



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

日期:
致:

您是 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. 受益人的所有护照(过期的和在有效期内正常使用的): 原件及个人信息页复印件
2. 护照上所有出入境记录的复印件
3. 受益人的中国身份证原件及一份复印件
4. 受益人的 6 张照片,规格是 50X50 毫米,白色背景彩色正面照片,需剪裁。另将 2 张同规格照片,背面写上受益人的 A 号码,放入塑料袋中订在 I-765 表格的左上角。
5. 受益人的现住址、电话号码及电子邮箱地址
6. 申请人在美国的现住址、电话号码及电子邮箱地址;如有代理律师,请同样提供律师的地址、电话号码及电子邮箱地址
7. 如果受益人于 1996 年以后出生,受益人必须携带由卫生部签发的出生医学证原件及一份其英文翻译的公证书。如果受益人于 1996 年之前出生,并且在出生时没有得到出生证,受益人必须携带其他种类的出生证明。
8. 出生证明公证书
9. 受益人及申请人的户口簿原件及一份带有英文翻译的公证书
10. 申请人的中国身份证及一份复印件
11. 体检报告:受益人在面谈前必须在指定健康机构完成体检(约需至少 5 个工作日),指定健康机构列表附在本通知后。请注意:只有携带密封的体检报告,受益人才可进入使馆参加面谈。
12. 如有更改姓名、出生日期或身份证号码,请出具官方证明文件,包括原始户籍证明及曾用名公证。
13. 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
14. 结婚证原件(如已结婚)
15. 结婚证公证书(如已结婚)
16. 申请人的离婚证明原件(如曾经离婚)

17. 受益人的离婚证明原件（如曾经离婚）
18. 申请人的离婚证明公证书（如曾经离婚）
19. 受益人的离婚证明公证书（如曾经离婚）
20. 死亡证明原件（如适用）及其英文翻译公证
21. 领养证原件（如适用）
22. 领养证公证（如适用）
23. 如受益人是申请人子女，则必须提供父母的结婚证、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。
24. 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谈，该监护人必须携带其中国身份证原件和一份复印件。
25. 受益人与申请人共同生活期间所有的生活照片。如果面谈结束后您想要拿回照片原件，请同时提供这些照片的复印件。
26. 受益人还需带来任何其它能够帮助证明其与申请人之间真实关系的文件。例如：独生子女证，出生许可证，学校记录和证明，儿童预防接种证，往来信件，和其它能证明受益人与申请人之间关系的私人或官方文件
27. 每位受益人都请完整填写 I-765 表格并签名。为了您的方便，我们在后面附上了一份空白的表格。但是，您有责任到下面这个网址查看并填写完成表格的最新版本：<https://www.uscis.gov/sites/default/files/document/forms/i-765.pdf>
28. 每位 14 周岁以上的受益人都请完整填写 G-325C 表格并签名，表格附在此通知后面。
29. 如有犯罪记录，请提供法庭判决书及其英文翻译公证书。
30. 如有曾用名，请在出生公证书及无犯罪记录公证书中包含曾用名。

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服务局北京办公室



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。申请人在收到面签信后，尽早开始着手预约体检。您必须在你您的面谈日期之前去医院体检。

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）82005029 每个申请人均须网上预约，并预填写个人信息后方可体检。 预约平台网址是 https://www.beijingithc.org.cn/yuyue/ 预约信息填写中“签证类别”选择“V92”（准备面谈）或者 “补材料”（面谈后原体检结果过期按要求重做体检）。 工作流程为自体检日起第 5 个工作日完成所有报告（如有重大健康问题此时间可能延长）
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 MAR-2024）



Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 09/30/2027

For USCIS Use Only	☐ Authorization/Extension Valid From _____	Fee Stamp	Action Block
	☐ Authorization/Extension Valid Through _____		
	Alien Registration Number A-		
	Remarks		

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	☐ Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any)
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► **START HERE** - Type or print in black ink.

Part 1. Reason for Applying

I am applying for (select only one box):

- 1.a. ☐ Initial permission to accept employment.
- 1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.

- 1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

Additional Information.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name



Part 2. Information About You (continued)**Your U.S. Mailing Address**

5.a. In Care Of Name (if any)

5.b. Street Number and Name

5.c. ☐ Apt. ☐ Ste. ☐ Flr.

5.d. City or Town

5.e. State

5.f. ZIP Code

6. Is your current mailing address the same as your physical address?

☐ Yes ☐ No

NOTE: If you answered "No" to Item Number 6., provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name

7.b. ☐ Apt. ☐ Ste. ☐ Flr.

7.c. City or Town

7.d. State

7.e. ZIP Code

Other Information

8. Alien Registration Number (A-Number) (if any)

▶ A-

9. USCIS Online Account Number (if any)

▶

10. Sex

☐ Male ☐ Female

11. Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765?

☐ Yes ☐ No

13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?

☐ Yes ☐ No

NOTE: If you answered "No" to Item Number 13.a., skip to Item Number 14. If you answered "Yes" to Item Number 13.a., provide the information requested in Item Number 13.b.

13.b. Provide your Social Security number (SSN) (if known).

▶

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15., Consent for Disclosure, to receive a card.)

