

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

OMB APPROVAL NO. 1405-0015 EXPIRES: 05/31/2004 ESTIMATED BURDEN: 1 HOUR* (See Page 2)

PART I - BIOGRAPHIC DATA

INSTRUCTIONS: Complete one immigrate with you. Please print there is insufficient room on the additional sheets to this form.	nt or type you	form for yours ar answers to a	all questions	member of ye . Mark questi	ons that are No	ot Applicable wit	th "N/A". If		
WARNING: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States.									
This form (DS-230 PART I) is the Application for Immigrant Visa			art, togethe	r with Form D	S-230 PART II,	constitutes the	complete		
1. Family Name			First Name N		Middl	/liddle Name			
2. Other Names Used or Aliases (If I	married womar	n, give maiden na	ame)						
3. Full Name in Native Alphabet (If I	Roman letters r	oot used)							
4. Date of Birth (mm-dd-yyyy) 5. Age 6. Place o		6. Place of Birt	Birth						
		(City or town)		(Provin	nce)	(Country	(Y		
7. Nationality (If dual national,	8. Gender	9. Marital State	us						
give both)	Male	Single (Net	ver married)	Married	Widowed	Divorced	Separated		
	Female	Including my pr	esent marriag	je, I have been i	married	times.			
 10. Permanent address in the United known (street address including person who currently lives ther Telephone number: 12. Your Present Occupation 	<i>g zip code)</i> . In	clude the name o	ofa F	Resident Card (C tem #10 <i>(inclua</i> hone number:	Green Card) maile	ere you want your d, if different fron oerson who curren own) (Province) (C	n address in ntly lives there).		
14. Name of Space (Maider or for	Tele	Telephone number: Home Office First Name Middle Name							
14. Name of Spouse (Maiden or fam	iliy name)				Middle	e Name			
Date <i>(mm-dd-yyyy)</i> and place of b Address of spouse <i>(If different fro</i>									
Spouse's occupation: Date of marriage (mm-dd-yyyy):									
15. Father's Family Name		First Name Middl			e Name				
16. Father's Date of Birth (mm-dd-yyyy	Place of Birt	h	Current Ac	ldress		If deceas	ed, give year of death		
17. Mother's Family Name at Birth	th Firs			rst Name Midd		le Name			
18. Mother's Date of Birth (mm-dd-yyyy) Place of Birth			Current Address			If deceas	ed, give year of death		
DS-230 Part I THIS F	ORM MAY BE	OBTAINED FREE	AT CONSUL	AR OFFICES O	F THE UNITED ST	TATES OF AMERI	CA Page 1 of 4		

19. List Names, Dates and Places of Birth	n, and Addresses of A	ALL Children.			
NAME	DATE (mm-dd-yyyy)	PLACE OF BIRTH	ADDRESS (If different from your own)		
 List below all places you have lived f with your present residence. 	or at least six month	s since reaching the age of 16, ind	cluding places in your coun	try of nationality. Begin	
CITY OR TOWN PROVIN				OM/TO (mm-yyyy)	
			· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·		
			·		
21a. Person(s) named in 14 and 19 who	will accompany you t	o the United States now.			
	. , ,				
21b. Person(s) named in 14 and 19 who	will follow you to the	United States at a later date.			
22. List below all employment for the las					
EMPLOYER	EMPLOYER LOCATION		E FR	M/TO (mm-yyyy)	
·					
In what occupation do you intend to work		<u>/</u>			
23. List below all educational institutions					
SCHOOL AND LOCATION		FROM/TO (mm-yyyy)	COURSE OF STUDY	DEGREE OR DIPLOMA	
		. <u> </u>			
Languages spoken or read:					
Professional associations to which you be	lona:				
24. Previous Military Service		_			
	Yes No				
Branch:					
Rank/Position:		Military Speciality/Occupation:			
number if any.	esidence in the Unite	ed States. (<i>II never, write never</i>)	Give type of visa status, i	i known. Give ins A	
FROM/TO (mm-yyyy)			TYPE OF VISA	"A" NO. (If known)	
			<u> </u>		
SIGNATURE OF APPLICANT					
SIGNATORE OF ALLEGANT				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 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 Immigration and Naturalization Service 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 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: U.S. Department of State (A/RPS/DIR) Washington, D.C. 20520.