

USA VISA APPLICATION FORM

■ Does not apply, put **NA**

NAME

Surname
Given Names
Full Name in native Alphabet

OTHER NAMES

Other names used include your maiden name, religious name, professional name, or any other Names which you are known by or have been known by in the past

Have you ever used other names (i.e. maiden, religious, professional, alias, etc.)?

NO

If Yes

- Other surnames used (maiden, religious, professional, aliases, etc.)
- Other Given Names Used

TELECODES

Telecodes are 4 digit code numbers that represent characters in some non-Roman alphabet names

Do you have a telecode that represent your name?

- **NO**
- **If Yes**
- Telecode names

SEX

- Male
- Female

MARITAL STATUS

- Married
- Common Law Marriage
- Civil Union / Domestic Partnership
- Single
- Windowed
- Divorced
- Legally Separated
- **If Others/Explain:**

DATE AND PLACE OF BIRTH

Date: Date/Month/Year:

City of Birth

State / Province

Country / Region

NATIONALITY

Country

Do you hold or have you held any nationality other than the one indicated above on nationality?

- **NO**
- **If Yes, Provide the following information:**

Other Nationality

Do you hold a passport for the other nationality above?

- **NO**
- **If Yes, Provide the following information:**

- Passport Number:

National Identification Number

U.S. Social Security Number

U.S. Tax Payer ID Number

HOME ADDRESS

Street Address (Line1)

Street Address (Line 2)

City

State/Province

Postal Zone/ZIP Code

Country/Region

MAILING ADDRESS

Is your Mailing Address the same as your Home Address?

☐ **YES**☐ **If NO, Provide the following information:**

Street Address (Line1)

Street Address (Line2)

City

State/Province

Postal Zone/ZIP Code

PHONE

Primary Phone Number

Secondary Phone Number

Work Phone Number

Email Address

PASSPORT/TRAVEL DOCUMENT NUMBER

Passport/Travel Document Type:

☐ Regular☐ Official☐ Diplomatic☐ **If Others (Explain)**

Passport/Travel Document number

Passport Book Number

Country/Authority that Issued Passport/Travel Document

City

State/Province

Country/Region

Issuance date: Date/Month/Year

Expiration date: Date/Month/Year

Passport Book Number

Country/Authority that Issued Passport/Travel Document

Have you ever lost a passport or had one stolen?☐ **NO**☐ **If Yes, Provide the following information:**

Passport/Travel Document Number

Country/Authority that Issued Passport/Travel Document

Explain**PURPOSE OF THE TRIP TO THE U.S.**☐ Temp. Business Pleasure Visitor(B)**Specify**☐ Business & Tourism(temporary Visitor)(B1/B2)

Intended Date of Arrival: Date/Month/Year

Intended Length of Stay in U.S.

Address Where You Will Stay in the U.S.

Street Address (Line1)

Street Address (Line2)

City

State/Province

Postal Zone/ZIP Code

Country/Region

Person/Entity paying for Your Trip☐ **(1) IF SELF**☐ **(2) Other Person**

Surnames of person paying for trip
Given Names of Person paying for Trip
Telephone Number
Email Address
Relationship to You

- Child
- Parent
- Spouse
- Other Relative
- Friend
- Other

Street Address (Line1)
Street Address (Line2)
City
State/Province
Postal Zone/ZIP Code
Country/Region

☐ **(3) Other Company/Organization**

Please provide the following information:
Name of Company/Organization paying for Trip
Telephone Number
Relationship to you

- Child
- Parent
- Spouse
- Other Relative
- Friend
- Other

Street Address (Line1)
Street Address (Line2)
City
State/Province
Postal Zone/ZIP Code
Country/Region

Is the address of the party paying for your trip the same as your Home or Mailing address?

■ **Yes**

■ **If NO, Please provide the following Information:**

Street Address (Line1)
Street Address (Line2)
City
State/Province
Postal Zone/ZIP Code
Country Region

Persons traveling with you

Are there other persons traveling with you?

■ **NO**

■ **If Yes**

Enter Person(s) Traveling with you

Surname of Person Traveling with you
Given Names
Relationship to you

- Child
- Parent
- Other relative
- Friend
- Other

Are you traveling as part of a group or organization?

■ **NO**

■ **If Yes**

Enter the name of the group you are traveling with you
Group Name

Have you ever been in the U.S.?

- ☐ **NO**
- ☐ **If Yes**

Provide information on your last five U.S. visits:

(1) Date Arrived: Date/Month/Year

Length of Stay

(2) Date Arrived: Date/Month/Year

Length of Stay

(3) Date Arrived: Date/Month/Year

Length of Stay

(4) Date Arrived: Date/Month/Year

Length of Stay

(5) Date Arrived: Date/Month/Year

Length of Stay

Do you or did you ever hold a U.S. Driver's License?

