U.S. Department of State

## APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

OMB APPROVAL NO. 1405-0015 EXPIRES: 02/29/2012 ESTIMATED BURDEN: 1 HOUR\* (See Page 2)

| PART I - BIOGRAPHIC DATA   |                       |  |   |                  |           |                                    |
|--|-----------------------|--|---|------------------|-----------|------------------------------------|
| Instructions: Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answers to all questions. Mark questions that are <b>Not Applicable</b> with <b>"N/A"</b> . If there is insufficient room on the form, answer on a separate sheet using the same numbers that appear on the form. Attach any additional sheets to this form.<br>Warning: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States.<br>This form ( <i>DS-230 Part I</i> ) is the first of two parts. This part, together with Form DS-230 Part II, constitutes the complete Application for Immigrant Visa and Alien Registration. |                       |  |   |                  |           |                                    |
| 1. Family Name   |                       | First  | Name  | Mic              | ddle Name |                                    |
| 2. Other Names Used or Aliases (If r   |                       | ,  |   |                  |           |                                    |
| 3. Full Name in Native Alphabet (If R  | oman letters n        | ot used)   |   |                  |           |                                    |
| 4. Date of Birth (mm-dd-yyyy)  | 5. Age                | 6. Place of Birth (City o  | r town)   | (Province)       |           | (Country)                          |
| 7. Nationality (If dual national, give both)   | 8. Gender Female Male | 9. Marital Status<br>Single (Never man<br>Including my present n | er married) Married Widowed Divorced Separated sent marriage, I have been married times.  |                  |           | ed 🔲 Separated                     |
| 10. Permanent address in the United States where you intend to live, if known ( <i>street address including ZIP code</i> ). Include the name of a person who currently lives there.  |                       |  | 11. Address in the United States where you want your Permanent<br>Resident Card ( <i>Green Card</i> ) mailed, if different from address in item #10<br>( <i>include the name of a person who currently lives there</i> ). |                  |           |                                    |
| Telephone number         12. Your Present Occupation   |                       |  | Telephone number         13. Present Address (Street Address) (City or Town) (Province) (Country)   |                  |           |                                    |
|  |                       |  | Telephone Number (Home) Office  |                  |           |                                    |
| 14. Name of Spouse (Maiden or family name) First Na  |                       |  | Name Middle Name  |                  |           |                                    |
| Date (mm-dd-yyyy) and Place of Birth of Spouse   |                       |  |   |                  |           |                                    |
| Address of Spouse (If different from your own)   |                       |  | Spouse's Occupation   |                  |           |                                    |
|  |                       |  | Date of Marriage (mm-dd-yyyy)   |                  |           |                                    |
| 15. Father's Family Name First Nam   |                       |  |   | Name Middle Name |           |                                    |
| 16. Father's Date of Birth<br>(mm-dd-yyyy)   | Place of Birth        | 1  | Current Addre   | SS               |           | If Deceased, Give Year<br>of Death |
| 17. Mother's Family Name at Birth First 1  |                       |  | st Name Middle Name   |                  |           |                                    |
| 18. Mother's Date of Birth<br>(mm-dd-yyyy)   | Place of Birth        | 1  | Current Addre   | SS               |           | If Deceased, Give Year<br>of Death |
|  |                       |  |   |                  |           |                                    |

