



AFFIDAVIT CONCERNING EXEMPTION FROM IMMIGRANT VACCINATION REQUIREMENTS FOR A FOREIGN ADOPTED CHILD

Statement for Parent(s): Section 212(a)(1)(A)(ii) of the Immigration and Nationality Act requires that any person who seeks admission as an immigrant, or adjustment of status to the status of an alien lawfully admitted for permanent residence, shall present documentation of having received vaccination against vaccine-preventable diseases, specifically: mumps, measles, rubella, polio, tetanus and diphtheria toxoids, pertussis, influenza type B, hepatitis B, varicella and pneumococcal. This section exempts from the immunization requirement a child who:

- (i) is 10 years of age or younger;
- (ii) is described in Sections F or G of sections 101(b)(1), and
- (iii) is seeking an immigrant visa as an immediate relative under section 201(b),

provided that the adoptive parent or prospective adoptive parent, prior to the child's admission, executes an affidavit stating that the parent is aware of the provisions of subparagraph (A)(ii) and will ensure that, within 30 days of the child's admission, or at the earliest time that is medically appropriate, the child will receive the vaccinations identified in such subparagraph.

Affidavit by Adoptive Parent or Prospective Adoptive Parent

I, Bari Lee Courts, certify that I am the adoptive parent/prospective adoptive parent of a child, Exauce Mufwankolo, on whose behalf I have filed or will file an I-600 (*Petition to classify orphan as immediate relative*) according said child status as an orphan as defined by Section 101(b)(1)(F), or an I-800 (*Petition to classify convention adoptee as immediate relative*) according said child status as a convention adoptee as defined by Section 101(b)(1)(G).

I have read the statement above and I am aware of the vaccination requirement set forth in Section 212(a)(1)(A)(ii) of the Immigration and Nationality Act. In accordance with Section 212(a)(1)(A)(ii), I will ensure that my foreign adopted child receives the required and medically appropriate vaccinations within 30 days after his or her admission into the U.S., or at the earliest time that is medically appropriate.

Signed this 17 day of July, 2015, at Cincinnati Ohio.

[Signature]
(Signature of Parent)

Subscribed and sworn to (or affirmed) before me this 17 day of July, 2015, at Cincinnati, Ohio. My commission expires on (mm-dd-yyyy) 05-30-2016.

[Signature]
(Signature of Notary Public or Officer Administering Oath)

Confidentiality Statement - INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court.



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I have read the statement above and I am aware of the vaccination requirement set forth in Section 212(a)(1)(A)(ii) of the Immigration and Nationality Act. In accordance with Section 212(a)(1)(A)(ii), I will ensure that my foreign adopted child receives the required and medically appropriate vaccinations within 30 days after his or her admission into the U.S., or at the earliest time that is medically appropriate.

Signed this 17 day of July, 2015, at Cincinnati, Ohio.

Bari Lee Courts

(Signature of Parent)

Subscribed and sworn to (or affirmed) before me this 17 day of July, 2015, at Cincinnati, Ohio. My commission expires on (mm-dd-yyyy) 05-30-2016

Judy Shoyse

(Signature of Notary Public or Officer Administering Oath)

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I hereby certify this to be a true certified copy of the certificate on file with the Cincinnati Board of Health. Date Issued: JAN - 5 1966

Edward G. Howard M.B.A.
 Local Registrar, City of Cincinnati
 Assistant Commissioner of Health

