Make sure the address is complete and correct. We will use this address for future mailings.				OMB No. 1405-0126 EXPIRATION DATE: 12/31/2006 ESTIMATED BURDEN: 10 minutes*_
		Place Case Barcode Strip Here Before Mail	ing to the National Visa	Center
	U.S. Department of State CHOICE OF ADDRESS AND AGENT For Immigrant Visa Applicants			
	N. C.	Print or Type your Full	Name	
Check o	· ·	ast Name) y to the left of the statement that is your cho	(First Name) ice.	(MI.)
	ppoint _			
		nt or attorney to receive mail about my ap erning my immigrant visa application she	oplication. Mail from t	Telephone Number he U.S. Department of
Name	of the perso	n who will act as your agent or attorney for receipt of ma	ail	Telephone Number
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		eady legally immigrated to the U.S. and d my Green Card through the		
	•	er wish to apply for an immigrant visa. r choice, sign and date this document:		
		Signature of Applicant	Date c	of Signature (mm-dd-yyyy)

PAPERWORK REDUCTION ACT

Public reporting burden for this collection of information is estimated to average 10 minutes per response. Persons are not required to provide this information in the absence of a valid OMB approval 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 20520-1849.

*The Department is currently testing an electronic application system for nonimmigrant visa application that will allow electronic submission and eliminate paper forms. Once testing on this application system is completed the Department is examining whether or not the system can be used for the immigrant visa system.