| 19. List Names, Dates and Places of   |   |   |                                      |                                |  |
|---|---|---|--------------------------------------|--------------------------------|--|
| Name Date ( <i>mm-dd-yyyy</i> )   |   | Place of Birth  | Address (If different from your own) |                                |  |
|   | <u> </u>  |   | ·                                    |                                |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
|   | <u> </u>  |   |                                      |                                |  |
| <ol> <li>List below all places you have live<br/>Begin with your present residence</li> </ol> |   | ince reaching the age of 16, inclu  | ding places in your country of       | nationality.                   |  |
| City or Town  | Province  | Country   | From/To <i>(n</i>                    | <i>nm-yyyy)</i> or "Present"   |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
| 21a. Person(s) named in 14 and 19 w   | no will accompany you to t                                      | ne United States now.   |                                      |                                |  |
|   |   |   |                                      |                                |  |
| 21b. Person(s) named in 14 and 19 w   | ho will follow you to the Un                                    | ited States at a later date.  |                                      |                                |  |
|   |   |   |                                      |                                |  |
| 22. List below all employment for the   | last ten years.   |   |                                      |                                |  |
| Employer  | Location  | Job Tit   | le From/To (n                        | nm-yyyy) or "Present"          |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
|   | under im the Elimited Otates                                    |   |                                      |                                |  |
| In what occupation do you intend to w   |   |   |                                      |                                |  |
| 23. List below all educational institution  | ns attended.  |   |                                      |                                |  |
| School and Locat  | ion   | From/To (mm-yyyy)   | Course of Study                      | Degree or Diploma              |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
| Languages spoken or read:   |   |   |                                      |                                |  |
| Drefe este nel esce sistisme te urbiek ve   |   |   |                                      |                                |  |
| Professional associations to which yo   |   |   |                                      |                                |  |
| 24. Previous Military Service   | Yes 🗌 No  |   |                                      |                                |  |
| Branch  |   | Dates of Service (mm-dd-yyyy)   |                                      |                                |  |
| Rank/Position   |   | · · · · · · · · · · · · · · · · · · ·   |                                      |                                |  |
|   |   |   |                                      |                                |  |
| 25. List dates of all previous visits to<br>Give DHS "A" number if any.                       | or residence in the United                                      | States. (If never, write "never") Gi  | ve type of visa status, if know      | n.                             |  |
| From/To (mm-yyyy)   |   | Location  | Type of Visa                         | "A" Number (If known)          |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
|   |   |   |                                      |                                |  |
| Signature of Applicant  |   |   |                                      | Date (mm-dd-yyyy)              |  |
|   |   |   |                                      |                                |  |
|   | Privacy Act and   | Paperwork Reduction Act State   | ements                               |                                |  |
| The information asked for on this form is re  | quested pursuant to Section 2                                   | 22 of the Immigration and Nationality A   | Act. The U.S. Department of State    | uses the facts you provide     |  |
| on this form primarily to determine your cla<br>information may be denied a U.S. immigrar     | nt visa. If vou are issued an im                                | migrant visa and are subsequently ad  | mitted to the United States as an i  | minigrant, the Department      |  |
| of Homeland Security will use the information information to issue you a social security not  | on on this form to issue you a I                                | Permanent Resident Card, and, if you  | so indicate, the Social Security Ac  | Iministration will use the     |  |
| *Public reporting burden for this collection  | of information is estimated to a                                | average 1 hour per response, including  | g time required for searching exist  | ing data sources, gathering    |  |
| the necessary documentation, providing the<br>collection displays a currently valid OMB of    | e information and/or document<br>control number. If you have co | s required, and reviewing the final coll<br>comments on the accuracy of this burg | ection. You do not have to supply    | this information unless this   |  |
| send them to: A/ISS/DIR, Room 2400 SA-  | 22, U.S. Department of State,                                   | Washington, DC 20522-2202   |                                      | action for reducing it, piedse |  |



## U.S. Department of State APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

| PART | II - | SWORN | STATEMENT |
|------|------|-------|-----------|
|------|------|-------|-----------|

Instructions: Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answers to all questions. Mark questions that are **Not Applicable** with "**N**/**A**". If there is insufficient room on the form, answer on a separate sheet using the same numbers that appear on the form. Attach any additional sheets to this form. The fee should be paid in United States dollars or local currency equivalent, or by bank draft. Warning: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States. Even if you

Warning: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States. Even if you are issued an immigrant visa and are subsequently admitted to the United States, providing false information on this form could be grounds for your prosecution and/or deportation.