OHIO DEPARTMENT OF HEALTH
 DIVISION OF VITAL STATISTICS
 CERTIFICATE OF LIVE BIRTH

Reg. Dist. No. **3101**

Primary Reg. Dist. No. **3101** Registrar's No. **66-15076**

1. PLACE OF BIRTH a. COUNTY HAMILTON		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) b. STATE Ohio		c. CITY, VILLAGE, OR LOCATION Clermont	
f. CITY, VILLAGE, OR LOCATION HAMILTON		g. CITY, VILLAGE, OR LOCATION Williamsburg		h. STREET ADDRESS 45176	
3. NAME (TYPE OR PRINT) First Middle Last Bari Lee Courts		4. SEX M <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		5. DATE OF BIRTH 4. DATE MC. TH. DAY YEAR 11-12-66	
6. AGE (At time of this birth) 31 YEARS		7. MAIDEN NAME First Middle Last Milton Eugene Courts		8. COLOR OR RACE White	
9. AGE (At time of this birth) 28 YEARS		10. BIRTHPLACE (State or foreign country) Ohio		11. USUAL OCCUPATION Stockbroker	
12. MOTHER'S NAME OR SIGNATURE Mrs. Marcia Jean Courts		13. BIRTHPLACE (State or foreign country) Ohio		14. KIND OF BUSINESS OR INDUSTRY W. D. Gradison & Co.	
17. INFANT'S NAME OR SIGNATURE Mrs. Marcia Jean Courts		15. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) a. How many OTHER children born were born alive but are now dead? 1		16. COLOR OR RACE White	
18. MOTHER'S MAILING ADDRESS Box 616 Rcx 616 State Route # 32		19. DATE SEROLOGIC TEST FOR SYPHILIS 6-9-66		17. DATE OF BIRTH (Specify) 11-12-66	
19. SIGNATURE <i>M. Goldenberg</i>		20. SIGNATURE <i>M. B. Howard</i>		21. DATE ON WHICH GIVEN NAME DEED 11-12-66	
20. DATE RECD. BY LOCAL REG. DEC 6 1966		21. REGISTRAR'S SIGNATURE <i>Marcia Jean Courts</i>		22. DATE ON WHICH GIVEN NAME DEED 11-12-66	

SEAL

I HEREBY CERTIFY THAT THIS IS A TRUE AND CORRECT PHOTOGRAPHIC COPY OF THE CERTIFICATE WHICH IS ON FILE WITH THE HAMILTON COUNTY BOARD OF HEALTH.

Rebekah M. Harlow
REGISTRAR
Mary Ann Robinson
DEPUTY REGISTRAR

DATE DEC 3 1996

OHIO DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

155
1554

Reg. Dist. No. 31
Primary Reg. Dist. No. 3100

Registrar's No. 1554

Birth No. 134 -

1. PLACE OF BIRTH a. COUNTY <u>Hamilton</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Ohio</u> b. COUNTY <u>Hamilton</u>	
b. CITY, VILLAGE, OR LOCATION <u>Mariemont</u>		c. CITY, VILLAGE, OR LOCATION <u>Cincinnati 45230,</u>	
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address) <u>Our Lady of Mercy Hospital</u>		d. STREET ADDRESS <u>1978 Finsbury Court,</u>	
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
CHILD	3. NAME (TYPE OR PRINT) First <u>Carolyn</u> Middle <u>Kay</u> Last <u>Boboltz</u>		
	4. SEX <u>F</u>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET, WAS CHILD BORN 1ST <input type="checkbox"/> 2D <input type="checkbox"/> 3D <input type="checkbox"/>
FATHER	7. NAME First <u>Lee</u> Middle <u>Mitchell</u> Last <u>Boboltz</u>		8. COLOR OR RACE <u>W.</u>
	9. AGE (At time of this birth) <u>37</u> YEARS	10. BIRTHPLACE (State or foreign country) <u>Mich.</u>	11a. USUAL OCCUPATION <u>Elec. Engineer</u>
MOTHER	12. MAIDEN NAME First <u>Ellen</u> Middle <u>Munro</u> Last <u>Jackson</u>		11b. KIND OF BUSINESS OR INDUSTRY <u>R.K. LeBlond Mch. Tool Co.</u>
	14. AGE (At time of this birth) <u>39</u> YEARS	15. BIRTHPLACE (State or foreign country) <u>Ohio</u>	13. COLOR OR RACE <u>W.</u>
17. INFORMANT'S NAME OR SIGNATURE <u>Ellen M. Boboltz</u>		16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) a. How many OTHER children are now living? <u>2</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many total deaths (fetuses born dead at ANY time after conception?) <u>0</u>	
18. MOTHER'S MAILING ADDRESS <u>Same as above</u>		19. DATE SEROLOGIC TEST FOR SYPHILIS <u>6-17-65</u>	
I hereby certify that this child was born alive on the date stated above.	19a. SIGNATURE <u>Walter B. Rugh, M.D.</u>		19b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> D. O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)
	19c. ADDRESS <u>6829 Wood Park Court, 27 Ohio</u>		19d. DATE SIGNED <u>10/1/65</u>
20. DATE RECD. BY LOCAL REG. <u>OCT 20 1965</u>	21. REGISTRAR'S SIGNATURE <u>Rosina Maidens</u>		22. DATE ON WHICH GIVEN NAME ADDED BY _____ (Registrar)

