

# United States of America


DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

May 2, 2002

## CERTIFICATION

BY VIRTUE OF the authority vested in me by Title 8, Code of Federal Regulations, Part 103 a regulation issued by the Attorney General pursuant to Section 103 of the Immigration and Nationality Act,

I HEREBY CERTIFY that the annexed documents are originals, or copies thereof, from the records of the said Immigration and Naturalization Service, Department of Justice, relating to File No. A72 454 777, of which the Attorney General is the legal custodian by virtue of Section 103 of the Immigration and Nationality Act.

  
Richard Gottlieb  
Officer in Charge  
Charlotte, North Carolina



DO NOT WRITE IN THIS BLOCK - FOR EXAMINING OFFICE ONLY

Case ID#	Action Stamp	Fee Stamp
A#	<p><i>Deneedi</i> 8/6/96 RECEIVED 3rd FLOOR CASHIER <i>Bahr</i> AUG 03 1995 Immigration and Naturalization Service New York, N. Y.</p>	<p>RECEIVED - 20 INFORMATION AUG 03 1995</p>
G-28 or Volag #		
Section of Law		Petition was filed on
<input type="checkbox"/> 201 (b) spouse <input type="checkbox"/> 203 (a)(1) <input type="checkbox"/> 201 (b) child <input type="checkbox"/> 203 (a)(2) <input type="checkbox"/> 201 (b) parent <input type="checkbox"/> 203 (a)(4) <input type="checkbox"/> 203 (a)(5)		<input type="checkbox"/> Personal Interview <input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Pet <input type="checkbox"/> Ben "A" File Reviewed <input type="checkbox"/> Stateside Criteria <input type="checkbox"/> Field Investigations <input type="checkbox"/> I-485 Simultaneously <input type="checkbox"/> 204 (a)(2)(A) Resolved <input type="checkbox"/> 204 (h) Resolved
AM CON.		
Remarks:		

A. Relationship HUSBAND

1. The alien relative is my  Husband/Wife     Parent     Brother/Sister     Child     Yes

2. Are you related by adoption?  No     Yes

3. Did you gain permanent residence through adoption?  No     Yes

B. Information about you

1. Name (Family name in CAPS) (First) (Middle)  
JEMISON TENECIA

2. Address (Number and Street) (Apartment Number)  
30-25 30th Ave  
(Town or City) (State/Country) (ZIP/Postal Code)  
Astoria Queens 11103

3. Place of Birth (Town or City) (State/Country)  
ny. U.S.A.

4. Date of Birth (Mo/Day/Yr)    5. Sex  Male  Female    6. Marital Status  Married  Single  Widowed  Divorced  
5-4-62     Female     Widowed  Divorced

7. Other Names Used (including maiden name)  
NA

8. Date and Place of Present Marriage (if married)  
ny. 5-23-95

9. Social Security Number    10. Alien Registration Number (if any)  
166 44 6326

11. Names of Prior Husbands/Wives    12. Date(s) Marriages(s) Ended

C. Information about your alien relative

1. Name (Family name in CAPS) (First) (Middle)  
DARWICHE ALI F

2. Address (Number and Street) (Apartment Number)  
30-25 30th Ave  
(Town or City) (State/Country) (ZIP/Postal Code)  
Astoria Queens NY 11103

3. Place of Birth (Town or City) (State/Country)  
Birant Lebanon Libia

4. Date of Birth (Mo/Day/Yr)    5. Sex  Male  Female    6. Marital Status  Married  Single  Widowed  Divorced  
1-5-70     Female     Widowed  Divorced

7. Other Names Used (including maiden name)  
NA

8. Date and Place of Present Marriage (if married)  
ny. 5-23-95

9. Social Security Number    10. Alien Registration Number (if any)

11. Names of Prior Husbands/Wives    12. Date(s) Marriages(s) Ended

13. If you are a U.S. citizen, complete the following:  
My citizenship was acquired through (check one)  
 Birth in the U S  
 Naturalization (Give number of certificate, date and place it was issued)

Parents  
Have you obtained a certificate of citizenship in your own name?  
 Yes     No  
If "Yes", give number of certificate, date and place it was issued

14a. If you are a lawful permanent resident alien, complete the following:  
Date and place of admission for, or adjustment to, lawful permanent residence, and class of admission

