

U.S. DEPARTMENT OF STATE
SUPPLEMENTAL REGISTRATION FOR
THE DIVERSITY IMMIGRANT VISA PROGRAM

INSTRUCTIONS

The following is a supplemental registration form for the Diversity Immigrant Visa Program under Section 203 (c) of the Immigration and Nationality Act.

Clearly print or type all answers in the English language. Answer all questions.

Using the enclosed self-adhesive return address label, immediately send this form along with Forms OF-230 Parts I & II to: Diversity Immigrant Visa Program, National Visa Center, 32 Rochester Avenue, Portsmouth, NH 03801-2909, USA. Failure to follow instructions will disqualify your application.

You will be notified by mail of your appointment date, therefore the answer to question No. 3 must be accurate.

1. NAME (Last Name) _____ (First Name) _____ (Middle Name) _____

2. RANK ORDER NUMBER (case number on envelope) _____

3. CURRENT MAILING ADDRESS (Address at which you receive your mail. Give any change of mailing address here.)

 Telephone Number (Optional): _____

4. NAME OF UNITED STATES IMMIGRANT VISA ISSUING CONSULAR OFFICE TO WHICH YOUR VISA APPLICATION SHOULD BE SENT. Ordinarily, this will be the immigrant visa issuing consular office nearest your place of residence. If you do not know which office, list the city and country of your current residence abroad, or the city and country of your last previous residence outside the United States.

5. NATIVE COUNTRY AND ALTERNATE FOREIGN STATE CHARGEABILITY
 "Native Country" generally refers to your country of birth. Under Section 202(b) of the Immigration and Nationality Act, however, you may also claim the country of birth of your spouse. In addition, you may claim the country of birth of either of your parents if you were born in a country in which neither parent was a native or resident at the time of birth. If you make such a claim, list your claimed native country here.

6. EDUCATION

a. I am a high school graduate. Yes No Year of Graduation _____

b. I have the equivalent of a high school education. Yes No

c. Check highest level of education completed.

High School, No Degree High School Diploma Vocational School Other _____

College, No Degree University Degree Advanced Degree _____

d. Names and addresses of all schools, colleges, and universities attended (include trade and vocational schools):

NAME AND EDUCATIONAL INSTITUTION	FROM (Month/Year)-TO(Month/Year)	DEGREE(S) OR CERTIFICATE(S) RECEIVED
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____
_____	-	_____

7. WORK EXPERIENCE

a. Within the last 5 years, I have had at least two years of work experience in an occupation which requires at least two years of training or experience:

Yes No

b. Occupation - Give a job title and describe in detail the specific type of work performed in the occupation referred to in 7a. *(Examples of acceptable entries are "physicist, registered nurse, or tool and die maker." Entries such as scientific researcher, hospital worker, manager or assistant are not acceptable).*

c. Name(s) and address(es) of employer(s) during past five years in above occupation and inclusive dates employed by each:

NAME OF EMPLOYER	ADDRESS	FORM(Month/Year) - TO (Month/Year)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SIGNED STATEMENT

I certify that only one application was or has been submitted by me or on my behalf for this immigrant visa registration. I further certify that I have read and understand all the questions set forth above and that the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the refusal of a visa or denial of entry into the United States.

Signature of Applicant

Date

DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY

Occupation Code:

*Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: Department of State (OIS/RA/DIR) Washington, D.C. 20520-0264, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (1405-0098), Washington, D.C. 20503.