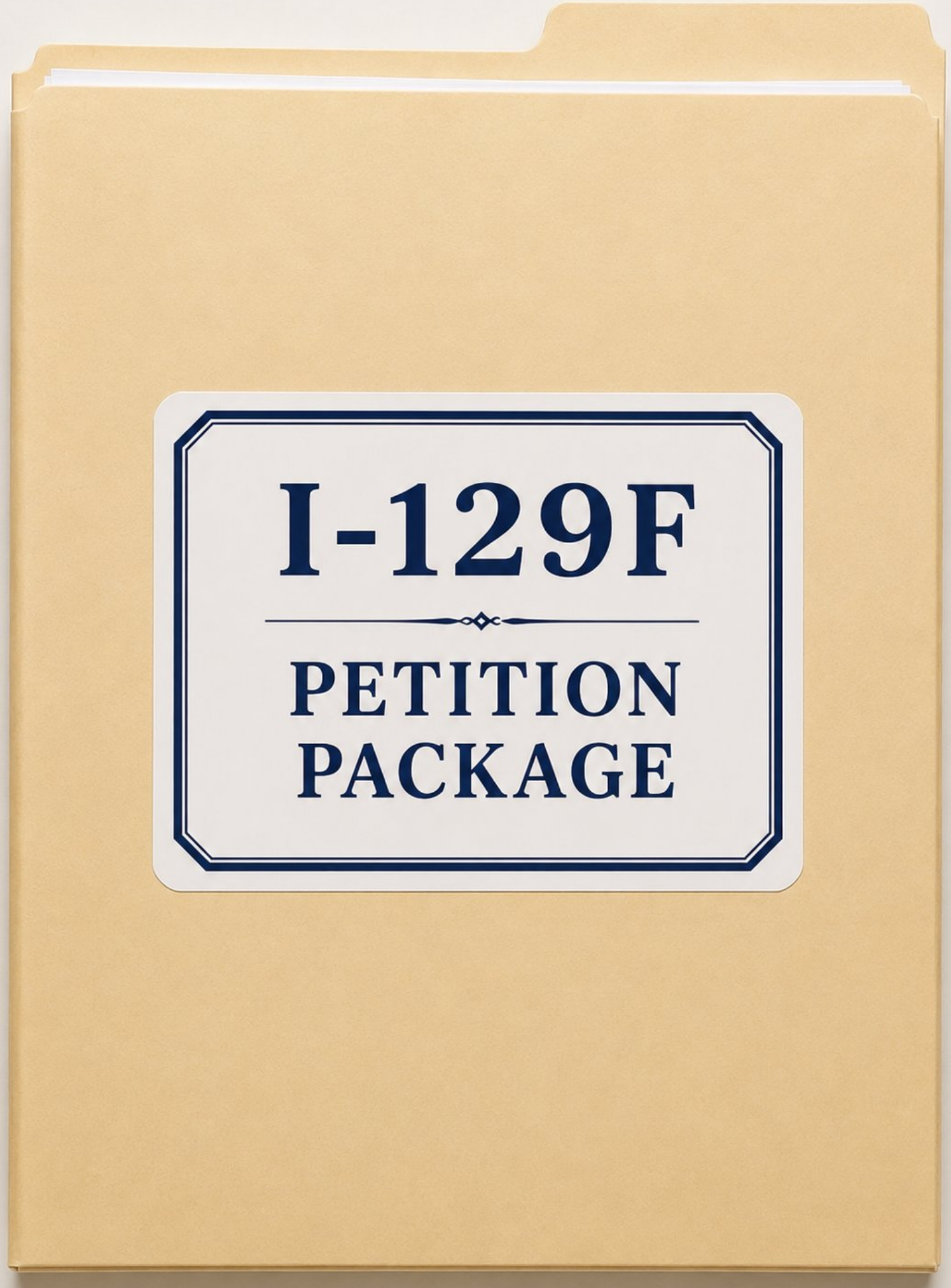

I-129F
PETITION
PACKAGE

GREGORY MARTIN IBARRA
2400 NE Sta. Maria St.
Wilmar, NY, USA 50192
+1 (646) 292-9824
gregorymartin@gmail.com

AUGUST 29, 2026

U.S. Citizenship and Immigration Services
Attn: I-129F
P.O. BOX 660151
DALLAS, TX 75266-0151

RE: FORM I-129F, PETITION FOR ALIEN FIANCÉ(E)

Petitioner: Gregory Martin Ibarra
Beneficiary: Mary Grace Loria Herald
Classification Requested: K-1 Nonimmigrant Fiancé(e) Visa

Dear USCIS Officer:

Please accept the enclosed Form I-129F, Petition for Alien Fiancé(e), and its supporting documentation. I, Gregory Martin Ibarra, am a United States citizen petitioning for K-1 nonimmigrant classification for my fiancé(e), Mary Grace Loria Herald.

We are both legally free to marry and have a genuine intention to marry within 90 days of my fiancé(e)’s admission to the United States with a K-1 visa.

We also met in person within the two-year period immediately before filing this petition, as shown by the enclosed supporting evidence.

For your convenience, I have organized the petition and supporting documentation in the following order:

1. Form G-1145, E-Notification of Application/Petition Acceptance, if included;
2. Filing-fee payment in the form and amount currently required by USCIS;
3. Form I-129F, Petition for Alien Fiancé(e), completed and signed by the petitioner;
4. Petitioner’s statement explaining the circumstances of our in-person meeting;
5. Evidence of the petitioner’s United States citizenship, including a copy of [U.S. birth certificate, U.S. passport, Certificate of Naturalization, or Certificate of Citizenship];
6. Proof that the petitioner and beneficiary met in person within the required two-year period, including:
   - Copies of airline tickets, flight itineraries, and boarding passes;
   - Copies of passport entry and exit stamps;
   - Hotel or accommodation records;
   - Photographs taken together;
   - Receipts, reservations, and records of activities completed together; and
   - Additional evidence documenting our in-person meeting;
7. Evidence of our genuine relationship, including:
   - Selected communication records;
   - Photographs from different stages of our relationship;
   - Records of calls or video calls;
   - Engagement-related evidence; and
   - Other relevant relationship documentation;
8. Signed statement of intent to marry from the petitioner;
9. Signed statement of intent to marry from the beneficiary;
10. Evidence that both parties are legally free to marry, including applicable divorce decrees, annulment orders, or death certificates from previous marriages, if applicable;
11. Passport-style photograph of the petitioner, prepared according to USCIS requirements;
12. Passport-style photograph of the beneficiary, prepared according to USCIS requirements;
13. Copies of the beneficiary’s passport biographical page and other identifying records, if included;
14. Documentation concerning any legal name changes, if applicable;
15. Information and supporting documentation concerning the beneficiary’s eligible children seeking K-2 classification, if applicable; and
16. Any additional documentation required by Form I-129F or applicable to the petitioner’s or beneficiary’s circumstances.

Thank you for your time and consideration of this petition. Please contact me at the telephone number, email address, or mailing address listed above if you need additional information.

