



U.S. Department of State
**CONTACT INFORMATION AND WORK HISTORY
 FOR NONIMMIGRANT VISA APPLICANT**

OMB APPROVAL NO. 1405-0144
 EXPIRES: 01/31/03
 ESTIMATED BURDEN: 1 Hour

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM
 PLEASE ATTACH AN ADDITIONAL SHEET IF YOU NEED MORE SPACE TO CONTINUE YOUR ANSWERS

1. Last Name(s)	First Name(s)	Middle Name
------------------------	----------------------	--------------------

2. Date of Birth (mm-dd-yyyy)	3. Place of Birth		
	Country	City/Town	State/Province

4. Permanent Home Address and Telephone Number (include apartment number, street, city, state or province, postal zone, and country)

5. Full Name and Address of Spouse (if applicable) (postal box number unacceptable)		
<u>Name (Last, First, Middle)</u>	<u>Address</u>	<u>Telephone Number</u>

6. Full Names and Addresses of Children, Parents, and Siblings (postal box number unacceptable)			
<u>Name (Last, First, Middle)</u>	<u>Address</u>	<u>Relationship</u>	<u>Telephone Number</u>

7. List at Least Two Contacts in Applicant's Country of Residence Who Can Verify Information About Applicant (do not list immediate family members or other relatives) (postal box number unacceptable)		
<u>Name (Last, First, Middle)</u>	<u>Address</u>	<u>Telephone Number</u>

Paperwork Reduction Act Statement

*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/RPS/DIR) Washington, DC 20520.