14b. Did you gain permanent resident status through marriage to a United States citizen or lawful permanent resident?  Yes     No

13. Has your relative ever been in the U.S.?  Yes     No

14. If your relative is currently in the U.S., complete the following: He or she last arrived as a (visitor, student, stowaway, without inspection, etc.)  
Visitor  
Arrival/Departure Record (I-94) Number    Date arrived (Month/Day/Year)  
4149-21211576012    8-14-92  
Date authorized stay expired, or will expire, as shown on Form I-94 or I-95  
2-13-93

15. Name and address of present employer (if any)  
Self-employed  
Date this employment began (Month/Day/Year)  
1992

16. Has your relative ever been under immigration proceedings?  
 Yes     No    Where \_\_\_\_\_ When \_\_\_\_\_  
 Exclusion     Deportation     Recission     Judicial Proceedings

INITIAL RECEIPT	RESUBMITTED	RELOCATED		COMPLETED		
		Rec'd	Sent	Approved	Denied	Returned

**C. (Continued) Information about your alien relative**

16. List husband/wife and all children of your relative (if your relative is your husband/wife, list only his or her children).

(Name)	(Relationship)	(Date of Birth)	(Country of Birth)

17. Address in the United States where your relative intends to live

(Number and Street) 30-25 30th Ave (Town or City) Astoria Queens NY (State) 11103

18. Your relative's address abroad

(Number and Street) Village of TELEL Gabal (Town or City) TELEL Gabal (Province) Libanane (Country) (Phone Number)

19. If your relative's native alphabet is other than Roman letters, write his or her name and address abroad in the native alphabet:

(Name) (Number and Street) (Town or City) (Province) (Country)

20. If filing for your husband/wife, give last address at which you both lived together:

(Name)	(Number and Street)	(Town or City)	(Province)	(Country)	From (Month)	(Year)	To (Month)	(Year)
	<u>30-25 30th Ave</u>	<u>Astoria</u>	<u>Queens</u>	<u>NY</u>	<u>5-95</u>		<u>Present</u>	

21. Check the appropriate box below and give the information required for the box you checked:

Your relative will apply for a visa abroad at the American Consulate in \_\_\_\_\_ (City) \_\_\_\_\_ (Country)

Your relative is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at 26 FEDERAL PLAZA (City) \_\_\_\_\_ (State) \_\_\_\_\_ (City) \_\_\_\_\_ (Country)

apply for a visa abroad at the American Consulate in \_\_\_\_\_ (City) \_\_\_\_\_ (Country)

(Designation of a consulate outside the country of your relative's last residence does not guarantee acceptance for processing by that consulate. Acceptance is at the discretion of the designated consulate.)

**D. Other Information**

1. If separate petitions are also being submitted for other relatives, give names of each and relationship.

2. Have you ever filed a petition for this or any other alien before?  Yes  No

If "Yes," give name, place and date of filing, and result.

**Warning:** The INS investigates claimed relationships and verifies the validity of documents. The INS seeks criminal prosecutions when family relationships are falsified to obtain visas.

**Penalties:** You may, by law be imprisoned for not more than five years, or fined \$250,000, or both, for entering into a marriage contract for the purpose of evading any provision of the immigration laws and you may be fined up to \$10,000 or imprisoned up to five years or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

**Your Certification:** I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit that I am seeking.

Signature [Signature] Date 07-30-95 Phone Number 718-9863369

**Signature of Person Preparing Form if Other than Above**

I declare that I prepared this document at the request of the person above and that it is based on all information of which I have any knowledge

Print Name \_\_\_\_\_ (Address) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

G-28 ID Number \_\_\_\_\_  
Volag Number \_\_\_\_\_

**NOTE TO PERSONS FILING FOR SPOUSES IF MARRIED LESS THAN TWO YEARS**

Under section 216 of the Immigration and Nationality Act, your alien spouse may be granted permanent resident status in the United States as of the date he or she is admitted or to conditional status by an officer of the Immigration and Naturalization Service. Both you and conditional permanent resident spouse are required to file a petition, Form I-751, Joint Petition to Remove Conditional Basis of Alien's Permanent Resident Status, during the ninety day period immediately before the second anniversary of the date your alien spouse was granted conditional permanent residence.