Respectfully,

Gregory Martin Ibarra
U.S. Citizen Petitioner

e-Notification of Application/Petition Acceptance

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

USCIS
Form G-1145

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

ROUTINE USES: The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [**DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 - Alien File (A-File) and Central Index System (CIS)**, which can be found at **www.dhs.gov/privacy**]. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name	Applicant/Petitioner Full First Name	Applicant/Petitioner Full Middle Name
Email Address		Mobile Phone Number (Text Message)

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)
Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code
Credit Card Holder's Signature and Contact Information:		
Credit Card Holder's Signature		
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address	

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount **$** **.00**
Credit Card Expiration Date (mm/yyyy) CVV Code		

Petition for Alien Fiancé(e)

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

USCIS
Form I-129F
OMB No. 1615-0001
Expires 03/31/2027

For USCIS Use Only	Fee Stamp	Action Block
Case ID Number		
A-Number		
G-28 Number		
☐ The petition is approved for status under Section 101(a)(15)(K). It is valid for 4 months and expires on: _____	**Extraordinary Circumstances Waiver** ☐ Approved ☐ Denied — **Reason** _____	
General Waiver ☐ Approved ☐ Denied — **Reason** _____	**Mandatory Waiver** ☐ Approved ☐ Denied — **Reason** _____	**AMCON:** _____ ☐ Personal Interview ☐ Previously Forwarded ☐ Document Check ☐ Field Investigation
Initial Receipt / **Resubmitted** — **Relocated** Received / Sent — **Completed** Approved / Returned — **Remarks**		**IMBRA disclosure to the beneficiary required?** ☐ Yes ☐ No

► **START HERE - Type or print in black ink.**

Part 1. Information About You

1. Alien Registration Number (A-Number) (if any)
► **A-**

2. USCIS Online Account Number (if any)
►

3. U.S. Social Security Number (if any)
►

Select **one** box below to indicate the classification you are requesting for your beneficiary:

4.a. ☐ Fiancé(e) (K-1 visa)

4.b. ☐ Spouse (K-3 visa)

5. If you are filing to classify your spouse as a K-3, have you filed Form I-130? ☐ Yes ☐ No

Your Full Name

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.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 8. Additional Information**.

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

Your Mailing Address *(USPS ZIP Code Lookup)*

8.a. In Care Of Name

8.b. Street Number and Name

8.c. ☐ Apt. ☐ Ste. ☐ Flr.

8.d. City or Town

8.e. State **8.f.** ZIP Code

8.g. Province

8.h. Postal Code

8.i. Country

8.j. Is your current mailing address the same as your physical address? ☐ Yes ☐ No

If you answered "No," provide your physical address in **Item Numbers 9.a. - 9.h.**

Part 1. Information About You (continued)

Your Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in **Item Numbers 8.a. - 8.i.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Physical Address 1

9.a. Street Number and Name

9.b. ☐ Apt. ☐ Ste. ☐ Flr.

9.c. City or Town

9.d. State **9.e.** ZIP Code

9.f. Province

9.g. Postal Code

9.h. Country

10.a. Date From (mm/dd/yyyy)

10.b. Date To (mm/dd/yyyy) **PRESENT**

Physical Address 2

11.a. Street Number and Name

11.b. ☐ Apt. ☐ Ste. ☐ Flr.

11.c. City or Town

11.d. State **11.e.** ZIP Code

11.f. Province

11.g. Postal Code

11.h. Country

12.a. Date From (mm/dd/yyyy)

12.b. Date To (mm/dd/yyyy)

Your Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Employer 1

13. Full Name of Employer

14.a. Street Number and Name

14.b. ☐ Apt. ☐ Ste. ☐ Flr.

14.c. City or Town

14.d. State **14.e.** ZIP Code

14.f. Province

14.g. Postal Code

14.h. Country

15. Your Occupation (specify)

16.a. Employment Start Date (mm/dd/yyyy)

16.b. Employment End Date (mm/dd/yyyy)

Employer 2

17. Full Name of Employer

18.a. Street Number and Name

18.b. ☐ Apt. ☐ Ste. ☐ Flr.

18.c. City or Town

18.d. State **18.e.** ZIP Code

18.f. Province

18.g. Postal Code

18.h. Country

19. Your Occupation (specify)

Part 1. Information About You (continued)

20.a. Employment Start Date (mm/dd/yyyy)

20.b. Employment End Date (mm/dd/yyyy)

Other Information

21. Sex ☐ Male ☐ Female

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

23. Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Widowed

24. City/Town/Village of Birth

25. Province or State of Birth

26. Country of Birth

Information About Your Parents

Parent 1's Information

27.a. Family Name (Last Name)

27.b. Given Name (First Name)

27.c. Middle Name

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

29. Sex ☐ Male ☐ Female

30. Country of Birth

31.a. City/Town/Village of Residence

31.b. Country of Residence

Parent 2's Information

32.a. Family Name (Last Name)

32.b. Given Name (First Name)

32.c. Middle Name

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

34. Sex ☐ Male ☐ Female

35. Country of Birth

36.a. City/Town/Village of Residence

36.b. Country of Residence

37. Have you ever been previously married?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 37.**, provide the names of each spouse and the date that each prior marriage ended in **Item Numbers 38.a. - 39.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Name of Previous Spouse

38.a. Family Name (Last Name)

38.b. Given Name (First Name)

38.c. Middle Name

39. Date Marriage Ended (mm/dd/yyyy)

Your Citizenship Information

You are a U.S. citizen through (select **only one** box)**:**

40.a. ☐ Birth in the United States

40.b. ☐ Naturalization

40.c. ☐ U.S. citizen parents

41. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship in your own name?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 41.**, complete **Item Numbers 42.a. - 42.c.**

Part 1. Information About You (continued)

42.a. Certificate Number

42.b. Place of Issuance

42.c. Date of Issuance (mm/dd/yyyy)

Additional Information

43. Have you ever filed Form I-129F for any other beneficiary? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 43.**, provide the responses to **Item Number 44. - 46.** for each previous beneficiary. If you need to provide information for more than one beneficiary, use the space provided in **Part 8. Additional Information**.

44. A-Number (if any) ► **A-**

45.a. Family Name (Last Name)

45.b. Given Name (First Name)

45.c. Middle Name

46. Date of Filing (mm/dd/yyyy)

47. What action did USCIS take on Form I-129F (for example, approved, denied, revoked)?

48. Do you have any children under 18 years of age? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 48.**, provide the ages for your children under 18 years of age in **Item Numbers 49.a. - 49.b.**

Provide the ages for your children under 18 years of age. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

49.a. Age

49.b. Age

Provide all U.S. states and foreign countries in which you have resided since your 18th birthday.

Residence 1

50.a. State

50.b. Country

Residence 2

51.a. State

51.b. Country

Part 2. Information About Your Beneficiary

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ► **A-**

3. U.S. Social Security Number (if any) ►

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

5. Sex ☐ Male ☐ Female

6. Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

7. City/Town/Village of Birth

8. Country of Birth

9. Country of Citizenship or Nationality

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 8. Additional Information**.

10.a. Family Name (Last Name)

10.b. Given Name (First Name)

10.c. Middle Name

Part 2. Information About Your Beneficiary (continued)

Mailing Address for Your Beneficiary

11.a. In Care Of Name

11.b. Street Number and Name

11.c. ☐ Apt. ☐ Ste. ☐ Flr.

