

APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

PART 1 - 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 answer to all questions. Questions that are **Not Applicable** should be so marked. If there is insufficient room on the form, answer on a separate sheet using the same numbers as appear on the form. Attach the sheet to this form.

WARNING: Any false statement or concealment of a material fact may result in your permanent expulsion from the United States.

This form (OF-230 PART I) is Part I of two parts which, together with Optional Form OF-230 PART II, constitute the complete Application for Immigrant Visa and Alien Registration.

1. FAMILY NAME	FIRST NAME	MIDDLE NAME
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2. OTHER NAMES USED OR BY WHICH KNOWN *(If married woman, give maiden name)*

3. FULL NAME IN NATIVE ALPHABET *(If Roman letters not used)*

4. DATE OF BIRTH <i>(Day) (Month) (Year)</i>	5. AGE	6. PLACE OF BIRTH <i>(City or town) (Province) (Country)</i>
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7. NATIONALITY <i>(if dual national, give both)</i>	8. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	9. MARITAL STATUS <input type="checkbox"/> Single <i>(Never married)</i> <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Including my present marriage, I have been married _____ times.
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10. MARKS OF IDENTIFICATION	11. PRESENT ADDRESS <i>(City or Town) (Province) (Country)</i> Telephone number: Home _____ Office _____
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12. NAME OF SPOUSE *(Maiden or family name) (First name) (Middle name)*

Date and place of birth of spouse:

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

Spouse's occupation:

13. LIST NAME, DATE AND PLACE OF BIRTH, AND ADDRESSES OF ALL CHILDREN		
NAME	DATE AND PLACE OF BIRTH	ADDRESS <i>(If different from your own)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14A. PERSON(S) NAMED IN 12 AND 13 WHO WILL ACCOMPANY ME TO THE UNITED STATES NOW.

14B. PERSON(S) NAMED IN 12 AND 13 WHO WILL FOLLOW ME TO THE UNITED STATES AT A LATER DATE.

15. NAME OF FATHER, DATE AND PLACE OF BIRTH, AND ADDRESS (If deceased, so state and give year of death)

16. MAIDEN NAME OF MOTHER, DATE AND PLACE OF BIRTH, AND ADDRESS (If deceased, so state and give year of death)

17. LIST BELOW ALL EMPLOYMENT FOR THE LAST TEN YEARS

EMPLOYER	LOCATION	JOB TITLE	FROM/TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

18. LIST BELOW ALL EDUCATIONAL INSTITUTIONS ATTENDED

SCHOOL AND LOCATION	FROM/TO	COURSE OF STUDY	DEGREE OR DIPLOMA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Languages spoken or read: _____

Professional associations of which you are a member: _____

19. MILITARY SERVICE: Yes No

Branch: _____ Dates of Service: _____

Rank/Position: _____ Military Speciality/Occupation: _____

20. LIST BELOW ALL PLACES YOU HAVE LIVED FOR AT LEAST SIX MONTHS SINCE REACHING THE AGE OF 16. BEGIN WITH YOUR PRESENT RESIDENCE.

CITY OR TOWN	PROVINCE	COUNTRY	FROM/TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

21. LIST DATES OF ALL PREVIOUS VISITS TO OR RESIDENCE IN THE UNITED STATES. (If never, so state) GIVE TYPE OF VISA STATUS, IF KNOWN. GIVE "A" NUMBER, IF ANY.

FROM/TO	LOCATION	VISA	TYPE OR "A" NO. (If known)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SIGNATURE OF APPLICANT	DATE
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NOTE: Return this completed form immediately to the consular office address on the covering letter. This form will become part of your immigrant visa and your visa application cannot be processed until this form is complete.

* 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. Send comments on the accuracy of this estimate of the burden, an recommendations for reducing it to: Department of State (OIS/RA/DR) Washington, D.C. 20520 0264, and to the Office of information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (1405-0015), Washington, D.C. 20503.