

Application or
Petition Form No. _____

File No. _____

Data Collection for Alien Documentation,
Identification & Telecommunications System (ADIT) and I-181

Please print or type information requested below:

NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE/ZIP CODE: _____

SEX
<input type="checkbox"/> Male
<input type="checkbox"/> Female
Date of Birth:

CITY/TOWN/VILLAGE OF BIRTH:	COUNTRY OF BIRTH:	
COUNTRY OF NATIONALITY:	COUNTRY OF LAST RESIDENCE:	
MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		
OCCUPATION:	MOTHER'S FIRST NAME:	FATHER'S FIRST NAME:

DO NOT WRITE BELOW THIS LINE

N.I. class at time of adjustment	Year adm. to U.S. or year cng. to present NI class
Place last NIV issued (U.S. Consular Post)	Date of issuance of last NIV
NUMBER OF LAST NIV	CLASSIFICATION OF LAST NIV