11.d. City or Town

11.e. State **11.f.** ZIP Code

11.g. Province

11.h. Postal Code

11.i. Country

Your Beneficiary's Address History

Provide your beneficiary's physical addresses for the last five years, whether inside or outside the United States. Provide your beneficiary's current address first if it is different from the mailing address in **Item Numbers 11.a. - 11.i.** If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Beneficiary's Physical Address 1

12.a. Street Number and Name

12.b. ☐ Apt. ☐ Ste. ☐ Flr.

12.c. City or Town

12.d. State **12.e.** ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

13.a. Date From (mm/dd/yyyy)

13.b. Date To (mm/dd/yyyy) PRESENT

Beneficiary's Physical Address 2

14.a. Street Number and Name

14.b. ☐ Apt. ☐ Ste. ☐ Flr.

14.c. City or Town

14.d. State **14.e.** ZIP Code

14.f. Province

14.g. Postal Code

14.h. Country

15.a. Date From (mm/dd/yyyy)

15.b. Date To (mm/dd/yyyy)

Your Beneficiary's Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Beneficiary's Employer 1

16. Full Name of Employer

17.a. Street Number and Name

17.b. ☐ Apt. ☐ Ste. ☐ Flr.

17.c. City or Town

17.d. State **17.e.** ZIP Code

17.f. Province

17.g. Postal Code

17.h. Country

18. Beneficiary's Occupation (specify)

19.a. Employment Start Date (mm/dd/yyyy)

19.b. Employment End Date (mm/dd/yyyy)

Part 2. Information About Your Beneficiary (continued)

Beneficiary's Employer 2

20. Full Name of Employer

21.a. Street Number and Name

21.b. ☐ Apt. ☐ Ste. ☐ Flr.

21.c. City or Town

21.d. State **21.e.** ZIP Code

21.f. Province

21.g. Postal Code

21.h. Country

22. Beneficiary's Occupation (specify)

23.a. Employment Start Date (mm/dd/yyyy)

23.b. Employment End Date (mm/dd/yyyy)

Information About Your Beneficiary's Parents

Parent 1's Information

24.a. Family Name (Last Name)

24.b. Given Name (First Name)

24.c. Middle Name

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

26. Sex ☐ Male ☐ Female

27. Country of Birth

28.a. City/Town/Village of Residence

28.b. Country of Residence

Parent 2's Information

29.a. Family Name (Last Name)

29.b. Given Name (First Name)

29.c. Middle Name

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

31. Sex ☐ Male ☐ Female

32. Country of Birth

33.a. City/Town/Village of Residence

33.b. Country of Residence

Other Information About Your Beneficiary

34. Has your beneficiary ever been previously married?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 34.**, provide the names of each prior spouse and the date each prior marriage ended in **Item Numbers 35.a. - 36.** If you need to provide information for more than one spouse, use the space provided in **Part 8. Additional Information**.

Name of Previous Spouse

35.a. Family Name (Last Name)

35.b. Given Name (First Name)

35.c. Middle Name

36. Date Marriage Ended (mm/dd/yyyy)

37. Has your beneficiary ever been in the United States?

☐ Yes ☐ No

If your beneficiary is currently in the United States, complete **Item Numbers 38.a. - 38.h.**

38.a. He or she last entered as a (for example, visitor, student, exchange alien, crewman, stowaway, temporary worker, without inspection):

38.b. I-94 Arrival-Departure Record Number

►

38.c. Date of Arrival (mm/dd/yyyy)

Part 2. Information About Your Beneficiary (continued)

38.d. Date authorized stay expired or will expire as shown on Form I-94 or I-95 (mm/dd/yyyy)

38.e. Passport Number

38.f. Travel Document Number

38.g. Country of Issuance for Passport or Travel Document

38.h. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

39. Does your beneficiary have any children?

☐ Yes ☐ No

If you answered "Yes" to **Item Number 39.**, provide the following information about each child. If you need to provide information for more than one child, use the space provided in **Part 8. Additional Information**.

Children of Beneficiary

40.a. Family Name (Last Name)

40.b. Given Name (First Name)

40.c. Middle Name

41. Country of Birth

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

43. Does this child reside with your beneficiary?

☐ Yes ☐ No

If the child does not reside with your beneficiary, provide the child's physical residence.

44.a. Street Number and Name

44.b. ☐ Apt. ☐ Ste. ☐ Flr.

44.c. City or Town

44.d. State **44.e.** ZIP Code

44.f. Province

44.g. Postal Code

44.h. Country

Address in the United States Where Your Beneficiary Intends to Live

45.a. Street Number and Name

45.b. ☐ Apt. ☐ Ste. ☐ Flr.

45.c. City or Town

45.d. State **45.e.** ZIP Code

46. Daytime Telephone Number

Your Beneficiary's Physical Address Abroad

47.a. Street Number and Name

47.b. ☐ Apt. ☐ Ste. ☐ Flr.

47.c. City or Town

47.d. Province

47.e. Postal Code

47.f. Country

48. Daytime Telephone Number

Your Beneficiary's Name and Address in His or Her Native Alphabet

49.a. Family Name (Last Name)

49.b. Given Name (First Name)

49.c. Middle Name

50.a. Street Number and Name

50.b. ☐ Apt. ☐ Ste. ☐ Flr.

50.c. City or Town

50.d. Province

50.e. Postal Code

50.f. Country

Part 2. Information About Your Beneficiary (continued)

51. Is your fiancé(e) related to you?

☐ Yes ☐ No ☐ N/A, beneficiary is my spouse

52. Provide the nature and degree of relationship (for example, third cousin or maternal uncle).

53. Have you and your fiancé(e) met in person during the two years immediately before filing this petition?

☐ Yes ☐ No ☐ N/A, beneficiary is my spouse

If you answered "Yes" to **Item Number 53.**, describe the circumstances of your in-person meeting in **Item Number 54.** Attach evidence to demonstrate that you were in each other's physical presence during the required two year period.

If you answered "No," explain your reasons for requesting an exemption from the in person meeting requirement in **Item Number 54.** and provide evidence that you should be exempt from this requirement. Refer to **Part 2.**, **Item Numbers 53. - 54.** of the **Specific Instructions** section of the Instructions for additional information about the requirement to meet. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

54.

International Marriage Broker (IMB) Information

55. Did you meet your beneficiary through the services of an IMB? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 55.**, provide the IMB's contact information and Website information below. In addition, attach a copy of the signed, written consent form the IMB obtained from your beneficiary authorizing your beneficiary's personal contact information to be released to you.

56. IMB's Name (if any)

57.a. Family Name of IMB (Last Name)

57.b. Given Name of IMB (First Name)

58. Organization Name of IMB

59. Website of IMB

60.a. Street Number and Name

60.b. ☐ Apt. ☐ Ste. ☐ Flr.

