

I-601, Application for Waiver of Grounds of Inadmissibility

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

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Fee Stamp

A. Information about applicant.

1. Family Name (Surname in CAPS) (First) (Middle)

2. Address (Number and Street) (Apartment Number)

3. (Town or City) (State/Country) (Zip/Postal Code)

Telephone Number E-Mail Address

4. Date of Birth (mm/dd/yyyy) 5. USCIS File Number

6. City/Province-State of Birth

7a. Country of Birth 7b. Country of Citizenship/Nationality

8. Date of Visa Application 9. Visa Applied for at:

11. Applicant was previously in the United States, as follows:

City and State	From (Date)	To (Date)	Immigration Status

10. Applicant was declared inadmissible to the United States for the following reasons: (List acts, convictions, or physical or mental conditions. If applicant has active or suspected tuberculosis, Page 2 of this form must be fully completed.)

Failure to present documentation of having received vaccinations under INA Act sec. 212(a)(1)(A)(ii) I, [First name] [Last name], request a waiver in completing the Supplemental Form to I-693 as provided for under INA Act sec 212(g)(2)(C) because such vaccinations are contrary to my religious beliefs and moral convictions - see attached documents.

12. Applicant's U.S. Social Security Number (if any)

B. Information about relative, through whom applicant claims eligibility for a waiver.

1. Family Name (Surname in CAPS) (First) (Middle)

2. Address (Number and Street) (Apartment Number)

3. (Town or City) (State) (Zip/Postal Code)

Telephone Number E-Mail Address

4. Relationship to Applicant 5. Immigration Status

Husband US Citizen

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Initial receipt	Resubmitted	Relocated		Completed		
		Received	Sent	Approved	Denied	Returned