

INFORMATION FOR D-V VISA APPLICATION

APPLICANT

ENTER YOUR NAME EXACTLY AS IT APPEARS ON YOUR PASSPORT:

LAST NAME: _____ FIRST: _____ MIDDLE: _____

DATE OF BIRTH: Day _____ Month _____ Year _____ GENDER: M ___ F ___

CITY/TOWN OF BIRTH: _____ COUNTRY OF BIRTH: _____

MAILING ADDRESS: _____

CITY/TOWN: _____ DISTRICT/PROVINCE: _____

COUNTRY OF RESIDENCE: _____ ZIP/POSTAL CODE: _____

EMAIL ADDRESS: _____ PHONE NO: _____

HIGHEST LEVEL OF EDUCATION AS OF THE DAY YOU ARE FILLING THIS FORM:

- () Primary School Only; () Some High School, No Diploma; () High School Diploma; () Vocational School;
() Some University Courses; () University Degree; () Some Graduate-Level Courses; () Master's Degree
() Some Doctoral-Level Courses; OR () Doctorate.

CURRENT MARITAL STATUS: () Single, Never married; () Married; () Divorced; () Widowed; () Separated

NUMBER OF CHILDREN WHO ARE **NOT** MARRIED & **UNDER 21** YEARS OLD: _____

ARE YOU CURRENTLY EMPLOYED?: Y ___ N ___ HOW LONG HAVE YOU BEEN EMPLOYED?: _____

HAVE YOU BEEN EMPLOYED FOR AT LEAST TWO YEARS IN THE LAST FIVE(5) YEARS?: Y ___ N ___

SPOUSE'S NAME

LAST NAME: _____ FIRST: _____ MIDDLE: _____

DATE OF BIRTH: Day _____ Month _____ Year _____ GENDER: M ___ F ___

CITY/TOWN OF BIRTH: _____ COUNTRY OF BIRTH: _____

IS YOUR SPOUSE A U.S. CITIZEN? Y ___ N ___ IS YOUR SPOUSE A GREEN CARD HOLDER? Y ___ N ___

CHILDREN'S NAMES

PLEASE LIST THE NAMES OF ALL YOUR CHILDREN, INCLUDING STEP-CHILDREN

CHILD 1:

LAST NAME: _____ FIRST: _____ MIDDLE: _____

DATE OF BIRTH: Day _____ Month _____ Year _____ GENDER: M ___ F ___

CITY/TOWN OF BIRTH: _____ COUNTRY OF BIRTH: _____

CHILD 2:

LAST NAME: _____ FIRST: _____ MIDDLE: _____
DATE OF BIRTH: Day _____ Month _____ Year _____ GENDER: M ___ F ___
CITY/TOWN OF BIRTH: _____ COUNTRY OF BIRTH: _____

CHILD 3:

LAST NAME: _____ FIRST: _____ MIDDLE: _____
DATE OF BIRTH: Day _____ Month _____ Year _____ GENDER: M ___ F ___
CITY/TOWN OF BIRTH: _____ COUNTRY OF BIRTH: _____

CHILD 4:

LAST NAME: _____ FIRST: _____ MIDDLE: _____
DATE OF BIRTH: Day _____ Month _____ Year _____ GENDER: M ___ F ___
CITY/TOWN OF BIRTH: _____ COUNTRY OF BIRTH: _____

CHILD 5:

LAST NAME: _____ FIRST: _____ MIDDLE: _____
DATE OF BIRTH: Day _____ Month _____ Year _____ GENDER: M ___ F ___
CITY/TOWN OF BIRTH: _____ COUNTRY OF BIRTH: _____

CHILD 6:

LAST NAME: _____ FIRST: _____ MIDDLE: _____
DATE OF BIRTH: Day _____ Month _____ Year _____ GENDER: M ___ F ___
CITY/TOWN OF BIRTH: _____ COUNTRY OF BIRTH: _____

CHILD 7:

LAST NAME: _____ FIRST: _____ MIDDLE: _____
DATE OF BIRTH: Day _____ Month _____ Year _____ GENDER: M ___ F ___
CITY/TOWN OF BIRTH: _____ COUNTRY OF BIRTH: _____

YOU MUST SUBMIT A PASSPORT SIZE PHOTOGRAPH (TAKEN WITHIN THE LAST 6 MONTHS), FOR YOURSELF, YOUR SPOUSE, AND ALL CHILDREN INCLUDED ON YOUR ENTRY FORM. PLEASE CONTACT US ON HOW TO SUBMIT A DIGITAL PHOTO TO SUBMIT WITH YOUR APPLICATION.

ADDITIONAL INFORMATION:

