

DV-99 APPLICATION FOR REGISTRATION

A. APPLICANT'S FULL NAME

B. APPLICANT'S DATE AND PLACE OF BIRTH

Date of Birth:

Place of Birth:

C. NAME, DATE AND PLACE OF BIRTH OF APPLICANT'S SPOUSE AND CHILDREN, IF ANY

<u>Last Name</u>	<u>First Name</u>	<u>Date</u>	<u>City</u>	<u>State</u>	<u>Country</u>
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Spouse:

Children:

D. APPLICANT'S MAILING ADDRESS

E. APPLICANT'S NATIVE COUNTRY IF DIFFERENT FROM COUNTRY OF BIRTH

Signature _____