

16. PERSONS NAMED IN 14 AND 15 WHO WILL ACCOMPANY OR FOLLOW ME TO THE UNITED STATES.

17. NAME OF FATHER, DATE AND PLACE OF BIRTH, AND ADDRESS (If deceased, so state, giving year of death)

18. MAIDEN NAME OF MOTHER, DATE AND PLACE OF BIRTH, AND ADDRESS (If deceased, so state, giving year of death)

19. IF NEITHER PARENT IS LIVING PROVIDE NAME AND ADDRESS OF NEXT OF KIN (nearest relative) IN YOUR HOME COUNTRY.

20. LIST ALL LANGUAGES YOU CAN SPEAK, READ, AND WRITE

NAME	SPEAK	READ	WRITE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. LIST BELOW ALL PLACES YOU HAVE LIVED FOR SIX MONTHS OR LONGER SINCE REACHING THE AGE OF 16.

CITY OR TOWN	PROVINCE	COUNTRY	OCCUPATION	DATES (FROM - TO)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

22. LIST ANY POLITICAL, PROFESSIONAL, OR SOCIAL ORGANIZATIONS AFFILIATED WITH COMMUNIST, TOTALITARIAN, TERRORIST OR NAZI ORGANIZATIONS WHICH YOU ARE NOW OR HAVE BEEN A MEMBER OF OR AFFILIATED WITH SINCE YOUR 16TH BIRTHDAY.

NAME AND ADDRESS	FROM/TO	TYPE OF MEMBERSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____

23. LIST DATES OF ALL PREVIOUS RESIDENCE IN OR VISITS TO THE UNITED STATES. (If never, so state) GIVE TYPE OF VISA STATUS IF ANY. GIVE I.N.S. "A" NUMBER IF ANY.

LOCATION	FROM/TO	VISA	I.N.S. FILE NO. (If known)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE OF APPLICANT

DATE

NOTE: Return this completed form immediately to the consular office address on the covering letter. This form will become part of your immigrant visa and your visa application cannot be processed until this form is complete.