Otherwise, the rights, privileges, responsibilities and duties which apply to all other permanent residents apply equally to a conditional permanent resident. A conditional permanent resident is not limited to the right to apply for naturalization, to file petitions in behalf of qualifying relatives, or to reside permanently in the United States as an immigrant in accordance with the immigration laws.

**Failure to file Form I-751, Joint Petition to Remove the Conditional Basis of Alien's Permanent Resident Status, will result in termination of permanent residence status and initiation of deportation proceedings.**

**NOTE: You must complete Items 1 through 6 to assure that petition approval is recorded. Do not write in the section below item 6.**

1. Name of relative (Family name in CAPS) (First) (Middle)  
DARWICHE Ali F

2. Other names used by relative (Including maiden name)  
 \_\_\_\_\_

3. Country of relative's birth 4. Date of relative's birth (Month/Day/Year)  
London Libia 1-5-70

5. Your name (Last name in CAPS) (First) (Middle) 6. Your phone number  
Jemison Tenezia 718-9863369

Action Stamp	SECTION	DATE PETITION FILED
	<input type="checkbox"/> 201 (b)(spouse)	
	<input type="checkbox"/> 201 (b)(child)	
	<input type="checkbox"/> 201 (b)(parent)	
	<input type="checkbox"/> 203 (a)(1)	<input type="checkbox"/> STATESIDE
	<input type="checkbox"/> 203 (a)(2)	CRITERIA GRANTED
<input type="checkbox"/> 203 (a)(4)		
<input type="checkbox"/> 203 (a)(5)	SENT TO CONSUL AT;	

**CHECKLIST**

- Have you answered each question?  
 Have you signed the petition?  
 Have you enclosed:
- The filing fee for each petition?
  - Proof of your citizenship or lawful permanent residence?
  - All required supporting documents for each petition?
- If you are filing for your husband or wife have you included:
- Your picture?
  - His or her picture?
  - Your G-325A?
  - His or her G-325A?

(Family name) <b>Darwiche</b>	(First name) <b>Ali</b>	(Middle name) <b>F</b>	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr) <b>1-5-70</b>	NATIONALITY <b>libanise</b>	FILE NUMBER A- <b>72454777</b>
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH <b>Lebanon Libia</b>		SOCIAL SECURITY NO. (If any)	
FATHER FAYEZ <b>Darwiche</b>		MOTHER (Maiden name) <b>ZAKY ALIAJ</b>		DATE, CITY AND COUNTRY OF BIRTH (If known) <b>Lebanon, Libia</b>		CITY AND COUNTRY OF RESIDENCE
HUSBAND (If none, so state) OR WIFE <b>Jemison</b>	FAMILY NAME (For wife, give maiden name) <b>Jemison</b>	FIRST NAME <b>Terecie</b>	BIRTHDATE <b>5-4-42</b>	CITY & COUNTRY OF BIRTH <b>USA</b>	DATE OF MARRIAGE <b>5-23-95</b>	PLACE OF MARRIAGE <b>NY</b>
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		
<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>		
APPLICANT'S RESIDENCE LAST FIVE YEARS LIST PRESENT ADDRESS FIRST						
STREET AND NUMBER <b>30-25 30th Ave</b>				CITY <b>Astoria</b>	PROVINCE OR STATE <b>Queens NY</b>	COUNTRY <b>USA</b>
				FROM MONTH <b>5</b>	YEAR <b>95</b>	TO MONTH <b>PRESENT TIME</b>
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR						
STREET AND NUMBER <b>Village of Telegos</b>				CITY <b>Telegos</b>	PROVINCE OR STATE <b>Libia</b>	COUNTRY <b>Lebanon</b>
				FROM MONTH <b>5</b>	YEAR <b>62</b>	TO MONTH <b>8</b>
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST						
FULL NAME AND ADDRESS OF EMPLOYER <b>Self</b>			OCCUPATION (SPECIFY)		FROM MONTH <b>6</b>	YEAR <b>94</b>
					TO MONTH	YEAR
					TO MONTH	YEAR
Show below last occupation abroad if not shown above. (Include all information requested above.)						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR			SIGNATURE OF APPLICANT		DATE	
<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHER (SPECIFY)			<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT		<b>Ali Darwiche</b>	
<input checked="" type="checkbox"/> Yes					<b>07-30 95</b>	
Are all copies legible?			IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE			