60.c. City or Town

60.d. Province

60.e. Postal Code

60.f. Country

61. Daytime Telephone Number

Consular Processing Information

Your beneficiary will apply for a visa abroad at the U.S. Embassy or U.S. Consulate at:

62.a. City or Town

62.b. Country

Part 3. Other Information

Criminal Information

NOTE: These criminal information questions must be answered even if your records were sealed, cleared, or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

1. Have you **EVER** been subject to a temporary or permanent protection or restraining order (either civil or criminal)? ☐ Yes ☐ No

Have you EVER been arrested or convicted of any of the following crimes:

2.a. Domestic violence, sexual assault, child abuse, child neglect, dating violence, elder abuse, stalking or an attempt to commit any of these crimes? (See **Part 3. Other Information**, **Item Numbers 1. - 3.c.** of the Instructions for the full definition of the term "domestic violence.") ☐ Yes ☐ No

Part 3. Other Information (continued)

2.b. Homicide, murder, manslaughter, rape, abusive sexual contact, sexual exploitation, incest, torture, trafficking, peonage, holding hostage, involuntary servitude, slave trade, kidnapping, abduction, unlawful criminal restraint, false imprisonment, or an attempt to commit any of these crimes? ☐ Yes ☐ No

2.c. Three or more arrests or convictions, not from a single act, for crimes relating to a controlled substance or alcohol? ☐ Yes ☐ No

NOTE: If you were ever arrested or convicted of any of the specified crimes, you must submit certified copies of all court and police records showing the charges and disposition for every arrest or conviction. You must do so even if your records were sealed, expunged, or otherwise cleared, and regardless of whether anyone, including a judge, law enforcement officer, or attorney, informed you that you no longer have a criminal record. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

If you have provided information about a conviction for a crime listed in **Item Numbers 2.a. - 2.c.** and you were being battered or subjected to extreme cruelty at the time of your conviction, select all of the following that apply to you:

3.a. ☐ I was acting in self-defense.

3.b. ☐ I violated a protection order issued for my own protection.

3.c. ☐ I committed, was arrested for, was convicted of, or pled guilty to a crime that did not result in serious bodily injury and there was a connection between the crime and me having been battered or subjected to extreme cruelty.

4.a. Have you ever been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance in any country, excluding traffic violations (unless a traffic violation was alcohol- or drug-related or involved a fine of $500 or more)? ☐ Yes ☐ No

4.b. If the answer to **Item Number 4.a.** is "Yes," provide information about each of those arrests, citations, charges, indictments, convictions, fines, or imprisonments in the space below. If you were the subject of an order of protection or restraining order and believe you are the victim, please explain those circumstances and provide any evidence to support your claims. Include the dates and outcomes. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

Multiple Filer Waiver Request Information

Refer to **Part 3. Types of Waivers** in the **Specific Instructions** section of the Instructions for an explanation of the filing waivers.

Indicate which one of the following waivers you are requesting:

5.a. ☐ Multiple Filer, No Permanent Restraining Orders or Convictions for a Specified Offense **(General Waiver)**

5.b. ☐ Multiple Filer, Prior Permanent Restraining Orders or Criminal Conviction for Specified Offense **(Extraordinary Circumstances Waiver)**

5.c. ☐ Multiple Filer, Prior Permanent Restraining Order or Criminal Convictions for Specified Offense Resulting from Domestic Violence **(Mandatory Waiver)**

5.d. ☐ Not applicable, beneficiary is my spouse or I am not a multiple filer

Part 4. Biographic Information

1. Ethnicity (Select **only one** box)

☐ Hispanic or Latino
☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

3. Height Feet ☐ Inches ☐

4. Weight Pounds ☐☐☐

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☐ Brown
☐ Gray ☐ Green ☐ Hazel
☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair) ☐ Black ☐ Blond
☐ Brown ☐ Gray ☐ Red
☐ Sandy ☐ White ☐ Unknown/ Other

Part 5. Petitioner's Contact Information, Certification, and Signature

Petitioner's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Petitioner's Daytime Telephone Number

2. Petitioner's Mobile Telephone Number (if any)

3. Petitioner's Email Address (if any)

Petitioner's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my petition, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 6.**, understood, all of the responses and information contained in, and submitted with, my petition, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Petitioner's Signature

Date of Signature (mm/dd/yyyy)

Part 6. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4. Interpreter's Mobile Telephone Number (if any)

5. Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the petition and Instructions and interpreted the petitioner's answers to the questions in that language, and the petitioner informed me that he or she understands every instruction, question, and answer on the petition.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

4. Preparer's Mobile Telephone Number (if any)

5. Preparer's Email Address (if any)

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

Preparer's Certification and Signature

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

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 8. Additional Information

If you need extra space to provide any additional information within this petition, 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 petition 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.

STATEMENT OF IN-PERSON MEETING

[Date]

RE: Form I-129F, Petition for Alien Fiancé(e)
Petitioner: [Full Name of U.S. Citizen Petitioner]
Beneficiary: [Full Name of Foreign-Citizen Fiancé(e)]

To Whom It May Concern:

I, **[Full Name of U.S. Citizen Petitioner]**, am the petitioner in the above-referenced Form I-129F petition filed on behalf of my fiancé(e), **[Full Name of Beneficiary]**.

I am writing this statement to provide a detailed account of our in-person meeting and to submit evidence demonstrating that we have met in person during the required two-year period immediately preceding the filing of our Form I-129F petition.

Circumstances of Our Meeting

I first met my fiancé(e), **[Beneficiary's Name]**, in person on **[Month Day, Year]** in **[City, Country]**.

Prior to meeting in person, we **[briefly explain how you first became acquainted—for example, "communicated through an online dating platform/social media and developed a relationship over time"]**. After communicating and getting to know each other, we decided to meet in person.

I traveled from **[City, State, United States]** to **[City, Country]** on **[date]**. I arrived in **[City/Country]** on **[date]**, where I met **[Beneficiary's Name]** for the first time in person at **[location, if appropriate]**.

During my visit, we spent time together from **[start date]** through **[end date]**. We visited **[briefly list locations or activities, such as tourist attractions, restaurants, family homes, or other places]**.

During this visit, I also had the opportunity to meet **[Beneficiary's Name]'s family/friends, if applicable]**. We spent time together as a couple and created memories that further strengthened our relationship and confirmed our decision to pursue marriage.

Evidence of Our In-Person Meeting

To support this statement, we are submitting copies of documents demonstrating that we were physically present together during the required period. These documents include, as applicable:

- Copies of airline tickets and/or boarding passes;
- Copies of relevant passport pages and entry/exit stamps;
- Travel itinerary or flight confirmation;
- Hotel or accommodation receipts;
- Photographs of us together during the visit;
- Photographs with family members and/or friends, if applicable;
- Other dated documents demonstrating our presence together.

The photographs and other supporting documents are organized and labeled to make it easier to identify the date, location, and circumstances of our meeting.

STATEMENT OF IN-PERSON MEETING

Subsequent Visits

After our initial in-person meeting, we **[continued to visit each other / had additional visits]**.

For example, I visited **[Beneficiary's Name]** again from **[date]** to **[date]** in **[location]**. During this visit, we **[briefly describe activities and/or time spent together]**.

These visits allowed us to continue developing our relationship in person and to spend additional time together before deciding to move forward with our K-1 Fiancé(e) Visa petition.

Our Intention to Marry

Our relationship has continued to grow through our time together in person and through our ongoing communication when we are apart. We have mutually decided that we want to marry and establish our life together in the United States.

We intend to marry each other within **90 days of [Beneficiary's Name]'s admission to the United States as a K-1 nonimmigrant**, as required for the K-1 visa process.

