U.S. Department of State

## APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

OMB APPROVAL NO. 1405-0015 EXPIRES: 04/30/2012 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 num	bers that appea	ar on the	e form. Attach a	ny additional	sheets to this form.		
Warning: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States. 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	N	liddle Name	
2. Other Names Used or Aliases (If r		-					
3. Full Name in Native Alphabet (If F	Roman letters n	ot used)					
4. Date of Birth (mm-dd-yyyy)	5. Age	6. Plac	e of Birth <i>(City or</i>	· Town)	(Province)		(Country)
7. Nationality (If dual national,	8. Gender	9. Mari	tal Status				
give both.)	Female	🗆 Sii	ngle <i>(Never Marı</i>			Divor times.	ced Separated
Including my present marriage, I have been married times.         10. Permanent address in the United States where you intend to live, if known (street address including ZIP code). Include the name of a person who currently lives there.       11. Address in the United States where you want your Permanent         Resident Card (Green Card) mailed, if different from address in item #10 (include the name of a person who currently lives there).						om address in item #10	
				(		<b>,</b>	
Telephone number			12 Drocont Add	Telephone nu	Imber	(Drovingo) (	Country
12. Present Occupation       13. Present Address (Street Address) (City or Town) (Province) (Country)						Soundy)	
			Telephone Num	ber <i>(Home)</i>   T	elephone Number (Of	fice) Email Ac	ldress
14. Spouse's Maiden or Family Name			First N	First Name Middle Name			
15. Date (mm-dd-yyyy) and Place of	Birth of Spous	e					
16. Address of Spouse (If different from your own)				17. Spouse's Occupation			
				18. Date of M	arriage (mm-dd-yyyy)		
19. Father's Family Name			First N	Name	N	iddle Name	
20. Father's Date of Birth (mm-dd-yyyy)	21. Place of	Birth		22. Current A	ddress		23. If Deceased, Give Year of Death
24. Mother's Family Name at Birth	<u> </u>		First	Name	1	/liddle Name	1
25. Mother's Date of Birth (mm-dd-yyyy)	26. Place of	Birth		27. Current A	ddress		28. If Deceased, Give Year of Death

29. List Names, Dates and Places of B	Birth, and Addresses of Al	LL Children.		
Name	Date (mm-dd-yyyy)	Place of Birth	Address (If diff	ferent from your own)
20 List holow all places you have live	d for at locat aiv months a	inco reaching the age of 16 inclu	dina places in your count	in of notionality
<ol> <li>List below all places you have live Begin with your present residence.</li> </ol>	a for at least six months s	since reaching the age of 16, inclu	ding places in your count	ry of hallohality.
City or Town	Province	Country	From/	To (mm-yyyy) or "Present"
31a. Person(s) named in 14 and 29 wh	o will accompany you to the	he United States now		
	o will accompany you to a			
31b. Person(s) named in 14 and 29 wh	o will follow you to the Un	ited States at a later date.		
32. List below all employment for the la	ast ten years.			
Employer	Location	Job Titl	e From/	To ( <i>mm-yyyy</i> ) or "Present"
		·		
In what occupation do you intend to wo	ork in the United States?			
33. List below all educational institution	s attended.			
School and Location	n	From/To (mm-yyyy)	Course of Stud	y Degree or Diploma
Languages spoken or read				
Professional associations to which you	belong			
· · · · · · · · · · · · · · · · · · ·				
34. Previous Military Service	es 🔲 No			
Branch		Dates of Service (mm-dd-yyyy)		
Rank/Position		Military Speciality/Occupation		
		,,,,,,		
<ol> <li>List dates of all previous visits to o Give DHS "A" number if any.</li> </ol>	r residence in the United S	States. (It never, write "never") Gi	ve type of visa status, if k	nown.
From/To (mm-yyyy)		Location	Type of Visa	"A" Number (If known)
				. ,
·	<u> </u>			
Signature of Applicant				Date (mm-dd-yyyy)
	Privacy Act and	Paperwork Reduction Act State	ments	
The information asked for on this form is req on this form primarily to determine your class	uested pursuant to Section 22 sification and eligibility for a U	22 or the immigration and Nationality A .S. immigrant visa. Individuals who fail	Inct. The U.S. Department of it to submit this form or who could be addressed as a submit this form or who could be addressed as a submit the submit th	state uses the facts you provide to not provide all the requested
information may be denied a U.S. immigrant of Homeland Security will use the information	visa. If you are issued an imi	migrant visa and are subsequently adr	nitted to the United States as	s an immigrant, the Department
information to issue you a social security nur		ermanent Resident Card, and, if you	So mulcate, the Social Securi	ty Authinistration will use the
*Public reporting burden for this collection of the necessary documentation, providing the	information is estimated to a	verage 1 hour per response, including	time required for searching	existing data sources, gathering
collection displays a currently valid OMB co	ntrol number. If you have co	mments on the accuracy of this burd	en estimate and/or recomme	apply this information unless this andations for reducing it, please
send them to: A/GIS/DIR, Room 2400 SA-2	2, U.S. Department of State, V	Washington, DC 20522-2202		5 71 555