- ☐ **NO**
- ☐ **If Yes, Provide the following information:**

Driver's License Number

State of driver's License:

Have you ever been issued a U.S. Visa?

- ☐ **NO**
- ☐ **If Yes**

Previous U.S. Visas

Last Date Issued: Date/Month/Year

Visa Number

Are you applying for the same type of visa?

- ☐ No
- ☐ Yes

Are you applying in the same country or location where the visa above was issued, and is this country or location your place of principal or residence?

- ☐ No
- ☐ Yes

Have you been ten-printed?

- ☐ No
- ☐ Yes

Has your U.S. Visa been lost or stolen?

- ☐ No
- ☐ If Yes

Enter year visa was lost or stolen (**YEAR**)
Explain

Has your U.S. Visa ever been cancelled or revoked?

- ☐ No
- ☐ If Yes

Explain

Has anyone ever files an immigrant petition on your behalf with the United states Citizenship and Immigration Services?

- ☐ No
- ☐ If Yes

Explain

CONTACT PERSON OR ORGANIZATION IN THE UNITED STATES

Contact person

Surname

Given names

Organization Name

Relation to you

- ☐ Relative
- ☐ Spouse
- ☐ Friend
- ☐ Business Associate
- ☐ Employer
- ☐ School Official
- ☐ Other

Address and Phone Number of Point of Contact

U.S. Street Address (Line1)

U.S. Street Address (Line2)

City

State

Zip Code

Phone Number (_ _) - _ _ _ - _ _ _ _

Email Address

Father's Full Name and Date of Birth

Surname

Given Names

Date of Birth: Date/Month/Year

Is your father in the U.S.?

- ☐ **No**
- ☐ **If Yes**

Father's Status:

- US Citizen
- Legal Permanent Resident (LPR)
- Nonimmigrant
- Other/I don't know

Mother's Full Name and Date of Birth

Surname

Given Names

Date of Birth: Date/Month/Year

Is your mother in the U.S.?

☐ **No**☐ **If Yes****Mother's Status:**

- US Citizen
- Legal Permanent Resident (LPR)
- Nonimmigrant
- Other/I don't know

Do you have any immediate relatives, not including parents, in the United States?☐ **NO**☐ **If Yes, Provide the following information:**

Surname

Given Names

Relationship to you:

- Spouse
- Fiance'/ Fiancee'
- Child
- Sibling

Relatives Status:

- US Citizen
- Legal Permanent Resident(LPR)
- Nonimmigrant
- Other/I don't know

Do you have any other relatives in the United States?☐ **NO**☐ **YES**

PRIMARY OCCUPATION**■ If Business**

Present Employer or School Name
Street Address (Line1)
Street Address (Line2)
City
State/Province
Postal Zone/Zip Code
Phone Number
Country/Region
Monthly Income in Local Currency (if employed)
Briefly describe your duties:

Were you previously employed?**■ NO****■ IF YES****Employer/employment Information:**

Employer Name
Employer Street Address (Line1)

Employer Street Address (Line2)
City
State/Province
Postal Zone/Zip Code
Country
Telephone Number
Job Title
Supervisor's Surname
Supervisor's Given Names
Employment Date From: Date/Month/Year
Employment Date To: Date/Month/Year
Briefly describe your duties:

Employer/employment Information:

Employer Name
Employer Street Address (Line1)
Employer Street Address (Line2)
City
State/Province
Postal Zone/Zip Code
Country
Telephone Number
Job Title
Supervisor's Surname
Supervisor's Given Names
Employment Date From: Date/Month/Year
Employment Date To: Date/Month/Year
Briefly describe your duties:

SOCIAL MEDIA ACCOUNT: (if any)

SOCIAL MEDIA TYPE(ex: Facebook / Instagram):
NAME:
SOCIAL MEDIA TYPE(ex: Facebook / Instagram):
NAME:
SOCIAL MEDIA TYPE(ex: Facebook / Instagram):
NAME:

Have you travel in the past 5 years? If yes, please provide details of county:

- 1.
- 2.
- 3.

**Have you attended any educational institutions at a secondary level or above?
If yes please provide details below:**

***HIGH SCHOOL**

Name of Institution:
Address of Institution:
City:
State/Province:
Postal Zone/Zip Code:
Course of Study:
Date of Attendance From:(mm/dd/yyyy)
Date of Attendance To:(mm/dd/yyyy)

**Have you attended any educational institutions at a secondary level or above?
If yes please provide details below:**

***COLLEGE**

Name of Institution:
Address of Institution:
City:
State/Province:
Postal Zone/Zip Code:
Course of Study:
Date of Attendance From:(mm/dd/yyyy)
Date of Attendance To:(mm/dd/yyyy)

If Married, please provide details below:

Spouse's Full Name:
Spouse's Date of Birth:
Spouse's Country/Region of Origin (Nationality):
Spouse's City of Birth:
Spouse's Home Address: