FIRST NAME:	
LAST NAME:	
SEX:	
DATE OF BIRTH:	
PLACE OF BIRTH (CITY, COUNTR	Y):
AAADITAL CTATUS	
MARITAL STATUS:	
IF MARRIED, SPOUSE'S NAME:	
SPOUSE'S DATE OF BIRTH:	
SPOUSE'S PLACE OF BIRTH:	·
SPOUSE'S ADDRESS:	
SPOUSE'S NATIONALITY:	
IF DIVORCED, SPOUSE'S NAME:	
EX-SPOUSE'S DATE OF BIRTH:	
EX-SPOUSE'S PLACE OF BIRTH:	
DATE AND PLACE OF MARRIAGI	
DATE AND PLACE OF DIVORCE:	
EX-SPOUSE'S NATIONALITY:	
IF MORE THAN ONE EX-SPOUSE	, THE PREVIOUS INFORMATION IS NEEDED FOR EACH:
APPLICANT'S HOME ADDRESS:	
HOME PHONE NUMBER:	
WORK PHONE NUMBER:	
E-MAIL ADDRESS:	
PASSPORT NUMBER:	
COUNTRY ISSUING PASSPORT:	
CITY WHERE ISSUED:	
COUNTRY WHERE ISSUED:	

ISSUANCE DATE:
EXPIRATION DATE:
HAVE YOUR PASSPORT EVER BEEN STOLEN:
INTENDED ARRIVAL DATE AND LOCATION (AIRPORT) IN THE U.S.:
LENGTH OF STAY:
ADDRESS IN THE U.S. WHERE YOU WILL BE STAYING (FOR EXAMPLE, HOTEL):
NAME, ADDRESS AND PHONE NUMBER OF U.S. CONTACT:
IS THIS A FRIEND, RELATIVE, OR BUSINESS CONTACT:
WHAT WILL YOU BE DOING IN THE U.S. (WORK, HOLIDAY, STUDY):
IF YOU ARE TRAVELING TO THE U.S. ON BUSINESS, THE NAME, ADDRESS AND PHONE NUMBER OF U.S. BUSINESS YOU ARE VISITING:
HAVE YOU PREVIOUSLY RECEIVED A U.S. VISA:
WHAT KIND OF VISA WAS IT (HOLIDAY, WORK, STUDY):
IF POSSIBLE, PLEASE PROVIDE A COPY OF THE VISA, OR PROVIDE THE MONTH/YEAR THAT THE VISA WAS ISSUED.
HAVE YOU PREVIOUSLY BEEN REFUSED A U.S. VISA:
IF YOU HAVE BEEN TO THE U.S., WHAT WERE THE DATES OF YOUR TRIPS (ARRIVAL DATE/DEPARTURE DATE):
COUNTRIES YOU HAVE VISITED IN THE LAST 5 YEARS:

WHICH DAY DO YOU WANT TO APPLY FOR YOUR U.S. VISA (PLEASE PROVIDE TWO CHOICES, AND WE WILL ATTEMPT TO MAKE AN APPOINTMENT ON ONE OF THOSE TWO DATES. IF NEITHER DATE IS POSSIBLE, WE WILL MAKE AN APPOINTMENT ON THE CLOSEST POSSIBLE DATE):

1 ST CHOICE:	2 nd CHOICE:	
FATHER'S LAST NAME:		
FATHER'S FIRST NAME:		
FATHER'S DATE OF BIRTH:		
IS YOUR FATHER IN THE U.S.:		
MOTHER'S LAST NAME:		
MOTHER'S FIRST NAME:		
MOTHER'S DATE OF BIRTH:		
IS YOUR MOTHER IN THE U.S.:		
ANY OTHER IMMEDIATE RELATI	VES IN THE U.S.:	
OCCUPATION:		
PRESENT EMPLOYER:		
EMPLOYER'S ADDRESS AND PHONE NUMBER:		
YOUR SALARY PER MONTH:		
YOUR JOB RESPONSIBILITIES:		
PRESENT WORK LOCATION:		
WHEN DID YOU START WORKIN	G HERE:	
PREVIOUS EMPLOYER:		
PREVIOUS EMPLOYER'S ADDRES	SS AND PHONE NO.:	
WHAT WAS YOUR PREVIOUS JO	B:	

WHAT DATES DID YOU WORK THERE (FROM MONTH/YEAR TO MONTH/YEAR):

HIGHEST EDUCATION COMPLETED (PR	IMARY SCHOOL, SECONDARY SCHOOL, UNIVERSITY):
ADDRESS OF THE SCHOOL OR UNIVERS	SITY:
NAME OF THE SCHOOL OR UNIVERSITY	′ :
IF YOU STUDIED AT A UNIVERSITY, WH	AT SUBJECT DID YOU STUDY:
IF YOU STUDIED AT A UNIVERSITY, DEG	GREE OBTAINED:
DO YOU HAVE A CRIMINAL RECORD:	
HAVE YOU BEEN DEPORTED FROM THE	E U.S.:
LANGUAGES YOU SPEAK:	
HAVE YOU BEEN IN THE MILITARY:	
IF YES, WERE YOU IN THE ARMY, NAVY	OR AIR FORCE:
THE DATES YOU WERE IN THE MILITAR	Y:
YOUR RANK IN THE MILITARY (PRIVATE	E, CORPORAL, ETC.):