U.S. Department of State

APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

PART II - SWORN STATEMENT	
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PART II - SWORN STATEMENT					
<b>Instructions:</b> 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. 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 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 Reg	gistration.			
36. Family Name First Name	Middle Name				
37. Other Names Used or Aliases (If married woman, give maiden name)					
38. Full Name in Native Alphabet (If Roman letters not used)					
39. Name and Address of Petitioner	Telephone number				
	Email Address				
40. United States laws governing the issuance of visas require each applicant to state whether or not he or she is a member of any class of individuals excluded from admission into the United States. The excludable classes are described below in general terms. You should read carefully the following list and answer <b>Yes</b> or <b>No</b> to each category. The answers you give will assist the consular officer to reach a decision on your eligibility to receive a visa.					
Except as Otherwise Provided by Law, Aliens Within the Following Classifications are Ineligible to Receive a Visa. Do Any of the Following Classes Apply to You?					
a. An alien who has a communicable disease of public health significance; who has failed to present having received vaccinations in accordance with U.S. law; who has or has had a physical or menta or is likely to pose a threat to the safety or welfare of the alien or others; or who is a drug abuser or be alien or others.	al disorder that poses	Yes No			
b. An alien convicted of, or who admits having committed, a crime involving moral turpitude or violation of any law relating to a controlled substance or who is the spouse, son or daughter of such a trafficker who knowingly has benefited from the trafficking activities in the past five years; who has been convicted of 2 or more offenses for which the aggregate sentences were 5 years or more; who is coming to the United States to engage in prostitution or commercialized vice or who has engaged in prostitution or procuring within the past 10 years; who is or has been an illicit trafficker in any controlled substance; who has committed a serious criminal offense in the United States and who has asserted immunity from prosecution; who, while serving as a foreign government official, was responsible for or directly carried out particularly severe violations of religious freedom; or whom the President has identified as a person who plays a significant role in a severe form of trafficking in persons, or who is the spouse, son or daughter of such a trafficker who knowingly has benefited from the trafficking activities within the past five years.					
c. An alien who seeks to enter the United States to engage in espionage, sabotage, export control vi activities, the overthrow of the Government of the United States or other unlawful activity; who is a affiliated with the Communist or other totalitarian party; who participated, engaged or ordered gene killings; or who is a member or representative of a terrorist organization as currently designated by	member of or ocide, torture, or extrajudicial	Yes No			
d. An alien who is likely to become a public charge.		Yes No			
e. An alien who seeks to enter for the purpose of performing skilled or unskilled labor who has not be Secretary of Labor; who is a graduate of a foreign medical school seeking to perform medical serv passed the NBME exam or its equivalent; or who is a health care worker seeking to perform such certificate from the CGFNS or from an equivalent approved independent credentialing organizatio	rices who has not work without a	Yes No			
f. An alien who failed to attend a hearing on deportation or inadmissibility within the last 5 years; who sought a visa, entry into the United States, or any immigration benefit by fraud or misrepresentation assisted any other alien to enter or try to enter the United States in violation of law; who, after Nov attended in student (F) visa status a U.S. public elementary school or who attended a U.S. public without reimbursing the school; or who is subject to a civil penalty under INA 274C.	n; who knowingly ember 30, 1996,	Yes No			
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 classification and 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 Department 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 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	e required for searching existing da	ala 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/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