PENALTIES SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT

**APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.**

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
<b>DARWICHE,</b>	<b>Ali</b>	<b>F</b>	<b>72 454 777</b>

(Family name) <b>Jemison</b>	(First name) <b>Teneicia</b>	(Middle name)	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	BIRTHDATE (Mo-Day-Yr) <b>5-4-62</b>	NATIONALITY <b>American</b>	FILE NUMBER <b>A-</b>
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH <b>NY. USA</b>		SOCIAL SECURITY NO. (If any) <b>166 44 6326</b>	
FATHER <b>Jemison Shon</b>		FIRST NAME <b>Thomas</b>		DATE, CITY AND COUNTRY OF BIRTH (If known) <b>NY. USA</b>		CITY AND COUNTRY OF RESIDENCE <b>NY. USA</b>
MOTHER (Maiden name) <b>Thomas Dana</b>		FIRST NAME <b>Dana</b>		DATE, CITY AND COUNTRY OF BIRTH (If known)		CITY AND COUNTRY OF RESIDENCE
HUSBAND (If none, so state) OR WIFE <b>Darwiche</b>	FAMILY NAME (For wife, give maiden name)	FIRST NAME <b>Ali</b>	BIRTHDATE <b>1-5-70</b>	CITY & COUNTRY OF BIRTH <b>Labanon Liba</b>	DATE OF MARRIAGE <b>5-23-95</b>	PLACE OF MARRIAGE <b>NY.</b>
FORMER HUSBANDS OR WIVES (if none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		
<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>		
APPLICANT'S RESIDENCE LAST FIVE YEARS LIST PRESENT ADDRESS FIRST						
STREET AND NUMBER <b>36-25 36th Ave</b>		CITY <b>Astoria</b>	PROVINCE OR STATE <b>Queens</b>	COUNTRY <b>USA</b>	FROM MONTH <b>6</b>	TO YEAR <b>90</b>
<b>1103</b>		<b>NY.</b>			PRESENT TIME	
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR						
STREET AND NUMBER		CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH	TO YEAR
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST						
FULL NAME AND ADDRESS OF EMPLOYER			OCCUPATION (SPECIFY)	FROM MONTH	TO YEAR	PRESENT TIME
<b>Self employed</b>			<b>Vendor</b>	<b>12</b>	<b>92</b>	
Show below last occupation abroad if not shown above (Include all information requested above.)						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:						
<input type="checkbox"/> NATURALIZATION		<input checked="" type="checkbox"/> STATUS AS PERMANENT RESIDENT		SIGNATURE OF APPLICANT <b>Teneicia Jemison</b>		DATE <b>07-30-95</b>
<input type="checkbox"/> OTHER (SPECIFY)				IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE		
Are all copies legible?		<input checked="" type="checkbox"/> Yes				

PENALTIES SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT

**APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.**

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
<b>Jemison Teneicia</b>			



BIRTH REGISTRATION FORM

BIRTH IN THE DISTRICT OF: TELELGABAL  
 COUNTRY: LOBANON : No: 2.8690

Place of birth: TELELGABAL LOBANON  
 Date of Birth: 1/5/1970

Sex: MALE  
 Name of Child: ALI FAYEZ DARWICHE  
 Physician registered or mid wife in attendance: MIS ALIA ZAKY Doctor

Father  
 Name of Surname: FAYEZ DARWICHE  
 Age at the time of birth: 1-30-40 Years: 30 Occupation: \_\_\_\_\_  
 Place of Birth: TELELGABAL LOBANON  
LOBANON

Mother  
 Residence: ALIA ZAKY  
 Town or village: Biramt LOBANON  
 No. of children born to mother(a) alive: 4  
 Name and Maiden Surname: ZAKY  
 Age at the time of Birth: 24 Occupation: HOUSEWIFE  
 Place of Birth: LOBANON

Registrar's Certificates

Entered by me from the particulars on a Certificate received from:  
[Signature]  
 Witness: [Signature]



بسم رئيس الجمهورية اللبنانية  
 مدير عام الامن العام  
 [Signature]