This form (DS-230 Part II), together with Form DS-230 Part I, constitutes the complete Application for Immigrant Visa and Alien Registration.

| 26.                  | Family Name   | First Name  | Middle Name   |          |       |  |
|----------------------|---|---|---|----------|-------|--|
| 27.                  | . Other Names Used or Aliases (If married woman, give   | e maiden name)  |   |          |       |  |
| 28.                  | . Full Name in Native Alphabet (If Roman letters not us   | sed)  |   |          |       |  |
| 29.                  | Name and Address of Petitioner  |   | Telephone number  |          |       |  |
| 30.                  | . United States laws governing the issuance of visas re-<br>individuals excluded from admission into the United S<br>read carefully the following list and answer <b>Yes</b> or <b>No</b><br>decision on your eligibility to receive a visa.  | States. The excludable classes are described  | below in general terms. You   | ı should |       |  |
|                      |   | Aliens Within the Following Classifications<br>of the Following Classes Apply to You?   | are Ineligible to Receive a   | Visa.    |       |  |
| a.                   | An alien who has a communicable disease of public h<br>having received vaccinations in accordance with U.S.<br>or is likely to pose a threat to the safety or welfare of the  | law; who has or has had a physical or menta   | al disorder that poses  | Yes      | No No |  |
| b.                   | An alien convicted of, or who admits having committee<br>relating to a controlled substance or who is the spous<br>benefited from the trafficking activities in the past five<br>the aggregate sentences were 5 years or more; who is<br>commercialized vice or who has engaged in prostitutii<br>illicit trafficker in any controlled substance; who has co<br>has asserted immunity from prosecution; who, while s<br>carried out particularly severe violations of religious fr<br>significant role in a severe form of trafficking in person<br>such a trafficker in severe forms of trafficking activities   | e, son or daughter of such a trafficker who kr<br>years; who has been convicted of 2 or more<br>is coming to the United States to engage in p<br>on or procuring within the past 10 years; who<br>ommitted a serious criminal offense in the Ur<br>serving as a foreign government official, was<br>reedom; or whom the President has identified<br>ns, who otherwise has knowingly aided, abett<br>ons, or who is the spouse, son or daughter of | nowingly has<br>offenses for which<br>rostitution or<br>is or has been an<br>nited States and who<br>responsible for or directly<br>as a person who plays a<br>ted, assisted or colluded with | Yes      | No No |  |
| c.                   | An alien who seeks to enter the United States to enga<br>activities, the overthrow of the Government of the Uni<br>affiliated with the Communist or other totalitarian party<br>killings; or who is a member or representative of a ter   | ited States or other unlawful activity; who is a<br>y; who participated, engaged or ordered geno  | member of or ocide, torture, or extrajudicial   | Yes      | No No |  |
| d.                   | An alien who is likely to become a public charge.   |   |   | Yes      | No No |  |
| e.                   | An alien who seeks to enter for the purpose of perform<br>Secretary of Labor; who is a graduate of a foreign me<br>passed the NBME exam or its equivalent; or who is a<br>certificate from the CGFNS or from an equivalent app  | edical school seeking to perform medical serv<br>health care worker seeking to perform such   | rices who has not<br>work without a   | Yes      | No No |  |
| f.                   | An alien who failed to attend a hearing on deportation<br>sought a visa, entry into the United States, or any imm<br>assisted any other alien to enter or try to enter the Un<br>attended in student (F) visa status a U.S. public elem<br>without reimbursing the school; or who is subject to a   | nigration benefit by fraud or misrepresentatio<br>ited States in violation of law; who, after Nov<br>entary school or who attended a U.S. public s  | n; who knowingly<br>ember 30, 1996,   | Yes      | No No |  |
|                      | Privacy Act and Paperwork Reduction Act Statements  |   |   |          |       |  |
| on t<br>info<br>of ⊦ | The information asked for on this form is requested pursuant to Section 222 of the Immigration and Nationality Act. The U.S. Department of State uses the facts you provide<br>on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested<br>information may be denied a U.S. immigrant visa. If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department<br>of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the<br>information to issue you a social security number and card. |   |   |          |       |  |

\*Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/ISS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