I respectfully submit this statement together with our supporting documentation as evidence of our in-person meeting.

I certify that the information provided in this statement is true and correct to the best of my knowledge and belief.

Thank you for your consideration of our petition.

Respectfully,

_____

[Full Name of U.S. Citizen Petitioner]
Petitioner
Date: **[Month Day, Year]**

SAMPLE – FOR EDUCATIONAL PURPOSES ONLY

NOT A REAL PASSPORT – FICTIONAL INFORMATION

U.S. PASSPORT
BIO PAGE (SAMPLE)

This is a sample only for educational and organizational purposes.
The information below is fictional and does not belong to any real person.

PASSPORT
PASSEPORT
PASAPORTE

USA

UNITED STATES OF AMERICA

Type / Type / Tipo: P
Code / Code / Código: USA
Passport No. / No. du Passeport / No. de Pasporte: 567890123

Surname / Nom / Apellido
JOHNSON

Given Names / Prénoms / Nombres
MICHAEL DAVID

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
15 MAY 1990

Sex / Sexe / Sexo
M

Place of birth / Lieu de naissance / Lugar de nacimiento
CHICAGO, ILLINOIS, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición
20 JAN 2023

Authority / Autorité / Autoridad
UNITED STATES
DEPARTMENT OF STATE

Date of expiration / Date d'expiration / Fecha de caducidad
19 JAN 2033

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27

USA

P<USAJOHNSON<<MICHAEL<DAVID<<<<<<<<<<<<<<<<<<<<<<
5678901237USA9005156M3301193<<<<<<<<<<<<<<<08

IMPORTANT INFORMATION

Passport Number	Unique 9-digit number located at the top right corner.
Full Name	Matches your legal name exactly as shown on the passport.
Date of Birth	Shown in DD MMM YYYY format.
Place of Birth	City, State, Country as shown on the passport.
Issue & Expiration	Passport validity is usually 10 years for adults.
Issuing Authority	U.S. Department of State.

FOR K-1 VISA APPLICATION

You may be asked to provide a clear copy of your valid U.S. passport bio page as proof of U.S. citizenship.

SAMPLE – NOT A REAL BIRTH CERTIFICATE

FICTIONAL INFORMATION

STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATION OF LIVE BIRTH

This is to certify that the following is a true and correct copy of the information on file in the California Department of Public Health.

CHILD

1. FULL NAME OF CHILD
   ETHAN JAMES ANDERSON
2. DATE OF BIRTH
   MARCH 14, 1995
3. TIME OF BIRTH
   10:24 AM
4. SEX
   MALE
5. PLACE OF BIRTH
   LOS ANGELES COUNTY MEDICAL CENTER
   LOS ANGELES, CALIFORNIA

PARENTS

6A. NAME OF FATHER
MICHAEL DAVID ANDERSON

6B. PLACE OF BIRTH (FATHER)
PHOENIX, ARIZONA

7A. MAIDEN NAME OF MOTHER
SARAH ELIZABETH MILLER

7B. PLACE OF BIRTH (MOTHER)
SAN DIEGO, CALIFORNIA

CERTIFIER

8. ATTENDANT'S NAME
   DR. OLIVIA R. HARRISON, M.D.
9. DATE CERTIFIED
   MARCH 16, 1995

REGISTRAR

10. DATE FILED BY REGISTRAR
    MARCH 21, 1995
11. LOCAL REGISTRATION NUMBER
    1995-03-21-015678

ADDITIONAL INFORMATION

12. MOTHER'S RESIDENCE AT TIME OF BIRTH
    1234 OAKWOOD DRIVE, LOS ANGELES, CA 90026
13. FILING OFFICE
    LOS ANGELES COUNTY REGISTRAR-RECORDER/COUNTY CLERK

★ THIS IS A SAMPLE DOCUMENT FOR EDUCATIONAL PURPOSES ONLY. THE INFORMATION CONTAINED HEREIN IS COMPLETELY FICTIONAL AND DOES NOT REPRESENT ANY REAL PERSON. ★

AIRLINE TICKETS

SAMPLE COPIES FOR EDUCATIONAL PURPOSES ONLY

FICTIONAL INFORMATION – NOT A REAL TICKET
Names, dates, flights, and other details are completely fictional.

DEPARTURE FLIGHT Los Angeles (LAX) to Manila (MNL)

Pacific Skies AIRLINES — **ECONOMY CLASS BOARDING PASS**

PASSENGER NAME
ANDERSON, MICHAEL DAVID

FROM
LOS ANGELES (LAX)

TO
MANILA (MNL)

FLIGHT
PS 0188

SEAT
32A

DATE
MAY 15, 2025

GATE
148

BOARDING TIME
11:20 PM

ZONE
3

FLIGHT
PS 0188

FROM **LAX** TO **MNL**

DATE
MAY 15, 2025

SEAT **32A** BOARDING TIME **11:20 PM**

SEQ **058** ZONE **3**

TERMINAL	DEPARTS	ARRIVES	FLIGHT TIME	CONFIRMATION	TICKET NUMBER
B	12:05 AM MAY 16, 2025	5:55 AM MAY 16, 2025	15H 50M	PS9X7K	001 2345678901

PLEASE ARRIVE AT THE GATE AT LEAST 3 HOURS BEFORE DEPARTURE.

RETURN FLIGHT Manila (MNL) to Los Angeles (LAX)

Pacific Skies AIRLINES — **ECONOMY CLASS BOARDING PASS**

PASSENGER NAME
ANDERSON, MICHAEL DAVID

FROM
MANILA (MNL)

TO
LOS ANGELES (LAX)

FLIGHT
PS 0187

SEAT
33K

DATE
JUNE 01, 2025

GATE
112

BOARDING TIME
10:30 AM

ZONE
2

FLIGHT
PS 0187

FROM **MNL** TO **LAX**

DATE
JUNE 01, 2025

SEAT **33K** BOARDING TIME **10:30 AM**

SEQ **072** ZONE **2**

TERMINAL	DEPARTS	ARRIVES	FLIGHT TIME	CONFIRMATION	TICKET NUMBER
1	11:15 AM	8:45 AM JUNE 01, 2025	13H 30M	PS9X7K	001 2345678902

NOTE: These are sample copies created for educational and organizational purposes only. They do not represent real travel or flights.

