U. S. Department of State

Foreign Service of the United States

STATEMENT OF MARRIAGEABLE AGE APPLICANT

Date (*mm-dd-yyyy*)

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

I, _____, the undersigned, fully understand that I shall lose my special, immediate relative or preference status or right to benefit from the immigration status of my accompanying parent 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 therefrom.

Yo, _____, el suscrito, entiendo a cabalidad que perderé mi estado legal especial, de pariente inmediato o de preferencia, o el derecho a beneficiarme del estado migratorio de mi padre o madre que me acompaña, si contraigo matrimonio antes de solicitar mi admisión en un puerto de entrada de los Estados Unidos y que entonces estaría sujeto a exclusión de los Estados Unidos.

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Signature of Applicant/Firma del Solicitante