| g. An alien who is permanently ineligible fo<br>in time of war.  | r U.S. citizenship; or who departed   | the United States to evade military service | Yes No  |  |  |
|--|---|---|---|--|--|
| h. An alien who was previously ordered removed within the last 5 years or ordered removed a second time within the last 20 years; who was previously unlawfully present and ordered removed within the last 10 years or ordered removed a second time within the last 20 years; who was convicted of an aggravated felony and ordered removed; who was previously unlawfully present in the United States for more than 180 days but less than one year who voluntarily departed within the last 3 years; or who was unlawfully present for more than one year or an aggregate of one year within the last 10 years.   |   |   |   |  |  |
| <ul> <li>An alien who is coming to the United Sta<br/>outside the United States from a person<br/>do so; who has voted in the United State<br/>avoid taxation.</li> </ul>  | Yes No  |   |   |  |  |
| j. An alien who is a former exchange visitor who has not fulfilled the 2-year foreign residence requirement.   |   |   | Yes No  |  |  |
| <ul> <li>k. An alien determined by the Attorney General to have knowingly made a frivolous application for asylum.</li> <li>I. An alien who has ordered, carried out or materially assisted in extrajudicial and political killings and other acts of violence against the Haitian people; who has directly or indirectly assisted or supported any of the groups in Colombia known as FARC, ELN, or AUC; who through abuse of a governmental or political position has converted for personal gain, confiscated or expropriated property in Cuba, a claim to which is owned by a national of the United States, has trafficked in such property or has been complicit in such conversion, has committed similar acts in another country, or is the spouse, minor child or agent of an alien who has committed such acts; who has been directly involved in the establishment or enforcement of population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free choice; or who has disclosed or trafficked in convention obtained in connection with U.S. participation in the Chemical Weapons Convention or is the spouse, minor child or agent of such a person.</li> </ul> |   |   |   |  |  |
| 31. Have you ever been charged, arrested of  | or convicted of any offense or crim   | e? (If answer is Yes, please explain)       | Yes No  |  |  |
|  |   |   |   |  |  |
| 32. Have you ever been refused admission   | to the United States at a port-of-e   | ntry? (If answer is Yes, please explain)    | Yes No  |  |  |
| 33a. Have you ever applied for a Social Sec         Yes         Give the number         Would you like to receive a replacement card? (You must answer YES to question 33b. to receive a card.)         Yes         No         34. Were you Assisted in Completing this A  | No<br>Do you want the Social<br>Security Administration to<br>assign you a SSN and issue a<br>card? (You must answer YES<br>to question 33b. to receive a<br>number and a card.)<br>Yes No<br>pplication? Yes No  |   | ecurity <i>(DHS)</i> , the<br>U.S. Government<br>assigning me an SSN<br>horize the SSA to share<br>Yes No<br>to overnment's<br>ion on this form, for<br>law.            |  |  |
| (If answer is Yes, give name and address   | (If answer is Yes, give name and address of person assisting you, indicating whether relative, friend, travel agent, attorney, or other)  |   |   |  |  |
| DO NOT WRITE BELOW THE FOLLOWING LINE<br>The consular officer will assist you in answering item 35.<br>DO NOT SIGN this form until instructed to do so by the consular officer   |   |   |   |  |  |
| 35. I claim to be:<br>A Family-Sponsored Immigrant<br>An Employment-Based Immigrant  | I derive foreign state chargea<br>under Sec. 202(b) through m   |   |   |  |  |
| A Diversity Immigrant<br>A Special Category (Specify)  |   | Numerical limitation (foreign state)        | on  |  |  |
| (Returning resident, Hong Kong, Til  | betan, Private Legislation, etc.)   |   |   |  |  |
| I understand that I am required to surrender<br>possession of a visa does not entitle me to en<br>I understand that any willfully false or mislea<br>exclusion from the United States and, if I am a<br>I, the undersigned applicant for a United Sta<br>of Form DS-230 Part I and Part II combined, ha<br>to the best of my knowledge and belief. I do<br>prejudicial to the public interest, or endanger<br>United States relating to espionage, sabotage<br>opposition to or the control, or overthrow of, t  | my visa to the United States Immigr<br>ter the United States if at that time I<br>ading statement or willful concealme<br>admitted to the United States, may si<br>tes immigrant visa, do solemnly sw<br>ave been made by me, including the<br>o further swear (or affirm) that, if ac<br>r the welfare, safety, or security of<br>, public disorder, or in other activitie<br>he Government of the United States,<br>persons required by law to register |   | aws.<br>me to permanent<br>is application, consisting<br>ey are true and complete<br>ctivities which would be<br>ibited by the laws of the<br>a purpose of which is the |  |  |
| Subscribed and sworn to before me this   | day of  | Signature of Applicant at:                  |   |  |  |
|  |   | Consular Officer                            |   |  |  |