BIRTH REGISTRATION FORM

BIRTH IN THE DISTRICT OF: TELELGABAL  
PARISH: LOBANON : No: 28690

Place of birth: TELELGABAL LOBANON

Date of Birth: 1/5/1970

Sex: MALE

Name of Child: ALI FAYEZ DARWICHE

Physician registered or mid wife in attendance: MIS ALIA ZAKY Doctor

Name of Surname: FAYEZ DARWICHE  
Father

Age at the time of birth: 1-30-40 Years: 30 Occupation: \_\_\_\_\_

Place of Birth: TELELGABAL LOBANON  
LOBANON

Residence: ALIA ZAKY  
Mother

Town or village: BIRAMT LOBANON

NO. of children born to mother(a) alive: 4

Name and Maiden Surname: ZAKY

Age at the time of Birth: 24 Occupation: HOUSEWIFE

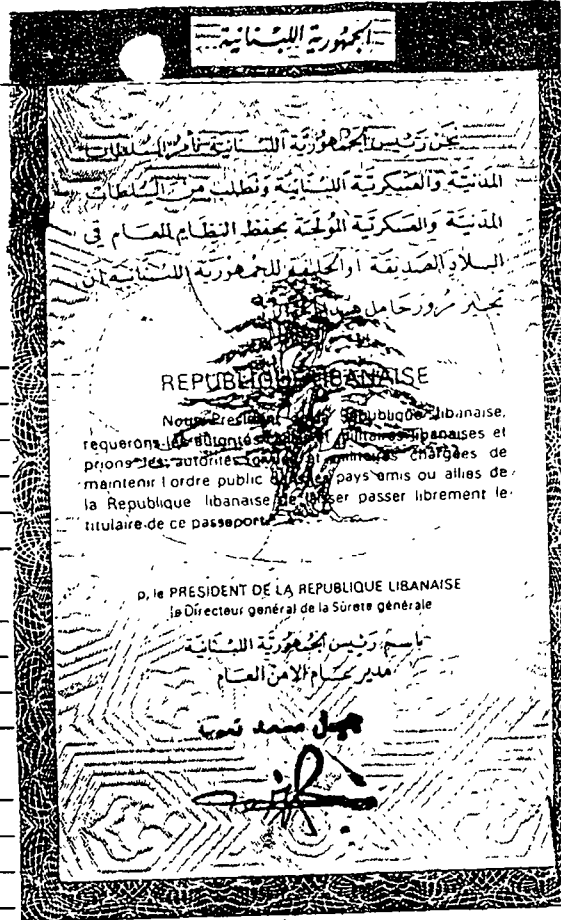
Place of Birth: LOBANON

Registraor's Certificates

Entered by me from the particulars on a Certificate received from:

Ali Mohamed Ali

Witness: \_\_\_\_\_

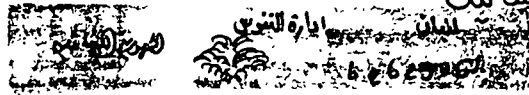


مدير عام الامن العام  
مجلس أمنة لبنان  
Ali Mohamed Ali



شهادة ميلاد

الجمهورية اللبنانية



وزارة الصحة

إدارة سجلات النفوس صربين صيوت

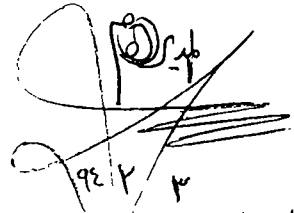
- مخي شادي واري الموظف بسجلات النفوس الجمهورية اللبنانية لإدارة النفوس بوزارة الصحة وبعد  
الإطلاع على دفاتر النفوس تبين أن المذكور على فايز درويش كصيد بسجلات النفوس  
رقم ١٩ من هواليد هايو ه عام ألف وتسعمائة وستين ميلاداً -

- وللمذكور اسم المولود على
- اسم الأب - الولد فايز
- اسم الجد للقب درويش
- اسم الأم فاطمة

- تاريخ الميلاد يوم ٥ شباط سنة ١٩٧٠ ميلادياً الساعة (الوقت صباحاً)  
- جهة الميلاد صربين لبنان

- وهذا ما تم الإطلاع عليه بفتح النفوس رقم ١٩ بتاريخ ١٩٧٠ وتم استخراج  
- هذه الشهادة بعد سداد الرسوم بحسب القسمة رقم ١٧٨٧٠٠٥٩٤ في ١٩٩٤/٢/٣

