



U.S. Citizenship
and Immigration
Services

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**

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**

This appointment may not be changed or rescheduled. Please, do NOT call this office to confirm or reschedule your appearance.

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)



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。您必须在你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：北京市海淀区马甸东路 17 号金澳国际大厦 25 层 电话：（010）58648801 |
| 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 |
| 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 |
| 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 |

(Rev. BEI Sep-2013)



**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 |
|---|--|
| Beijing International Travel Healthcare Center | 17 Madian E Rd., Jin' Ao Int'l Bldg. Fl. 25, Haidian, Beijing Tel: (010) 58648801 |
| Shanghai International Travel Healthcare Center | 2 F. Bld 3, No. 15 Jin Bang Road, Shanghai Tel: (021) 62699006 / 62697117 |
| Fujian Provincial Hospital | #134 Dongjie, Fuzhou, Fujian Tel: (0591) 87557768-8050 or 8065 (for appointment) (0591) 87858037 |
| Health Care Center of Guangdong International Travel | #33 Shamina North Street, Shamian Island, Guangzhou Tel: (020) 81219500 or 91219513 |

*****Please turn page over for Chinese 中文请见背面*****

(Rev. BEI Sep-2013)

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

I-765, Application For Employment Authorization

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). Subject to the following conditions: _____ (Date). 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) _____ (Apt. Number) _____ | 12. Date of Last Entry into the U.S. (mm/dd/yyyy) _____ |
| (Town or City) _____ (State/Country) _____ (ZIP Code) _____ | 13. Place of Last Entry into the U.S. _____ |
| 4. Country of Citizenship/Nationality _____ | 14. Manner of Last Entry (Visitor, Student, etc.) _____ |
| 5. Place of Birth (Town or City) _____ (State/Province) _____ (Country) _____ | 15. Current Immigration Status (Visitor, Student, etc.) _____ |
| 6. Date of Birth (mm/dd/yyyy) _____ 7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | 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.). Eligibility under 8 CFR 274a.12 (a) (5) () |
| 8. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | 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. Degree: _____ Employer's Name as listed in E-Verify: _____ Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number _____ |
| 9. Social Security Number (include all numbers you have ever used) (if any) _____ | |
| 10. Alien Registration Number (A-Number) or I-94 Number (if any) _____ | |
| 11. Have you ever before applied for employment authorization from USCIS? <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 |
| | | | | | | | |



G-325C, Biographic Information

| | | | | | | |
|--|--------------|----------------------------|--|-------------------------------|---------------------------------|--|
| (Family Name) | (First Name) | (Middle Name) | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth (mm/dd/yyyy) | Citizenship/Nationality | File Number A |
| 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 | | To | |
|-------------------|------|-------------------|---------|-------|------|--------------|------|
| | | | | Month | Year | Month | Year |
| | | | | | | Present Time | |
| | | | | | | | |
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| | | | | | | | |

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

| Full Name and Address of Employer | Occupation (Specify) | From | | To | |
|-----------------------------------|----------------------|-------|------|-------|------|
| | | Month | Year | Month | Year |
| Present Time | | | | | |
| | | | | | |
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|--|--|
| Applicant for Refugee Status | If your native alphabet is in other than Roman letters, write your name in your native alphabet below: |
| Date _____ | Signature of Applicant _____ |
| Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact. | |

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) |
| | | | A |



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: _____ 4. Given Names: _____
 Telegraphic Code*: _____ Telegraphic Code*: _____

5. Alias: _____
 Telegraphic Code*: _____

*The exact telegraphic code pertaining to the Chinese names can be obtained from the following website:
www.bjonline.tsinghua.edu.cn/~zhengsh/cepin/getCode.cgi

6. Gender: Male Female 7. Date of Birth: (Date) _____ (Month) _____ (Year) _____
 (City) _____ (Province/State) _____ (Country) _____ 9. Nationality _____

8. Place of Birth: _____

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 / Yes: Military Civilian Sections
 If yes, please give exact dates and job title(s)

16. Purpose of Your Trip: Following to join: Mother Father Spouse (asylee in the U.S.)

17. Itinerary: _____

18. Have you ever been issued a visa to enter the U.S.? Yes No
 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 _____
 City _____ State _____ Zip _____

2. Address _____
 4. Sponsor Phone Number (Please include the area code) _____
 Home _____ Work _____ Other _____