U.S. Department of State

OMB APPROVAL NO. 1405-0015
EXPIRES: 07/31/2007
ESTIMATED BURDEN: 1 HOUR*
(See Page 2)

APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

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 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.

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 of two parts. This part, together with Form DS-230 PART II, constitutes the complete Application for Immigrant Visa and Alien Registration.

1. Family Name | First Name | Middle Name

2. Other Names Used or Aliases *(If married woman, give maiden name)*

3. Full Name in Native Alphabet *(If Roman letters not used)*

4. Date of Birth *(mm-dd-yyyy)*

5. Age

6. Place of Birth *(City or town)* *(Province)* *(Country)*

7. Nationality *(If dual national, give both)*

8. Gender ☐ Male ☐ Female

9. Marital Status ☐ Single *(Never married)* ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

Including my present marriage, I have been married _____ times.

10. Permanent address in the United States where you intend to live, if known *(street address including zip code)*. Include the name of a person who currently lives there.

Telephone number:

11. Address in the United States where you want your Permanent Resident Card (Green Card) mailed, if different from address in item #10 *(include the name of a person who currently lives there)*.

Telephone number:

12. Your Present Occupation

13. Present Address *(Street Address) (City or Town) (Province) (Country)*

Telephone number: Home Office

14. Name of Spouse *(Maiden or family name)* | First Name | Middle Name

Date *(mm-dd-yyyy)* and place of birth of spouse:

Address of spouse *(If different from your own)*:

Spouse's occupation: Date of marriage *(mm-dd-yyyy)*:

15. Father's Family Name | First Name | Middle Name

16. Father's Date of Birth *(mm-dd-yyyy)* | Place of Birth | Current Address | If deceased, give year of death

17. Mother's Family Name at Birth | First Name | Middle Name

18. Mother's Date of Birth *(mm-dd-yyyy)* | Place of Birth | Current Address | If deceased, give year of death

19. List Names, Dates and Places of Birth, and Addresses of ALL Children.

NAME	DATE *(mm-dd-yyyy)*	PLACE OF BIRTH	ADDRESS *(If different from your own)*

20. List below all places you have lived for at least six months since reaching the age of 16, including places in your country of nationality. Begin with your present residence.

CITY OR TOWN	PROVINCE	COUNTRY	FROM/TO *(mm-yyyy)*

21a. Person(s) named in 14 and 19 who will accompany you to the United States now.

21b. Person(s) named in 14 and 19 who will follow you to the United States at a later date.

22. List below all employment for the last ten years.

EMPLOYER	LOCATION	JOB TITLE	FROM/TO *(mm-yyyy)*	

In what occupation do you intend to work in the United States? _____

23. List below all educational institutions attended.

SCHOOL AND LOCATION	FROM/TO *(mm-yyyy)*		COURSE OF STUDY	DEGREE OR DIPLOMA

Languages spoken or read: _____

Professional associations to which you belong: _____

24. Previous Military Service ☐ Yes ☐ No

Branch: _____ Dates *(mm-dd-yyyy)* of Service: _____

Rank/Position: _____ Military Speciality/Occupation: _____

25. List dates of all previous visits to or residence in the United States. *(If never, write "never")* Give type of visa status, if known. Give DHS "A" number if any.

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.

*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.