APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

PART 1 - 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.

answer on a separate sheet using the same n	-				incient room on the	Tomi,		
WARNING: Any false statement or conceal					ited States			
This form is Part I of two parts which, toget								
Visa and Alien Registration.	nor with optional rol	01 200 1111	er ii, comparate are co	mprete i ippiieum	on 101 11111111g.u			
1. FAMILY NAME	FIRST NAME				MIDDLE NAME			
2. OTHER NAMES USED OR BY WHI	CH KNOWN (If mar	ried woman, g	give maiden name)					
3. FULL NAME IN NATIVE ALPHABET	(If Roman letters r	ot used)						
	`	,						
4 DATE OF BIRTH	T 5 405		DI AGE OF DIDTIL					
4. DATE OF BIRTH (Day) (Month) (Year)	5. AGE		6. PLACE OF BIRTH (City or town)		(Province)		(Country)	
(- 2,)			(eng en term)		(, ,,	
7. NATIONALITY (If dual national,	8. SEX	9. MARITAL STATUS						
give both)	Male	Single	e (Never married)	Married	Widowed	Divorced	Separated	
	☐ Female							
	☐ Female	Including my present marriage, I have been married					times.	
10. PERSONAL DESCRIPTION			11. OCCUPATI	ION				
a. Color of hair	c. Height							
b. Color of eyes	d. Complexion		_					
12. MARKS OF IDENTIFICATION			13. PRESENT	ADDRESS				
			Telephone num	ber: Home		Office		
14. NAME OF SPOUSE (Maiden or fam	nily name)	(First na	ame)	(Middle n	ame)			
Date and place of birth of spouse:								
Date and place of billing of spouse.								
Address of spouse (if different from y	our own):							
,	,							
15. LIST NAME, DATE AND PLACE O			ALL CHILDREN					
NAME	DATE AND PLACE	OF BIR I H		ADDRES	SS (If different from yo	ur own)		
	<u> </u>						,	
	<u> </u>							
	- —							
	<u> </u>						_	

16. PERSONS NAMED II	N 14 AND 15 WHO WILL	ACCOMPANY OR FOLLOW I	ME TO THE UNITED STATES			
17. NAME OF FATHER, [DATE AND PLACE OF BII	RTH, AND ADDRESS (If dece	eased, so state, giving year of d	eath)		
18. MAIDEN NAME OF M	OTHER, DATE AND PLA	CE OF BIRTH, AND ADDRES	S (If deceased, so state, giving	g year of death)		
19. IF NEITHER PARENT	T IS LIVING PROVIDE NA	ME AND ADDRESS OF NEXT	T OF KIN (nearest relative) IN Y	YOUR HOME COUNTRY.		
20. LIST ALL LANGUAGES YOU CAN SPEAK, REAL NAME		EAD, AND WRITE SPEAK	READ	WRITE	WRITE	
			_			
			GER SINCE REACHING THE			
CITY OR TOWN	PROVINCE	COUNTRY	OCCUPATION	DATES (FROM - TO)		
					<u> </u>	
22 LIST ANY POLITICAL	I PROFESSIONAL ORS	SOCIAL ORGANIZATIONS AS	FEILIATED WITH COMMUNIS	T, TOTALITARIAN, TERRORIST OR NA		
			F OR AFFILIATED WITH SING		_1	
23. LIST DATES OF ALL PREVIOUS RESIDENCE IN GIVE I.N.S. "A" NUMBER IF ANY. LOCATION		IN OR VISITS TO THE UNITI	ED STATES. (If never, so state		TYPE OF VISA STATUS IF ANY. I.N.S. FILE NO. (If known)	
CIONATURE OF ARRUG	NANIT			DATE		
SIGNATURE OF APPLIC	AN I			DATE		
NOTE: Return this o	completed form immedia	tely to the consular office ac	ddress on the covering letter.	This form will		
become part of your	r immigrant visa and you	r visa application cannot be	processed until this form is	complete.		