biographic data page**)
2. Your original Chinese ID (**with one photo-copy**)
3. Medical Examination. (takes 3-4 days to complete, **must have three originals in sealed envelopes**)
4. If you were born after 1996 and at a hospital, you must bring your original birth certificate issued by Ministry of Health of the People's Republic of China with a Notarial English translation. If you were born before 1996 and no birth certificates were issued, you must bring other birth records, such as an official attestation based on the record in the birthing book from the hospital where you were born, with a notarial English translation.
5. Each applicant must bring the original Certificates of Birth, Marriage, Divorce, or Death, as applicable, with notarial English translation. Children must also provide the original Certificates of Marriage, Divorce, or Death for parents, as applicable, with notarial English translation.
6. All minor children under the age of 18 must bring the legal guardian for the interview; the guardian must bring the original Chinese ID (**with one photo-copy**).
7. Original Household Registration with a notarial English translation.
8. Notarial Police Clearance, with notarial English translation for persons over 14 years of age.

9. Ten (10) photographs, per person, must be front-face. (50X50mm, color photo with white background).
10. Chinese Identification Card (*ShenFenZheng*) for the petitioner in the United States.
11. Please complete the items 1-11 in form I-765 and sign (form I-765 is attached to this notice). Two photos with A number on the back and put inside a plastic bag stapled to upper left hand corner of the I-765 Form.
12. G-325C for each person.
13. Declaration of Oath for each person.
14. V92 Data Sheet for each person.

You should also bring with you any other evidence, including **all family photographs ever taken** or any other documents which will help you show that the relationship between you and the petitioner is bona fide. Examples of additional documents include your original birth and marriage certificates, one-child policy booklet, school records, Divorce Agreements, child vaccination card, any document issued at the time of birth or other valid, official documents issued to you and which can assist in showing the relationship. Please note that all documents presented must be authentic. **Presentation of any forged or falsely obtained documents will result in the revocation and denial of your application.**

**Please note that the following will help expedite processing on the day of the interview:**

- 1- You must have all the required documents ready for submission to the officer that will interview you.
- 2- Each applicant must submit only those documents pertaining to their case, do not mix forms and documents belonging to different persons.
- 3- All spaces on all forms must be completed, if something does not apply, please write "N/A" in the spaces provided. If a form requires that you attach a photograph, please attach, with glue, the required photograph in the space provided on the form.
- 4- Suitcases, large briefcases, backpacks or other bulky items are not permitted into this facility.
- 5- Cell phones or pens are not permitted.

Your close attention to the above information is appreciated.

Sincerely,

Michael Hickman  
Field Office Director  
USCIS, Beijing  
(Rev. BEI 11/02/2011)

# I-765, Application For Employment Authorization

Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Do not write in this block.**

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended ( <i>Circle One</i> ) until _____ (Date). _____ (Date). Subject to the following conditions: _____ Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for:  Permission to accept employment.  
 Replacement (*of lost employment authorization document*).  
 Renewal of my permission to accept employment (*attach previous employment authorization document*).

1. Name (Family Name in CAPS) (First)	(Middle)	Which USCIS Office?	Date(s)
2. Other Names Used (include Maiden Name)		Results (Granted or Denied - attach all documentation)	
3. Address in the United States (Number and Street)		12. Date of Last Entry into the U.S. (mm/dd/yyyy)	
(Town or City)	(State/Country)	(Apt. Number)	(ZIP Code)
4. Country of Citizenship/Nationality		13. Place of Last Entry into the U.S.	
5. Place of Birth (Town or City)		14. Manner of Last Entry (Visitor, Student, etc.)	
(State/Province)	(Country)		15. Current Immigration Status (Visitor, Student, etc.)
6. Date of Birth (mm/dd/yyyy)		16. Go to Part 2 of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).	
7. Gender		Eligibility under 8 CFR 274a.12 ( a ) ( 5 ) ( )	
8. Marital Status		17. If you entered the Eligibility Category, (c)(3)(C), in item 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.	
9. Social Security Number (include all numbers you have ever used) (if any)		Degree: _____	
10. Alien Registration Number (A-Number) or I-94 Number (if any)		Employer's Name as listed in E-Verify: _____	
11. Have you ever before applied for employment authorization from USCIS?		Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number _____	
<input type="checkbox"/> Yes (If "Yes," complete below)		<input type="checkbox"/> No	

### Certification

**Your Certification:** I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in Part 2 and have identified the appropriate eligibility category in Block 16.

Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Person Preparing Form, If Other Than Above:** I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name \_\_\_\_\_ Address \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Rec'd	Sent	Approved	Denied	Returned



(Family Name)	(First Name)	(Middle Name)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Citizenship/Nationality	File Number <b>A</b>
All Other Names Used (include names by previous marriages)			City and Country of Birth		U.S. Social Security # (if any)	
Family Name	First Name	Date of Birth (mm/dd/yyyy)	City and Country of Birth (if known)	City and Country of Residence		
Father						
Mother (Maiden Name)						
Current Husband or Wife (if none, so state) Family Name (for wife, give maiden name)	First Name	Date of Birth (mm/dd/yyyy)	City and Country of Birth	Date of Marriage	Place of Marriage	
Former Husbands or Wives (if none, so state) Family Name (for wife, give maiden name)	First Name	Date of Birth (mm/dd/yyyy)	Date of Marriage (mm/dd/yyyy)	Place of Marriage	Date (mm/dd/yyyy) and Place of Termination of Marriage	

**Applicant's residence last 5 years. List present address first.**

Street and Number	City	Province or State	Country	From Month Year	To Month Year

**Applicant's employment last 5 years. (if none, so state.) List present employment first.**

Full Name and Address of Employer	Occupation (Specify)	From Month Year	To Month Year

<b>Applicant for Refugee Status</b>	If your native alphabet is in other than Roman letters, write your name in your native alphabet below:	<b>Penalties:</b> Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.
Date	Signature of Applicant	

**Applicant: Type your name and Alien Registration Number in the box outlined by heavy border below.**

Complete This Box (Family Name)	(Given Name)	(Middle Name)	(Alien Registration Number) <b>A</b>
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U.S. Citizenship  
and Immigration  
Services

**Declaration of Oath**

**宣誓**

Name: \_\_\_\_\_ A No.: \_\_\_\_\_ Date of Interview: \_\_\_\_\_

I, \_\_\_\_\_, swear that the testimony I am giving today in conjunction to the I-730 petition filed on my behalf is true and correct to the best of my knowledge.

我, \_\_\_\_\_, 在此郑重宣誓, 今日有关以我名义而提出的 I-730 申请的证词, 是真实而准确, 并在我所认知的基础上最大限度内作出的。

Signature of applicant (签名): \_\_\_\_\_ Date (日期): \_\_\_\_\_

Immigration Officer's Signature (移民官员签名): \_\_\_\_\_

在进行面试之前, 请您如实填写以下内容, 字迹一定要清晰, 以便我们在有结果的时候能够及时准确地通知到您。谢谢。

Please answer the following questions correctly and neatly before the interview so that we can reach you when it is needed. Thanks.

- 护照号码:  
Passport No.:
  - 您的现住址:(用中英两种语言填写)  
Your Current Address:
  - 申请人在美国的现住址:(用英文填写)  
Current Address of the Petitioner:
  - 邮寄地址(如与现住址不符):(用中英两种语言填写)  
Mailing Address if different from current address:
  - 邮政编码:  
Mailing Code:
  - 电话号码(家庭电话及手机):  
Phone number (both home phone and cell phone):
- 电子邮箱地址:(QQ 的电子邮箱也可以)  
E-mail:
- 申请人在美国的电话号码:  
U.S. Phone Number of Petitioner

## V92 Data Sheet

### Data of the Beneficiary

1. Alien Number: A _____		2. Passport Number: _____	
3. Surnames: _____ Telegraphic Code*: _____		4. Given Names: _____ Telegraphic Code*: _____	
5. Alias: _____ Telegraphic Code*: _____			
*The exact telegraphic code pertaining to the Chinese names can be obtained from the following website: <a href="http://www.bioinfo.tsinghua.edu.cn/~zhengsh/cgi-bin/getCode.cgi">www.bioinfo.tsinghua.edu.cn/~zhengsh/cgi-bin/getCode.cgi</a>			
6. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		7. Date of Birth: (Date) _____ (Month) _____ (Year) _____	
8. Place of Birth:                      (City)                      (Province/State)                      (Country)		9. Nationality	
10. Home Address (Include apartment number, street, city, state or province, postal zone and country)			
11. Home Telephone Number (Please include the area code)			
12. Mobile/Cell Number (Please include the area code)			
13. Occupation		14. Work Unit	
15. Work Background: Have you ever worked for the government?                      No <input type="checkbox"/> / Yes: <input type="checkbox"/> Military <input type="checkbox"/> Civilian Sections If yes, please give exact dates and job title(s)			
16. Purpose of Your Trip: Following to join: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Spouse   (asylee in the U.S.)			
17. Itinerary:			
18. Have you ever been issued a visa to enter the U.S.?                      Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify what kind of visa was issued, when and where:			

### Data of the Sponsor (Petitioner's information in the U.S.)

1. Name		2. Contact Name	
2. Address		City	State                      Zip
4. Sponsor Phone Number (Please include the area code)			
Home		Work	Other