FLIGHT ITINERARY

SAMPLE COPY FOR EDUCATIONAL PURPOSES ONLY

FICTIONAL INFORMATION
NOT A REAL ITINERARY

PASSENGER INFORMATION

Passenger Name:	ANDERSON, MICHAEL DAVID
Date of Birth:	March 14, 1995
Passport Number:	A12345678
E-mail:	michael.anderson@email.com
Phone:	+1 (555) 123-4567

BOOKING REFERENCE
PS7X9K

DATE OF ISSUE
April 20, 2025

ISSUED BY
Pacific Skies Airlines Reservations

TRIP SUMMARY

Purpose of Travel:	Visit fiancé in the Philippines
Travel Dates:	May 15, 2025 – June 1, 2025
Total Passengers:	1

DEPARTURE FLIGHT — Los Angeles (LAX) to Manila (MNL)

THURSDAY MAY 15, 2025

LAX	11:20 PM		5:55 AM	MNL
Los Angeles California, USA	May 15, 2025	Pacific Skies Airlines Flight **PS 0188** Economy Class	May 17, 2025	Manila Philippines

TERMINAL	DURATION	AIRCRAFT	MEAL	BAGGAGE ALLOWANCE	STATUS
B	15h 35m	Boeing 777-300ER	Included	1 Piece (23 kg)	Confirmed

RETURN FLIGHT — Manila (MNL) to Los Angeles (LAX)

SUNDAY JUNE 01, 2025

MNL	10:30 AM		11:15 AM	LAX
Manila Philippines	June 1, 2025	Pacific Skies Airlines Flight **PS 0187** Economy Class	June 1, 2025	Los Angeles California, USA

TERMINAL	DURATION	AIRCRAFT	MEAL	BAGGAGE ALLOWANCE	STATUS
1	13h 45m	Boeing 777-300ER	Included	1 Piece (23 kg)	Confirmed

IMPORTANT NOTES

- Please arrive at the airport at least 3 hours before your departure time.
- Bring a valid passport and any required travel documents.
- This itinerary is subject to change. Please check with the airline for the latest updates.
- This is a sample itinerary created for educational purposes only.

Thank you for choosing Pacific Skies Airlines!

We wish you a safe and pleasant journey.

Pacific Skies
AIRLINES

PASSPORT ENTRY & EXIT STAMPS

SAMPLE COPIES FOR EDUCATIONAL PURPOSES ONLY

FICTIONAL INFORMATION – NOT A REAL PASSPORT
Names, dates, and details are completely fictional.

PHILIPPINES ENTRY STAMP (ARRIVAL)

Manila Ninoy Aquino International Airport (MNL)

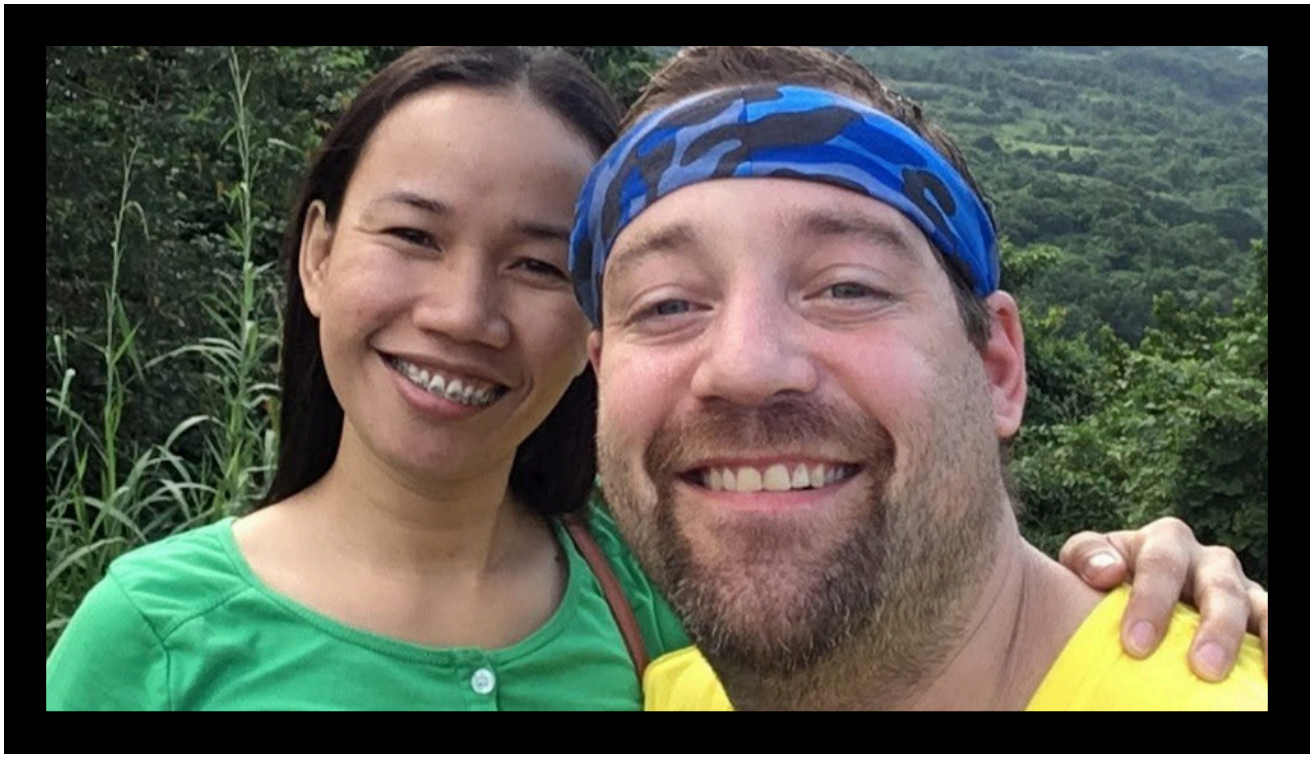
PHILIPPINES EXIT STAMP (DEPARTURE)

Manila Ninoy Aquino International Airport (MNL)

UNITED STATES ENTRY STAMP (ARRIVAL)

Los Angeles International Airport (LAX), California, USA

This photo was taken at NAIA before we departed for Baracay on September 21, 2018



Our 2-day stay in Tanay, Rizal, to welcome my fiancé on September 26-27, 2018

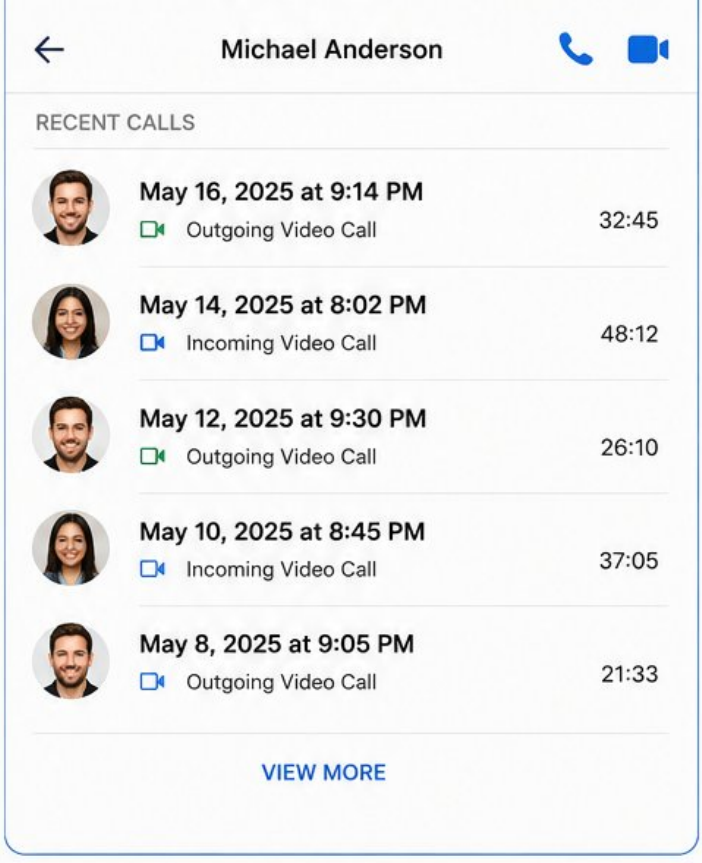
SELECTED COMMUNICATION RECORDS

SAMPLE COPIES FOR EDUCATIONAL PURPOSES ONLY

FICTIONAL INFORMATION – NOT A REAL RECORD
Names, dates, times, and details are completely fictional.

