U.S. Department of State



## **APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION**

OMB APPROVAL NO. 1405-0015 EXPIRES: 05/31/2011 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 que	stions. Mark q	uestions that are Not Ap	plicable with "	N/A". If the	re is insuffic	cient room on th	ne form, answer on a	
separate sheet using the same numbers that appear on the form. Attach any 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 (DS-230 Part I) is the first Immigrant Visa and Alien Registra	•	. This part, together w	ith Form DS-2	30 Part II, c	onstitutes	the complete i	Application for	
	ilion.	Firet	Name		Mid	Middle News		
1. Family Name		I not	Name		Middle Name			
2. Other News Lload or Alignon //fr								
2. Other Names Used or Aliases (If r	narried woman	ı, give maiden namej						
3. Full Name in Native Alphabet (If F	≀oman letters n	ot used)						
4. Date of Birth (mm-dd-yyyy)	5. Age	6. Place of Birth (City o	r town)	(Province)		(0	Country)	
,			,	[`			• /	
7. Nationality (If dual national,	8. Gender	9. Marital Status				1		
give both)	Female	Single (Never mar	ried) Ma	rried $\square$	Widowed	Divorced	Separated	
	=	<del></del>	· —	_		<del></del>	Separated	
	Male Male	Including my present r	marriage, I have	been marri	ed	times.		
10. Permanent address in the United		•				ere you want yo		
known (street address including ZIP	code). Include	the name of a person	I	Resident Card (Green Card) mailed, if different from address in item #10				
who currently lives there.			(include the na	ame of a pe	rson who cu	ırrently lives the	ere).	
Telephone number				Telephone number				
12. Your Present Occupation			13. Present Address (Street Address) (City or Town) (Province) (Country)					
			Telephone Nu	mber (Home	e)	Office		
14. Name of Spouse (Maiden or fam.	ily name)	First 1	Name		Mid	dle Name		
Date (mm-dd-yyyy) and Place of Birt	h of Chouse							
Date (mm-dd-yyyy) and Place of Birt	n or Spouse							
Address of Spouse (If different from )	your own)		Spouse's Occ	upation				
			Data of Marris	as (mm dd	10000			
			Date of Marria	iae imm-aa-	·vvvy)			
15. Father's Family Name		First	Name		Mid	dle Name		
10. Fuller of unity Nume		1 1100	T CONTROL		IVIIG	die Hairie		
16. Father's Date of Birth	Place of Birth	า	Current Addre	ess			Deceased, Give Year	
(mm-dd-yyyy)						OI	Death	
17. Mother's Family Name at Birth	-!	Firs	t Name		Mic	ddle Name		
	1		1 -			-		
18. Mother's Date of Birth (mm-dd-yyyy)	Place of Birth	n	Current Addre	SS			Deceased, Give Year	
(IIIII-dd-yyyy)						Of	Death	

19. List Names, Dates and Places of Birth NAME	, and Addresses of A DATE (mm-dd-yyyy)	LL Children. PLACE OF BIRTH	ADDRESS (If different from your own)		
20. List below all places you have lived to	or at least six months	since reaching the age of 16, inc	cluding places in your count	rv of nationality. Begin	
<ol> <li>List below all places you have lived for with your present residence.</li> <li>CITY OR TOWN</li> </ol>	PROVING	COUNTR	RY FRO	DM/TO (mm-yyyy)	
21a. Person(s) named in 14 and 19 who w	vill accompany you to	the United States now.		<u> </u>	
21b. Person(s) named in 14 and 19 who w	vill follow you to the	United States at a later date.			
22. List below all employment for the last ten years.  EMPLOYER LOCATION		JOB TIT	FROM/TO (mm-yyyy)		
In what occupation do you intend to work	in the United States?	>			
23. List below all educational institutions a					
SCHOOL AND LOCATION		FROM/TO (mm-yyyy)	COURSE OF STUDY	DEGREE OR DIPLOMA	
		<del></del>			
		<del></del>			
	_	<del></del>			
Languages spoken or read:		-		_	
Languages spoken or read.					
Professional associations to which you bel	ong:				
24. Previous Military Service	Yes No				
Branch:		Dates (mm-dd-yyyy) of Service	:		
Rank/Position:		Military Speciality/Occupation:			
<ol> <li>List dates of all previous visits to or renumber if any.</li> </ol>	esidence in the United	d States. (If never, write "never",	) Give type of visa status, if	known. Give DHS "A"	
FROM/TO (mm-yyyy)		LOCATION	TYPE OF VISA	"A" NO. (If known)	
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 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.

