



U.S. Department of State
**SUPPLEMENTAL REGISTRATION FOR
 THE DIVERSITY IMMIGRANT VISA PROGRAM**

OMB APPROVAL NO. 1405-0098
 EXPIRATION DATE: 01/31/2010
 ESTIMATED BURDEN: 30 MINUTES
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INSTRUCTIONS

The following is a supplemental registration form for the Diversity Immigrant Visa Program under Section 203(c) of the Immigration and Nationality Act. Clearly print or type all answers in the English language. Answer all questions.

Using the enclosed self-adhesive return address label, immediately send this form along with Form DS-230 to: Diversity Immigrant Visa Program, Kentucky Consular Center, 3505 N. Highway 25W, Williamsburg, KY 40769. Failure to follow instructions will disqualify your application.

You will be notified by mail of your appointment date, therefore the answer to question No. 3 must be accurate.

1. Name (Last, First, MI.)

2. Rank Order Number (Case Number on Envelope)



3. Current Mailing Address (Address at which you receive your mail. Give any change of mailing address here.)



Telephone Number (Optional) _____

4. Name of United States Consular Office where you would like to Process your Application

This will usually be the consular office nearest the place you live. However, please note that some U. S. Embassies and Consulates do not process immigrant visas. If you are not sure whether the U.S. Embassy or Consulate nearest you processes immigrant visas, or if you do not know which is the U.S. Embassy or Consulate nearest you, please list the city and country where you live. If you live in the United States and plan to adjust status with the Bureau of Citizenship and Immigration Services in the U.S., please list "BCIS"; if you live in the United States but you intend to return abroad to be interviewed, please list the U.S. Embassy or Consulate that processes immigrant visas for the area where you lived before you came to the United States.



5. The Country you Listed as your Native Country on your Diversity Visa Program Application

In most cases, this will be the country where you were born. You may also claim the country of birth of your husband or wife. In addition, you may claim the country of birth of either of your parents, if neither of your parents lived in, or was born in, the country where you were born.



6. Education

a. Check the highest level of education completed.



- | | | |
|---|--|--|
| <input type="checkbox"/> High School, No Degree | <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Vocational School |
| <input type="checkbox"/> College, No Degree | <input type="checkbox"/> University Degree | <input type="checkbox"/> Advanced Degree |
| <input type="checkbox"/> Other _____ | | |

b. Names and Addresses of all Schools, Colleges, and Universities Attended (Include Trade and Vocational Schools):



Name of Educational Institution	From (mm-yyyy)	To (mm-yyyy)	Degrees(s) or Certificates(s) Received

7. Work Experience

a. Within the last 5 years, I have worked at least 2 years in a job that requires at least 2 years of training or experience:

Yes No



b. Occupation - If you answered "yes" to question 7a, give the job title and describe the type of work you did. Be as specific as possible.



c. Names and addresses of your employers during the past 5 years in the work you described above, and the dates (*Beginning and Ending Months and Years*) you worked for each.



Name of Employer	Address	From (mm-yyyy)	-- To (mm-yyyy)

SIGNED STATEMENT

I certify that only one application was or has been submitted by me or on my behalf for this immigrant visa registration. I further certify that I have read and understand all the questions set forth above and that the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the refusal of a visa or denial of entry into the United States.

Signature of Applicant

Date (mm-dd-yyyy)

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS

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 on this form primarily to determine your eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested 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 Bureau of Citizenship and Immigration Services 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 information to issue you a social security number and card.

*Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. In accordance with 5 CFR 1320 5(b), persons are not required to respond to the collection of this information unless this form displays a currently valid OMB control number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to the U.S. Department of State, A/ISS/DIR, 1800 G Street (Suite 2400), NW, Washington, DC 20522.

DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY

Occupation Code _____