DV-2000 ENTRY FORM

1. FULL NAME: _____

LAST(surname/family) FIRST MIDDLE

2. DATE OF BIRTH: _____

Day, Month, Year

PLACE OF BIRTH: _____

City/Town, District/Country/Province, Country

3. APPLICANT'S NATIVE COUNTRY IF DIFFERENT FROM COUNTRY OF BIRTH:

_____

4. NAME, DATE AND PLACE OF BIRTH OF THE APPLICANT'S SPOUSE AND CHILDREN (IF ANY):

_____

Spouse's Name Date of birth (day/Month/yr) Place of birth

_____

Child's Name Date of birth (day/Month/yr) Place of birth

_____

Child's Name Date of birth (day/Month/yr) Place of birth

_____

Child's Name Date of birth (day/Month/yr) Place of birth

Attach information on additional child(ren) as necessary

5. FULL MAILING ADDRESS: _____

_____

_____

_____

_____

6. PHOTOGRAPH:

Attach a recent (less than 6 months old) 1.5 inches (37mm) square photograph (not a photocopy) with the applicant's name printed on the back. By using clear tape (no staples or paperclips).

SIGNATURE: _____

(Failure to PERSONALLY sign the entry will disqualify the applicant.)