g. An alien who is permanently ineligible for in time of war.	r U.S. citizenship; or who departed	I 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>i. An alien who is coming to the United States to practice polygamy; who withholds custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court or intentionally assists another person to do so; who has voted in the United States in violation of any law or regulation; or who renounced U.S. citizenship to avoid taxation.</li> </ul>						
j. An alien who is a former exchange visitor	r who has not fulfilled the 2-year fo	preign residence requirement.	Yes No			
k. An alien determined by the Attorney General to have knowingly made a frivolous application for asylum.						
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 confidential U.S. business information obtained in connection with U.S. participation in the Chemical Weapons Convention or is the spouse, minor child or agent of such a person; or who has ever engaged in the recruitment of or the use of child solders.						
41. Have you ever been charged, arrested of	or convicted of any offense or crim	e? (If answer is Yes, please explain)				
42. Have you ever been refused admission	to the United States at a port-of-er	ntry? (If answer is Yes, please explain)	Yes No			
43a. Have you ever applied for a Social Sec		43b. Consent to Disclosure: I authorize disclo				
L Yes	LI No Do you want the Social	from this form to the Department of Homeland S Social Security Administration (SSA), such other				
Give the number	Security Administration to	agencies as may be required for the purpose of				
Would you like to receive a replacement card? (You must answer YES to question	assign you a SSN and issue a card? (You must answer YES	and issuing me a Social Security card, and I aut my SSN with the INS.				
43b. to receive a card.)	to question 43b. to receive a number and a card.)	The applicant's response does not limit or restric	Yes I No			
		ability to obtain his or her SSN, or other information	tion on this form, for			
44. Were you assisted in completing this ap		enforcement or other purposes as authorized by	law.			
		) g whether relative, friend, travel agent, attorney, c	or other)			
		g whether relative, mend, traver agent, attorney, e				
	DO NOT WRITE BELOW TH The consular officer will assist					
DO NO		d to do so by the consular officer				
45. I claim to be:	_					
A Family-Sponsored Immigrant	I derive foreign state charges under Sec. 202(b) through m					
An Employment-Based Immigrant		Numerical limitati (foreign state)	on			
A Diversity Immigrant		(loreigh state)				
(Returning resident, Hong Kong, Til	betan, Private Legislation, etc.)					
I understand that I am required to surrender	my visa to the United States Immigra	ation Officer at the place where I apply to enter the U am found to be inadmissible under the immigration I				
I understand that any willfully false or mislea	ding statement or willful concealme	nt of a material fact made by me herein may subject	me to permanent			
		ubject me to criminal prosecution and/or deportation ear (or affirm) that all statements which appear in th				
		answers to items 1 through 45 inclusive, and that th mitted into the United States, I will not engage in a				
prejudicial to the public interest, or endanger the welfare, safety, or security of the United States; in activities which would be prohibited by the laws of the United States relating to espionage, sabotage, public disorder, or in other activities subversive to the national security; in any activity a purpose of which is the						
opposition to or the control, or overthrow of, the Government of the United States, by force, violence, or other unconstitutional means.						
I understand that completion of this form by persons required by law to register with the Selective Service System (males 18 through 25 years of age) constitutes such registration in accordance with the Military Selective Service Act.						
		Signature of Applicant				
Subcoribod and swarp to before the this		<b>o</b>				
Subscribed and sworn to before me this	day of	at:				
		Consular Officer				

This Form May be Obtained Free at Consular Offices of The United States of America