MARGIN RESERVED FOR BINDING

JUDGE OF THE PROBATE COURT
OF CLERMONT COUNTY
BATAVIA, OHIO

- 94M-1102

STATE FILE

CLERMONT COUNTY
PROBATE COURT

Case No. 94M-1102 **CERTIFIED ABSTRACT OF MARRIAGE**

GROOM

BRIDE

1. Full Name Bari L. Courts	10. Full Name Carolyn K. Boboltz
2. Birth Number (Do not write in this space)	11. Birth Number (Do not write in this space)
3. Date of Birth and Age at Last Birthday November 12, 1966 (27)	12. Date of Birth and Age at Last Birthday October 17, 1965 (28)
4. Residence (County and State) Clermont County 720 Ohio Pike, Cincinnati, Ohio	13. Residence (County and State) Clermont County 720 Ohio Pike, Cincinnati, Ohio
5. Birthplace (State or Country) Cincinnati, Ohio 45245	14. Birthplace (State or Country) Cincinnati, Ohio 45245
6. Occupation Sales	15. Occupation Bank Teller
7. Name of Father Gene Courts	16. Name of Father Lee Boboltz
8. Maiden Name of Mother Marcia Morgan	17. Maiden Name of Mother Ellen Jackson
9. Previously Married (Number of Times) None	18. Previously Married (Number of Times) None

Previously married to

Divorced: Date Case No.

Court

Minor Children

.....

Previously married to

Divorced: Date Case No.

Court

Minor Children

.....

Previously married to

Divorced: Date Case No.

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Divorced: Date Case No.

Court

Minor Children

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Previously married to

Divorced: Date Case No.

Court

Minor Children

.....

The undersigned upon their oath state that the facts set forth in this application are to the best of their knowledge true, and they hereby consent to his marriage.

Father

Mother

The undersigned upon their oath state that the facts set forth in this application are to the best of their knowledge true, and they hereby consent to her marriage.

Father

Mother

That neither of said parties is under the influence of an intoxicating liquor or controlled substance or is infected with syphilis in a form that is communicable or likely to become communicable. Said parties are not nearer of kin than second cousins, and there is no legal impediment to their marriage, that Rev. Howard Preston is expected to solemnize the marriage, and that all of the above statements are true.

Sworn to before me and signed in my presence,
September 27, 19 94
Juanita Thornberry Deputy Clerk

Bari L. Courts
Carolyn K. Boboltz

ENTRY Probate Court, Clermont County, Ohio September 27, 19 94
Marriage License was this day granted to above applicants.

By *Juanita Thornberry* Deputy Clerk
-STEPHANIE WYLER, Probate Judge

MARRIAGE CERTIFICATE No. _____ State of Ohio, Clermont County, ss:

I do hereby certify, that on the 29th day of October, A.D. 19 94 I solemnized the marriage of Mr Bari L. Courts with M Miss Carolyn K. Boboltz

Filed and recorded November 2nd, 19 94
STEPHANIE WYLER, Probate Judge
Howard D. Preston, United Methodist Minister, 7515 Forest Rd Clergyman Cincinnati, Ohio
Church Name and Address (Where Married)

STATE OF OHIO, COUNTY OF CLERMONT
COURT OF COMMON PLEAS, PROBATE DIVISION

THIS IS TO CERTIFY THAT THE FOREGOING IS
A TRUE AND CORRECT COPY OF THE DOCUMENT ON
FILE IN THIS OFFICE ENTERED 9-27-94

WITNESS MY HAND AND SEAL OF SAID COURT THIS
25th DAY OF February, 20 10

STEPHANIE WYLER, Judge & Ex-Officio Clerk

By *Christine Stark* Deputy Clerk