WHATSAPP CONVERSATION
Michael Anderson & Maria Santos

MESSENGER VIDEO CALL HISTORY
Michael Anderson & Maria Santos



EMAIL EXCHANGE
Michael Anderson & Maria Santos

Michael Anderson
michael.anderson@email.com
to maria.santos@email.ph
May 11, 2025
9:43 AM

Subject: Just Thinking of You

Hi Maria,

Just wanted to let you know that you've been on my mind all day. I'm so grateful to have you in my life. You make everything better!

I love you so much.
Michael

Maria Santos
maria.santos@email.ph
to michael.anderson@email.com
May 11, 2025
10:15 AM

Subject: Re: Just Thinking of You

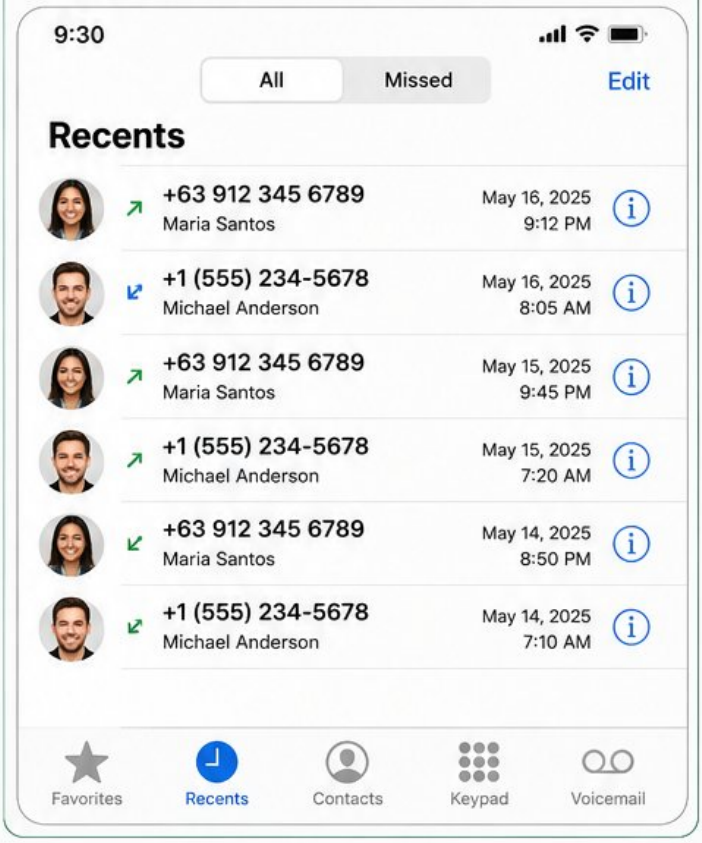
Hi Michael,

Aww, this made me smile! Thank you for always making me feel so special. I feel the same way about you.

I love you so much!

Maria

PHONE CALL LOG
Michael Anderson & Maria Santos



RIVERSIDE SUITES
HOTEL

RESERVATION CONFIRMATION

Confirmation No.: **RS-250418-7896**
Booking Date: April 18, 2025

GUEST INFORMATION

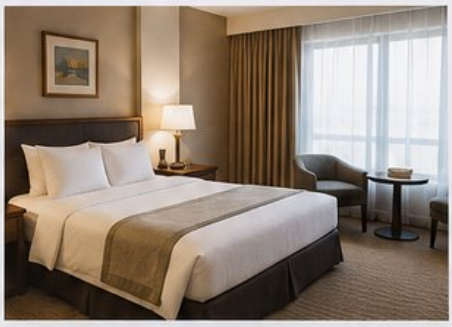
Guest Name: Maria Isabel Dela Cruz
Email: maria.delacruz25@email.com
Phone: +63 912 345 6789
Address: 123 Mango Street,
Cebu City, Cebu 6000
Philippines

RESERVATION DETAILS

Check-In: May 10, 2025
Check-Out: May 15, 2025
Nights: 5
Room Type: Deluxe Queen Room
Guests: 2 Adults
Rate Plan: Best Available Rate
Payment Method: Visa ending in 1234

SPECIAL REQUESTS

High floor room, Non-smoking room
Estimated Arrival Time: 3:00 PM



Thank you for choosing Riverside Suites Hotel.
We look forward to welcoming you!

RIVERSIDE SUITES HOTEL
Gov. M. Cuenco Avenue, Banilad, Cebu City, Cebu 6000 Philippines
Tel: +63 32 345 6789 | Email: info@riversidesuites.com
www.riversidesuites.com

RIVERSIDE SUITES
HOTEL

INVOICE / RECEIPT

Folio No.: 250510-1122
Date: May 15, 2025

GUEST INFORMATION

Guest Name: Maria Isabel Dela Cruz
Room No.: 1208
Arrival Date: May 10, 2025
Departure Date: May 15, 2025
No. of Guests: 2 Adults

BILLING INFORMATION

Name: Maria Isabel Dela Cruz
Address: 123 Mango Street,
Cebu City, Cebu 6000
Philippines
Email: maria.delacruz25@email.com

DATE	DESCRIPTION	QTY	UNIT PRICE (PHP)	AMOUNT (PHP)
May 10, 2025	Room Charge (Deluxe Queen)	1	3,500.00	3,500.00
May 10, 2025	VAT 12%	1	420.00	420.00
May 11, 2025	Room Charge (Deluxe Queen)	1	3,500.00	3,500.00
May 11, 2025	VAT 12%	1	420.00	420.00
May 12, 2025	Room Charge (Deluxe Queen)	1	3,500.00	3,500.00
May 12, 2025	VAT 12%	1	420.00	420.00
May 13, 2025	Room Charge (Deluxe Queen)	1	3,500.00	3,500.00
May 13, 2025	VAT 12%	1	420.00	420.00
May 14, 2025	Room Charge (Deluxe Queen)	1	3,500.00	3,500.00
May 14, 2025	VAT 12%	1	420.00	420.00
May 15, 2025	Mini Bar	1	250.00	250.00

SUBTOTAL	21,000.00
TOTAL VAT 12%	2,520.00
TOTAL AMOUNT DUE (PHP)	**23,520.00**

Payment Method: Visa ending in 1234
Payment Status: **PAID**

Thank you for staying with us!
We hope to welcome you again soon.

Authorized Signature

LETTER OF INTENT TO MARRY

[Date]

RE: Form I-129F, Petition for Alien Fiancé(e)

Petitioner: [Full Legal Name of U.S. Citizen]
Beneficiary: [Full Legal Name of Foreign-Citizen Fiancé(e)]

To Whom It May Concern:

I, **[Full Legal Name]**, am a United States citizen and the petitioner in the above-referenced Form I-129F petition for my fiancé(e), **[Full Legal Name of Fiancé(e)]**.

