



### Request for Dependent DS-2019

Please complete the following form and attach required documentation for all dependents requested.  
(Please complete and attach additional forms if necessary)

- Copy of dependent’s biographical page of passport
- Financial Guarantee

Spouse: \$850 per month (\$10,200/year), Child: \$450 per month (\$5,400/year)

J-1 Exchange Visitor’s Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Dependent Information:**

1. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
 City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Country of Citizenship: \_\_\_\_\_ Email\*: \_\_\_\_\_
2. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
 City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Country of Citizenship: \_\_\_\_\_ Email\*: \_\_\_\_\_
3. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
 City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
 Country of Citizenship: \_\_\_\_\_ Email\*: \_\_\_\_\_

\*Dependents who are under the age of 18 are not required to provide an email address.

**I understand that:**

1. I am responsible for checking in with the ISS Office within 10 days of the first arrival and prior to the final departure of all J-2 dependents.
2. All J-2 dependents must secure and maintain health insurance meeting the minimum US Department of State requirements for the duration of their stay in the US.
3. I am responsible for providing the ISS Office with a current address in the event that any or all of my dependents are living separately from me.

**“I hereby certify the above information is true and accurate.”**

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

For ISS Use Only:

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Date DS-2019 Issued: \_\_\_\_\_