Page 2 of 4 DS-230 Part I

<sup>\*</sup> 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/ISS/DIR) Washington, DC 20520.



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

OMB APPROVAL NO. 1405-0015 EXPIRES: 05/31/2011 ESTIMATED BURDEN: 1 HOUR\*

### PART II - SWORN STATEMENT

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 **Not Applicable** with "N/A". 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.

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 Registration. 26. Family Name First Name Middle Name 27. Other Names Used or Aliases (If married woman, give maiden name) 28. Full Name in Native Alphabet (If Roman letters not used) 29. Name and Address of Petitioner Telephone number: 30. 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 YES or NO 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 documentation of having received vaccinations in accordance with U.S. law; who has or has had a physical or mental disorder that poses or is likely to pose a threat to the safety or welfare of the alien or others; or who is a drug abuser or addict. 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, who otherwise has knowingly aided, abetted, assisted or colluded with such a trafficker in severe forms 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. Yes No c. An alien who seeks to enter the United States to engage in espionage, sabotage, export control violations, terrorist activities, the overthrow of the Government of the United States or other unlawful activity; who is a member of or affiliated with the Communist or other totalitarian party; who participated, engaged or ordered genocide, torture, or extrajudicial killings; or who is a member or representative of a terrorist organization as currently designated by the U.S. Secretary of State. Yes No Yes No d. An alien who is likely to become a public charge. An alien who seeks to enter for the purpose of performing skilled or unskilled labor who has not been certified by the Secretary of Labor; who is a graduate of a foreign medical school seeking to perform medical services who has not passed the NBME exam or its equivalent; or who is a health care worker seeking to perform such work without a certificate from the CGFNS or from an equivalent approved independent credentialing organization. Yes No An alien who failed to attend a hearing on deportation or inadmissibility within the last 5 years; who seeks or has sought a visa, entry into the United States, or any immigration benefit by fraud or misrepresentation; who knowingly assisted any other alien to enter or try to enter the United States in violation of law; who, after November 30, 1996, attended in student (F) visa status a U.S. public elementary school or who attended a U.S. public secondary school without reimbursing the school; or who is subject to a civil penalty under INA 274C. No

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\* 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/ISS/DIR) Washington, DC 20520.

g. An alien who is permanently ineligible for U.S. citizenship; or who depar time of war.	rted the United States to evade military service in Ye	s No
h. An alien who was previously ordered removed within the last 5 years or 20 years; who was previously unlawfully present and ordered removed v second time within the last 20 years; who was convicted of an aggravat previously unlawfully present in the United States for more than 180 day departed within the last 3 years; or who was unlawfully present for more within the last 10 years.	ordered removed a second time within the last within the last 10 years or ordered removed a ted felony and ordered removed; who was ys but less than one year who voluntarily e than one year or an aggregate of one year	s No
i. An alien who is coming to the United States to practice polygamy; who the United States from a person granted legal custody by a U.S. court or who has voted in the United States in violation of any law or regulation; taxation.	withholds custody of a U.S. citizen child outside r intentionally assists another person to do so; or who renounced U.S. citizenship to avoid	es No
j. An alien who is a former exchange visitor who has not fulfilled the 2-yea	ar foreign residence requirement.	s No
k. An alien determined by the Attorney General to have knowingly made a t		es No
I. An alien who has ordered, carried out or materially assisted in extrajudici against the Haitian people; who has directly or indirectly assisted or supp FARC, ELN, or AUC; who through abuse of a governmental or political property in Cuba, a claim to which is owned in such property or has been complicit in such conversion, has committed minor child or agent of an alien who has committed such acts; who has lenforcement of population controls forcing a woman to undergo an abort oundergo sterilization against his or her free choice; or who has discloss information obtained in connection with U.S. participation in the Chemical child or agent of such a person.	ported any of the groups in Colombia known as osition has converted for personal gain, by a national of the United States, has trafficked as similar acts in another country, or is the spouse, been directly involved in the establishment or tion against her free choice or a man or a woman sed or trafficked in confidential U.S. business all Weapons Convention or is the spouse, minor	es 🔲 No
31. Have you ever been charged, arrested or convicted of any offense or cri	ime?	es No
		_
32. Have you ever been refused admission to the United States at a port-of- (If answer is Yes, please explain)	-entry?	es No
	Local COMPTITY TO PIOCI OCUPE. Louthoring displace	
33a. Have you ever applied for a Social Security Number (SSN)?	33b. CONSENT TO DISCLOSURE: I authorize disclosur information from this form to the Department of Homela	ind Security
Yes Give the number No	(DHS), the Social Security Administration (SSA), such of Government agencies as may be required for the purpos	e of assigning
Do you want the Social Security Administration to assign you an SSN (and issue a card) or issue you a new card (if you have an SSN)? You must	me an SSN and issuing me a Social Security card, and I SSA to share my SSN with the INS.	authorize the
answer "Yes" to this question and to the "Consent To Disclosure" in order	Yes	☐ No
to receive an SSN and/or card.  Yes No	The applicant's response does not limit or restrict the Goability to obtain his or her SSN, or other information on enforcement or other purposes as authorized by law.	
34. WERE YOU ASSISTED IN COMPLETING THIS APPLICATION? Yes	☐ No	
(If answer is Yes, give name and address of person assisting you, indica	ating whether relative, friend, travel agent, attorney, or ot	ner)
DO NOT WRITE BELOW T		
The consular officer will assist DO NOT SIGN this form until instructe	you in answering item 35. ed to do so by the consular officer	
35. I claim to be:		
A Family-Sponsored Immigrant Under Sec. 202(b) through	hargeability Preference:	
An Employment-Based Immigrant  A Diversity Immigrant	Numerical limitation:	
A Special Category (Specify)	(foreign state)	
(Returning resident, Hong Kong, Tibetan, Private Legislation, etc.)		
I understand that I am required to surrender my visa to the United States Immigrat possession of a visa does not entitle me to enter the United States if at that time I am I understand that any willfully false or misleading statement or willful concealment from the United States and, if I am admitted to the United States, may subject me to c I, the undersigned applicant for a United States immigrant visa, do solemnly swear Form DS-230 Part I and Part II combined, have been made by me, including the answ best of my knowledge and belief. I do further swear (or affirm) that, if admitted into t public interest, or endanger the welfare, safety, or security of the United States; in a espionage, sabotage, public disorder, or in other activities subversive to the national s overthrow of, the Government of the United States, by force, violence, or other uncons I understand that completion of this form by persons required by law to register will such registration in accordance with the Military Selective Service Act.  I understand all the foregoing statements, having asked for and obtained an explanat	found to be inadmissible under the immigration laws. t of a material fact made by me herein may subject me to permicriminal prosecution and/or deportation.  It (or affirm) that all statements which appear in this application wers to items 1 through 35 inclusive, and that they are true and the United States, I will not engage in activities which would be pactivities which would be prohibited by the laws of the United States in any activity a purpose of which is the opposition to oustitutional means.  It has been subject to be a subject to the subject to th	anent exclusion , consisting of complete to the orejudical to the tates relating to r the control, or
-	Signature of Applicant	
Subscribed and sworn to before me this day of		
	at:	_