محرره / شادي واري  
 رئيسة سجلات النفوس  
 ٩٤١٢١٤

  
 ٩٤١٢٣

لبنان - إدارة النفوس



1 1

جواز سفر  
PASSEPORT

No. 1123284

رقم 1123284

الاسم والشهرة  
Prénoms  
et NOM  
Name

علي فايز درويش  
Ali favez  
DARWICHE

تاريخ ومحل الولادة  
Date et lieu  
de naissance  
Date and place  
of birth

١٩٧٠  
Stobbine 1970

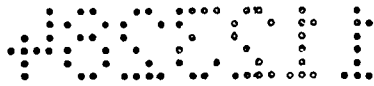
المهنة  
Profession

تاجر  
Commerçant  
رقم سجل النفوس ١٩

راجع التعليقات الهامة على الصفحة الأخيرة

Voir les recommandations importantes en page 64

2



الأوصاف

SIGNALEMENT / DESCRIPTION

القامة  
Taille  
Height  
العينان  
Yeux  
Eyes



اسم الأم

Maymani

ACCOMPAGNE DE: / ACCOMPANIED BY: : يرافقه

زوجته  
Son épouse  
(Née)  
His wife

والدة الزوجة

أولاده  
Ses enfants  
His children

توقيع صاحب الجواز  
Signature du titulaire  
Signature of bearer

توقيع الزوجة  
Signature de l'épouse  
Signature of the wife

صورة حامل الجواز  
Photographie du titulaire



Departure Number

449221576 02

IMMIGRATION  
NEW YORK, N.Y. 1993

Immigration and  
Naturalization Service

AUG 14 1992

I-94  
Departure Record

ADMITTED B-2  
UNTIL

FEB 13 1993

14 Family Name

DARWICHE

15 First (Given) Name

ALI

16. Birth Date (Day/Mo/Yr)

0 10 570

17 Country of Citizenship

LONDON

See Other Side

STAPLE HERE

THE CITY OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL RECORDS  
CERTIFICATION OF BIRTH

This is a certification of name and birth facts on file in the Bureau of Vital Records, Department of Health, City of New York

DATE OF BIRTH	May 04, 1962	CERTIFICATE NO	159-68-567843		
BOROUGH	QUEENS	DATE FILED	03-25-68	DATE ISSUED	01-25-91
NAME	TENECIA JEMISON	***			
SEX	FEMALE				

MOTHER'S MAIDEN NAME DANA THOMAS  
FATHERS NAME JHON JEMISON.  
\* \* \* \* \*

*Irene A Scanlon*

IRENE A. SCANLON  
CITY REGISTRAR



Do not accept this transcript unless it bears the raised seal of the Department of Health. The reproduction or alteration of this certification is prohibited by Section 3 21 of the New York City Health Code

Record No 5432 of Year 1995

Town of North Hempstead  
County of Nassau - State of New York



Certificate of Marriage

*This is to Certify*

that ALI FAYEZ DARWICHE  
who was born Januaray 5th, 1970  
and TENECIA JEMISON  
who was born May 4th, 1962  
were married on May 23rd, 1995

residing at New York, New York  
at Lobnon.  
residing at New york, New york  
at Manhattan New york.  
at Garden City, New York

As shown by the duly registered license and certificate of marriage of said persons on file in this office

Dated at Manhasset, N.Y.

May 23rd, 1995

*Alleana Kinsey*  
Town Clerk

Any Alteration Invalidates This Certificate, Issued Pursuant to Section 14-a, Domestic Relations Law  
Do not accept this copy unless the raised seal of the Town of North Hempstead is affixed thereon

**START HERE - Please Type or Print**

**Part 1. Information about you.**

Family Name <i>Danwiche</i>	Given Name <i>Ali</i>	Middle Initial
Address - C/O		
Street Number and Name <i>30-25 30th Ave</i>	Apt. # <i>8</i>	
City <i>Astoria Queens</i>		
State <i>NY.</i>	Zip Code <i>11003</i>	
Date of Birth (month/day/year) <i>1-5-70</i>	Country of Birth <i>Lebanon Liba</i>	
Social Security #	A # (if any)	
Date of Last Arrival (month/day/year) <i>8-23-97</i>	I-94 # <i>49922157602</i>	
Current INS Status	Expires on (month/day/year) <i>8-13-93</i>	

**Part 2. Application Type. (check one)**

I am applying for adjustment to permanent resident status because:

