9 FAM 42.21 Exhibit I
FORM I-604

(TL:VISA-170; 10-01-1997)

U.S. Department of Justice
Immigration and Naturalization Service

Request for and Report on Overseas Orphan Investigation

TO: U.S. CONSUL, _____ (City and country)	File
FROM: DISTRICT DIRECTOR, _____	Date

☐ 1. Attached is an approved visa petition in behalf of an orphan. Please complete this form concerning the orphan. If you develop information which indicates that the child is not an orphan as defined in section 101(b)(1)(F) of the Immigration and Nationality Act or that the child has an affliction or disability not set forth in the petition, suspend action on the visa application and return this form with the attached petition to the INS office of origin. If no adverse information is developed, attach this form and the petition to the visa application.

☐ 2. Attached is an application for advance processing of an orphan petition with a favorable determination concerning the prospective petitioner's ability to furnish proper care to a beneficiary orphan. When the prospective petitioner files an orphan petition at your post, please complete this form concerning the child. If you develop information which indicates that the child is not an orphan as defined in section 101(b)(1)(F) of the Immigration and Nationality Act, forward the petition with this form, Form I-600A and all attachments to the Service office having jurisdiction over the beneficiary's place of residence. If you determine that the child has an affliction or disability not set forth in the petition, furnish all details to the petitioner, and spouse, if married. Should the petitioner and spouse, if married, elect to proceed with the petition, the information concerning the affliction or disability should be incorporated at the bottom of page 1 of Form I-600 and initialed by the petitioner and spouse, if married. If the petitioner and spouse, if married, choose not to proceed with the petition, Form I-600A should be returned to the INS office of origin with Form I-600, this form, and all attachments.

Orphan's present name		
Date and place of orphan's birth		
Ethnic origin of orphan	Does orphan live in an orphanage?	If not, where does orphan live?
If orphan lives with relatives, what are their relationships to the orphan?		
If orphan lives with non-relatives, explain.		
How many years of formal education has orphan received?	As a student, orphan is ☐ Average ☐ Above average ☐ Below average	
Is child's mental level the same as that of other children the same age?	Does child get along well with other children the same age?	
Does child participate in games or athletic activities with other children the same age? If not, explain.		
Has the orphan had serious difficulties with any adult authority, including the persons having charge of the orphan? If so, explain.		

Form I-604 (Rev. 12-15-82) N

Continuation – 9 FAM 42.21 Exhibit I

Does child require medical attention frequently. If so, explain.	
Does child require any special care, attention, medication or diet?	
Indicate by check mark whether orphan has any of the following ☐ physical defects ☐ speech defects ☐ nervous disorders ☐ mental defects	
Is child normal in appearance? If not, explain.	
Give ages of brothers and sisters, if any.	Does child reside with brothers or sisters?
When and under what circumstances did child become an orphan?	
If orphan has remaining parent and is residing with that parent, give the following:	Ability of that parent to care for orphan Reason remaining parent has released child for emigration and adoption
Did either parent of orphan ever have a mental disease? If so, explain.	
If either parent of orphan is dead, give cause of death.	
(Complete only if orphan has one parent). Set forth circumstances resulting in child having only a sole or surviving parent.	
Known travel arrangements of the orphan to the United States	
Other pertinent facts	
If conflicting information is developed as to any of the above matters, or "Yes" or "No" answer would leave the issue unsettled, attach narrative report and place notation "See narrative" beside the pertinent item on this form.	
Investigating officer's signature	Date investigation completed

GPO 905-895