☐ Yes ☐ No

NOTE: If you answered "No" to Item Number 14., skip to Part 2., Item Number 18.a. If you answered "Yes" to Item Number 14., you must also answer "Yes" to Item Number 15.

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.☐ Yes ☐ No

NOTE: If you answered "Yes" to Item Numbers 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

Father's Name

Provide your father's birth name.

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

Mother's Name

Provide your mother's birth name.

17.a. Family Name (Last Name)

17.b. Given Name (First Name)

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

18.a. Country

18.b. Country



Part 2. Information About You (continued)**Place of Birth**

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

19.b. State/Province of Birth

19.c. Country of Birth

20. Date of Birth (mm/dd/yyyy)

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any)

▶

21.b. Passport Number of Your Most Recently Issued Passport

21.c. Travel Document Number (if any)

21.d. Country That Issued Your Passport or Travel Document

21.e. Expiration Date for Passport or Travel Document
(mm/dd/yyyy)

22. Date of Your Last Arrival Into the United States, On or
About (mm/dd/yyyy)

23. Place of Your Last Arrival Into the United States

24. Immigration Status at Your Last Arrival (for example,
B-2 visitor, F-1 student, or no status)

25. Your Current Immigration Status or Category (for example,
B-2 visitor, F-1 student, parolee, deferred action, or no
status or category)

26. Student and Exchange Visitor Information System
(SEVIS) Number (if any)

▶ N-

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

() () ()

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in Item Number 27., provide the information requested in Item Numbers 28.a - 28.c.

28.a. Degree

28.b. Employer's Name as Listed in E-Verify

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in Item Number 27., provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

▶

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in Item Number 27., have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☐ No

NOTE: If you answered "Yes" to Item Number 30., refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in Item Number 27., please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in Item Number 27., please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

▶

31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☐ No

NOTE: If you answered "Yes" to Item Number 31.b., refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.



Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in

a language in which I am fluent, and I understood everything.
2. ☐ At my request, the preparer named in **Part 5.**,

prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)
6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my application and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my application and that all of this information is complete, true, and correct.

Applicant's Signature

- 7.a. Applicant's Signature
➡
- 7.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)



Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

- 3.a. Street Number and Name
- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in Part 3., Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Declaration and Certification, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)



Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. ☐ I am an attorney or accredited representative and my representation of the applicant in this case ☐ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.



G-325C, Biographic Information

Family Name	First Name	Middle Name	☐ Male ☐ 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 No. (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 (mm/dd/yyyy)	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 Name and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
							Present Time

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

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
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Instructions

What Is the Purpose of This Form?

USCIS will use the information you provide on this form to process your application or petition.

Complete this biographical information form and include it with the application or petition you are submitting to U.S. Citizenship and Immigration Services (USCIS).

If you have any questions on how to complete the form, call our National Customer Service Center at **1-800-375-5283**. For TDD (hearing impaired) call: **1-800-767-1833**.

Privacy Act Notice

We ask for the information on this form, and associated evidence, to determine if you have established eligibility for the immigration benefit for which you are filing. Our legal right to ask for this information can be found in the Immigration and Nationality Act, as amended. We may provide this information to other government agencies. Failure to provide this information, and any requested evidence, may delay a final decision or result in denial of your immigration benefit.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 15 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue, NW, Washington, DC 20529-2140, OMB No. 1615-0008. **Do not mail your completed Form G-325C to this address.**



U. S. Department of State

**NOTICE OF DUTY TO REGISTER WITH U.S.
SELECTIVE SERVICE SYSTEM**

ATTENTION

If you are a man and are between 18 and 25 years old when you enter the United States, you must register with the U.S. Selective Service System within 30 days after you enter the United States. If you are required to register, do so promptly. You cannot register after you reach age 26. Registration is for conscription into military service in an emergency mobilization of the armed forces. There is no conscription at this time.

To register, go to the nearest United States Post Office, obtain a registration form, fill in the information requested and hand the completed form to the postal clerk. Within 90 days you should receive a Registration Acknowledgement postcard from Selective Service. If you do not hear from Selective Service within this period, it is important that you contact Selective Service to verify your registration status. You may use the telephone number listed below for this purpose.

Failure to register with the Selective Service System is a serious crime in the United States, punishable by imprisonment for up to 5 years and a fine of not more than \$250,000. In addition, you may be denied employment with the Federal Government and you may be denied financial aid for college education, and job training benefits. You may also be denied U.S. citizenship if you later apply for naturalization.

For more information about Selective Service registration after you enter the United States call 709-688-6888.

Your signature below acknowledges receipt of this notice, which is evidence that you were notified of your duty to register with Selective Service, and that you understand the seriousness of a failure to register according to the law.

ACKNOWLEDGEMENT

I hereby state that I received a copy of this notice, that I have read and understand what is required, and I understand that failure to comply with its requirements is a criminal act punishable by imprisonment and/or a fine.

Print Name

Witnessed by (Print Name)

Signature

Witness Signature

Title

Date (mm-dd-yyyy)

This form should be printed on the reverse side in the vernacular of the country from which the alien is leaving. Place the original in the alien's USCIS file. Give a copy to the alien.