- a.  an immigrant petition giving me an immediately available immigrant visa number has been approved (attach a copy of the approval notice), or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application will give me an immediately available visa number if approved.
- b.  My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category which allows derivative status for spouses and children.
- c.  I entered as a K-1 fiance(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiance(e) (attach a copy of the fiance(e) petition approval notice and the marriage certificate).
- d.  I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e.  I am a native or citizen of Cuba admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
- f.  I am the husband, wife, or minor unmarried child of a Cuban described in (e) and am residing with that person, and was admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.
- g.  I have continuously resided in the U.S. since before January 1, 1972.
- h.  Other-explain \_\_\_\_\_

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the U.S. as a nonimmigrant or parolee, or as of May 2, 1964, whichever \_\_\_\_\_

- i.  I am a native or citizen of Cuba and meet the d
- j.  I am the husband, wife or minor unmarried description in (f), above.



**FOR INS USE ONLY**

Returned	Receipt
Resubmitted	RECEIVED - 20 INFORMATION AUG 03 1995
Reloc Sent	RECEIVED NOV 24 1995
Reloc Rec'd	RECEIVED SECTION 245 Brd FLOOR CASHIER AUG 03 1995
<input type="checkbox"/> Applicant interviewed and interviewed for Naturalization New York, New York	and Service New York
<b>Section of Law</b>	
<input type="checkbox"/> Sec. 209(b), INA <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Sec. 245, INA <input type="checkbox"/> Sec. 249, INA <input type="checkbox"/> Sec 1 Act of 11/2/66 <input type="checkbox"/> Sec 2 Act of 11/2/66 <input type="checkbox"/> Other _____	
<b>Country Chargeable</b>	
<b>Eligibility Under Sec. 245</b>	
<input type="checkbox"/> Approved Visa Petition <input type="checkbox"/> Dependent of Principal Alien <input type="checkbox"/> Special Immigrant <input type="checkbox"/> Other _____	
<b>Preference</b>	
<b>Action Block</b>	
<i>Danield</i> <i>8/6/96</i> <i>[Signature]</i>	
<b>To Be Completed by Attorney or Representative, if any</b>	
<input type="checkbox"/> Fill in box if G-28 is attached to represent the applicant	
VOLAG#	
ATTY State License #	

**Part 3. Processing Information.**

A. City/Town/Village of birth <u>Biront Lebanon</u>		Current occupation	
Your mother's first name <u>Ali</u>		Your father's first name <u>Fayez</u>	
Give your name exactly how it appears on your Arrival /Departure Record (Form I-94) <u>DAR Wiche Ali F</u>			
Place of last entry into the U.S. (City/State) <u>JFK</u>		In what status did you last enter? (Visitor, Student, exchange alien, crewman, temporary worker, without inspection, etc.) <u>Visitor</u>	
Were you inspected by a U.S. Immigration Officer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Consulate where Visa was issued <u>ROBERTO / LIBIA</u>	
Nonimmigrant Visa Number		Martial Status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Date Visa was issued (month/day/year) <u>8-23-92</u>	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Have you ever before applied for permanent resident status in the U.S.? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (give date and place of filing and final disposition):	

**B. List your present husband/wife, all of your sons and daughters (if you have none, write "none". If additional space is needed, use separate paper).**

Family Name <u>Jemison</u>	Given Name <u>TENEZIA</u>	Middle Initial	Date of Birth (month/day/year) <u>5-4-62</u>
Country of birth <u>U.S.A.</u>	Relationship <u>wife</u>	A # <u>—</u>	Applying with you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of birth	Relationship	A #	Applying with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

**C. List your present and past membership in or affiliation with every political organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other place since your 16th birthday. Include any foreign military service in this part. If none, write "none". Include the name of organization, location, dates of membership from and to, and the nature of the organization. If additional space is needed, use separate paper.**

None.

### Part 3. Processing Information. (Continued)

Please answer the following questions. ( If your answer is "Yes" on any one of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to register for permanent residence or adjust status).

1. Have you ever, in or outside the U. S.:
  - a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested?
  - b. been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations?
  - c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action?
  - d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the U. S.?

Yes  No
  
2. Have you received public assistance in the U.S. from any source, including the U.S. government or any state, county, city, or municipality (other than emergency medical treatment) , or are you likely to receive public assistance in the future?

