U.S. Department of State
Foreign Service of the United States

STATEMENT OF MARRIAGEABLE AGE APPLICANT

This form is to be completed and signed in duplicate. Attach original to the immigrant visa issued.

Date *(mm-dd-yyyy)*

I, , the undersigned, fully understand that I shall have my special, immediate relative, or preference status, or right to benefit from the immigrating status of my accompanying parent revoked, if I marry prior to my application for admission at a port of entry into the United States and that I would then be subject to exclusion there from.

Posts, when necessary, shall translate the English text into the local language in the following space.

Yo, , el suscrito, certifico tener conocimiento de perder el derecho a beneficiarme como un inmigrante acompañante de mis padres o como hijo soltero de un residente permanente en caso de que contraiga matrimonio antes de ser admitido a los Estados Unidos y estaría sujeto a que se me niegue la entrada a dicho país.

Firma del Aplicante

Signature of Applicant