



**PETITION TO CLASSIFY SPECIAL IMMIGRANT UNDER INA 203(B)(4) AS AN EMPLOYEE
OR FORMER EMPLOYEE OF THE U.S. GOVERNMENT ABROAD, OR THE SURVIVING
SPOUSE OR CHILD OF AN EMPLOYEE OF THE U.S. GOVERNMENT ABROAD**

TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW. ONLY PROVIDE INFORMATION FOR THE
DECEASED EMPLOYEE WHEN SPECIFICALLY INSTRUCTED.

DO NOT WRITE IN THIS BLOCK - FOR OFFICIAL USE ONLY

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| Date Petition Filed (mm-dd-yyyy) | Fee collected | Approved for the Secretary of State: INA 204(a)(1)(G)(ii) _____ _____ <i>(Signature and Title)</i> At _____ Date (mm-dd-yyyy) _____ |
|----------------------------------|---------------|---|

ATTACHMENTS

Recommendation of Principal Officer

Approval by the Secretary of State

SECTION 1: Principal Applicant Information

1a. Last Name(s) (List all spellings)

1b. First Name(s) (List all spellings)

1c. Middle Name(s) (List all spellings)

2. Date of Birth (mm-dd-yyyy) 3. Place of Birth (City, State/Province, Country)

4. Are you applying as the surviving spouse or child of a deceased employee?
 Yes No *If yes, provide the following information for the deceased employee (4a - 4d). If no, proceed to Section 2 below.*

4a. Full Name (Last Name(s), First Name(s)) (List all spellings)

4b. Date of Birth (mm-dd-yyyy) 4c. Place of Birth (City, State/Province, Country) 4d. Date of Death (mm-dd-yyyy)

SECTION 2: Employment History of U.S. Government Employee

5a. Total Number of Years of Employment by United States Government Abroad

5b. Employment Status
 Currently Employed Honorably Retired Deceased Other

5c. U.S. Government Employment History

| Position Title and Grade | Location of Employment | Employing U.S. Government Agency's Name | Dates of Service (mm-dd-yyyy) | |
|--------------------------|------------------------|---|-------------------------------|----------|
| | | | Start Date | End Date |
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