Yes  No
  
3. Have you ever:
  - a. within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future?
  - b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?
  - c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally?
  - d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?

Yes  No
  
4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity?

Yes  No
  
5. Do you intend to engage in the U.S. in:
  - a. espionage?
  - b. any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence or other unlawful means?
  - c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information?

Yes  No
  
6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party?

Yes  No
  
7. Did you, during the period March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion?

Yes  No
  
8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion?

Yes  No
  
9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings?

Yes  No
  
10. Are you under a final order of civil penalty for violating section 274C of the Immigration Act for use of fraudulent documents, or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S., or any other immigration benefit?

Yes  No
  
11. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces?

Yes  No
  
12. Have you ever been a J nonimmigrant exchange visitor who was subject to the 2 year foreign residence requirement and not yet complied with that requirement or obtained a waiver?

Yes  No
  
13. Are you now withholding custody of a U.S. Citizen child outside the U.S. from a person granted custody of the child?

Yes  No
  
14. Do you plan to practice polygamy in the U.S.?

Yes  No



**Part 4. Signature.** (Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)

I certify under penalty of perjury under the laws of the United States of America that this application, and the evidence submitted with it, is all true and correct. I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature	Print Your Name	Date	Daytime Phone Number
<i>Ali Dawit</i>		07-30-95	718-9863369

**Please Note:** If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.

**Part 5. Signature of person preparing form if other than above. (Sign Below)**

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature	Print Your Name	Date	Day time Phone Number

Firm Name  
and Address

Form **9003**  
(January 1992)

### Additional Questions to be Completed by All Applicants for Permanent Residence in the United States

**This form must accompany your application for permanent residence in the United States**

**Privacy Act Notice:** Your responses to the following questions will be provided to the Internal Revenue Service pursuant to Section 6039E of the Internal Revenue Code of 1986. Use of this information is limited to that needed for tax administration purposes. Failure to provide this information may result in a \$500 penalty unless failure is due to reasonable cause.

On the date of issuance of the Alien Registration Receipt Card, the Immigration and Naturalization Service will send the following information to the Internal Revenue Service: your name, social security number, address, date of birth, alien identification number, occupation, class of admission, and answers to IRS Form 9003.

Name (Last—Surname—Family) (First—Given) (Middle Initial)

ALI FAJER DRZWINIC

Taxpayer Identification Number 14045

Enter your Social Security Number (SSN) if you have one. If you do not have an SSN but have used a Taxpayer Identification Number issued to you by the Internal Revenue Service, enter that number. Otherwise, write "NONE" in the space provided; i.e., "                                                   NONE".

	Mark appropriate column	
	Yes	No
1. Are you self-employed? Mark "yes" if you own and actively operate a business in which you share in the profits other than as an investor.	✓	
2. Have you been in the United States for 183 days or more during any one of the three calendar years immediately preceding the current calendar year? Mark "yes" if you spent 183 days or more (not necessarily consecutive) in the United States during any one of the three prior calendar years whether or not you worked in the United States.	✓	
3. During the last three years did you receive income from sources in the United States? Mark "yes" if you received income paid by individuals or institutions located in the United States. Income includes, but is not limited to, compensation for services provided by you, interest, dividends, rents, and royalties.	✓	
4. Did you file a United States Individual Income Tax Return (Forms 1040, 1040A, 1040EZ or 1040NR) in any of the last three years?		✓

If you answered yes to question 4, for which tax year was the last return filed?..... 19          

**Paperwork Reduction Act Notice**—We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form more simple, we would be happy to hear from you. You can write to both the **Internal Revenue Service**, Washington, DC 20224. Attention: IRS Reports Clearance Officer, T:FP, and **Office of Management and Budget**, Paperwork Reduction Project (1545-1065) Washington, DC 20503. **DO NOT send this form to either of these offices. Instead, return it to the appropriate office of the Department of State or the Immigration and Naturalization Service.**

Remarks

DARWICHE ALI FAYEZ

SIGNATURE OF PERSON  
*Ali Fayez*  
30 25 30 Ave ASTERIA

NYINSNYOO  
USINS  
NEW YORK, NY

01 05 70

NEW YORK 11103  
*4545 Chelsea Street*

LOBNON

M W 5'2 140 B B LOBNON

Self employed

I.N.S