I am writing this letter to formally state my intention to marry **[Fiancé(e)'s Full Name]** within **90 days of their admission to the United States as a K-1 nonimmigrant**.

We have met in person and have mutually decided to marry and establish our life together. I sincerely intend to enter into a bona fide marriage with **[Fiancé(e)'s Full Name]**, and our purpose in pursuing the K-1 fiancé(e) visa is to allow us to marry in the United States.

I respectfully submit this Letter of Intent to Marry in support of our Form I-129F petition.

I certify that the information provided in this letter is true and correct to the best of my knowledge.

Thank you for your consideration.

Respectfully,

_____

[Full Legal Name of U.S. Citizen Petitioner]
U.S. Citizen Petitioner
Date: **[Month Day, 2026]**

LETTER OF INTENT TO MARRY

[Date]

RE: Form I-129F, Petition for Alien Fiancé(e)

Petitioner: [Full Legal Name of U.S. Citizen]
Beneficiary: [Full Legal Name of Foreign-Citizen Fiancé(e)]

To Whom It May Concern:

I, **[Full Legal Name],** am the beneficiary of the above-referenced Form I-129F petition filed by my fiancé(e), **[Full Legal Name of U.S. Citizen].**

I am writing this letter to formally state my intention to marry **[U.S. Citizen Fiancé(e)'s Full Name]** within **90 days of my admission to the United States as a K-1 nonimmigrant.**

We have met in person and have mutually decided to marry and establish our life together. I sincerely intend to enter into a bona fide marriage with **[U.S. Citizen Fiancé(e)'s Full Name]**, and I am pursuing the K-1 fiancé(e) visa for the purpose of marrying my fiancé(e) in the United States.

I respectfully submit this Letter of Intent to Marry in support of the Form I-129F petition.

I certify that the information provided in this letter is true and correct to the best of my knowledge.

Thank you for your consideration.

Respectfully,

_____

[Full Legal Name of Foreign-Citizen Fiancé(e)]
Beneficiary
Date: **[Month Day, 2026]**

REPUBLIC OF THE PHILIPPINES
PHILIPPINE STATISTICS AUTHORITY
OFFICE OF THE CIVIL REGISTRAR GENERAL

Document No.:
2025-0123456

CERTIFICATE OF NO MARRIAGE

(Pursuant to Executive Order No. 209
and Republic Act No. 10655)

TO WHOM IT MAY CONCERN:

This is to certify that, according to the records of this Office, no marriage certificate has been registered in the Philippines under the name of:

NAME	: **MARIA ISABELLA DELA CRUZ**
DATE OF BIRTH	: **MARCH 15, 1995**
PLACE OF BIRTH	: **CEBU CITY, CEBU, PHILIPPINES**
CITIZENSHIP	: **FILIPINO**
SEX	: **FEMALE**
PURPOSE	: **FIANCE VISA APPLICATION**
DATE ISSUED	: **MAY 20, 2025**
PLACE ISSUED	: **QUEZON CITY, PHILIPPINES**

This certification is issued upon the request of the above-named person for whatever legal purpose it may serve.

ATTY. DENNIS S. MAPPALA
Civil Registrar General
Philippine Statistics Authority

Reference No.: 2025-0123456

CIVIL REGISTRAR GENERAL

NOTE: This certificate is valid for six (6) months from the date of issuance.

REPUBLIC OF THE PHILIPPINES
PHILIPPINE STATISTICS AUTHORITY

CERTIFICATE OF LIVE BIRTH

(Fill out completely, accurately and legibly)

Document No.
2025-1234567-8

CHILD

1. NAME (First)	(Middle)	(Last)	(Suffix)
ISABELLA	MARIE	DELA CRUZ	N/A

2. SEX (Male / Female)	3. DATE OF BIRTH (MM/DD/YYYY)	4. TIME OF BIRTH (24Hour)
FEMALE	MARCH 15, 2025	02:35 PM

5. PLACE OF BIRTH	6. TYPE OF BIRTH
QUEZON CITY, METRO MANILA	SINGLE

MOTHER

7. NAME (First)	(Middle)	(Maiden Last Name)	(Suffix)
ANGELA	MARIE	SANTOS	N/A

8. DATE OF BIRTH (MM/DD/YYYY)	9. AGE AT THE TIME OF THIS BIRTH	10. CITIZENSHIP
MAY 10, 1995	29	FILIPINO

11. RELIGION	12. OCCUPATION
ROMAN CATHOLIC	TEACHER

13. RESIDENCE (House No., Street, Barangay)
123 SAMPAGUITA ST., BRGY. MAGINHAWA

CITY/MUNICIPALITY	PROVINCE	ZIP CODE
QUEZON CITY	METRO MANILA	1101

FATHER

14. NAME (First)	(Middle)	(Last)	(Suffix)
JOHN PAUL	MARTINEZ	DELA CRUZ	N/A

15. DATE OF BIRTH (MM/DD/YYYY)	16. AGE AT THE TIME OF THIS BIRTH	17. CITIZENSHIP
AUGUST 20, 1993	31	FILIPINO

18. RELIGION	19. OCCUPATION
ROMAN CATHOLIC	ENGINEER

CERTIFICATION OF BIRTH

20. INFORMANT	21. PREPARED BY	22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR
ANGELA MARIE SANTOS (MOTHER)	LIZA REYES LOCAL CIVIL REGISTRAR	MARCH 18, 2025
23. DATE OF REGISTRATION (MM/DD/YYYY) MARCH 18, 2025	24. PLACE OF REGISTRATION QUEZON CITY METRO MANILA	ATTY. MARIA TERESA G. DELA CRUZ CIVIL REGISTRAR QUEZON CITY

25. REMARKS/ANNOTATION
N/A

BRN: 2025-1234567-8

ANY ERASURE, ALTERATION OR DEFACING THIS CERTIFICATE IS PUNISHABLE BY LAW.

Michael
Anderson

Michael
Anderson

Maria
Santos

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Santos

REPUBLIC OF THE PHILIPPINES

REPUBLIKA NG PILIPINAS

Kagawaran ng Ugnayang Panlabas
Department of Foreign Affairs

PHL

This passport is the property of the Republic of the Philippines.

Ang pasaporteng ito ay pag-aari ng Republika ng Pilipinas.

SAMPLE – NOT A REAL PASSPORT
FICTIONAL INFORMATION
FOR EDUCATIONAL PURPOSES ONLY

REPUBLIKA NG PILIPINAS | REPUBLIC OF THE PHILIPPINES

PASAPORTE
PASSPORT

Uri/Type
P

Kodigong bansa/Country code
PHL

Pasaporte bilang/Passport no.
P1234567B

Apelyido/Surname
DELA CRUZ

Pangalan/Given names
MARIA ISABEL

Panggitnang apelyido/Middle name
SANTOS

Petsa ng kapanganakan/Date of birth
15 APR 1995

Kasarian/Sex
F

Lugar ng kapanganakan/Place of birth
CEBU CITY, CEBU

Petsa ng pagkakaloob/Date of issue
20 MAY 2024

Petsa ng pagkawalang bisa/Date of expiry
20 MAY 2034

Maykapangyarihang nagkaloob/Issuing authority
DFA CEBU

Lagda ng pinagkalooban/
Holder's signature

Maria Isabel Dela Cruz

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