		APF IMMIC			OMB APPROVAL NO. 1405-0015 EXPIRES: 07/31/2018 ESTIMATED BURDEN: 1 HOUR* (See Page 2)
		PART I - BIOG	RAPHIC DAT	A	
Instructions: Complete one copy of print or type your answers to all que separate sheet using the same num Warning: Any false statement or This form (DS-230 Part I) is the fir Immigrant Visa and Alien Registra	stions. Mark que bers that appear concealment of st of two parts.	stions that are Not Ap on the form. Attach a a material fact may re	plicable with ny additional esult in your	"N/A". If there is insufficie I sheets to this form. permanent exclusion fro	ent room on the form, answer on a m the United States.
1. Family Name		First N	lame	Middl	e Name
 Other Names Used or Aliases (If I Full Name in Native Alphabet (If F 		, 			
		useu)			
4. Date of Birth (mm-dd-yyyy)	5. Age 6	6. Place of Birth (City of	or Town)	(Province)	(Country)
7. Nationality (If dual national, give both.)	Female	9. Marital Status Single <i>(Never Mar</i> Including my present r	<i>,</i> _	arried Widowed Ve been married	Divorced Separated times.
known (street address including ZIP who currently lives there.	code). Include th		(include the n	name of a person who curn umber	
12. Present Occupation		13. Present Ad	dress (Street	Address) (City or Town) (F	rovince) (Country)
		Telephone Num	ber (Home)	Telephone Number (Office) E-mail Address
14. Spouse's Maiden or Family Nam	e	First N	lame	Middle	e Name
15. Date (mm-dd-yyyy) and Place of	Birth of Spouse				
16. Address of Spouse (If different fr	rom your own)		17. Spouse's	Occupation	
	- /		18. Date of N	Narriage (mm-dd-yyyy)	
19. Father's Family Name		First	Name	Middl	e Name
20. Father's Date of Birth (mm-dd-yyyy)	21. Place of Bi	irth	22. Current /	Address	23. If Deceased, Give Year of Death
24. Mother's Family Name at Birth		First N	lame	Mido	dle Name
25. Mother's Date of Birth (mm-dd-yyyy)	26. Place of Bi	irth	27. Current A	Address	28. If Deceased, Give Year of Death
DS 220 Bort I This F	Form May be Ob	tained Free at Consu	lar Offices of	the United States of Am	erica Page 1 of 4

29. List Names, Dates and Places of	Birth, and Addresses of AL	L Children.		
Name	Date (mm-dd-yyyy)	Place of Birth	Address (If different	nt from your own)
30. List below all places you have live Begin with your present residence.	ed for at least six months sin	nce reaching the age of 16, includ	ling places in your country of	of nationality.
City or Town	Province	Country	From/To ((mm-yyyy) or "Present"
-				
31a. Person(s) named in 14 and 29 wh	no will accompany you to the	e United States now.		
31b. Person(s) named in 14 and 29 wh	no will follow you to the Unit	ed States at a later date.		
32. List below all employment for the l	-		F F	(
Employer	Location	Job Title	From/10 ((mm-yyyy) or "Present"
In what occupation do you intend to we	ork in the United States?			
33. List below all educational institution	ns attended.			
School and Location	on	From/To (mm-yyyy)	Course of Study	Degree or Diploma
			·	·
Languages spoken or read				
Professional associations to which you	u belong			
34. Previous Military Service	res 🔲 No			
		Datas of Convice (mm dd ynny)		
		Dates of Service (mm-dd-yyyy) Military Speciality/Occupation		
Rank/Position			- 1	
 List dates of all previous visits to c Give DHS "A" number if any. 	or residence in the United S	tates. (If never, write "never") Giv	e type of visa status, if know	wn.
From/To (mm-yyyy)	I	Location	Type of Visa	"A" Number (If known)
	<u> </u>			
Signature of Applicant				Date (mm-dd-yyyy)
	Drivoov Act and D	anerwork Poduction Act States	nents	
The information asked for on this form is red	quested pursuant to Section 222		ct. The U.S. Department of Sta	
on this form primarily to determine your clas information may be denied a U.S. immigran	it visa. If vou are issued an imm	nigrant visa and are subsequently adm	itted to the United States as an	immigrant, the Department
of Homeland Security will use the information information to issue you a social security nu	Imber and card.		•	
*Public reporting burden for this collection of the necessary documentation, providing the	e information and/or documents	required, and reviewing the final colle	ction. You do not have to supp	ly this information unless thi
collection displays a currently valid OMB co send them to: PRA_BurdenComments@sta	ontrol number. If you have con	nments on the accuracy of this burde	n estimate and/or recommendation	ations for reducing it. please
for processing.				

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U.S. Department of State

APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

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PARI	II - SI	WORN	STATE	MENI

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. The fee should be paid in United States dollars or local currency equivalent, or by bank draft. Warning: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States. Even if you are issued an immigrant visa and are subsequently admitted to the United States, providing false information on this form could be grounds

for your prosecution and/or deportation.

 This form (DS-230 Part II), together with Form DS-230 Part I, constitutes the complete Application for Immigrant Visa and Alien Registration.

 36. Family Name
 First Name
 Middle Name

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

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

39. Name and Address of Petitioner

Telephone number

E-mail Address

40. United States laws governing the issuance of visas require each applicant to state whether or not he or she is a member of any class of individuals excluded from admission into the United States. The excludable classes are described below in general terms. You should read carefully the following list and answer Yes or No to each category. The answers you give will assist the consular officer to reach a decision on your eligibility to receive a visa.

Except as Otherwise Provided by Law, Aliens Within the Following Classifications are Ineligible to Receive a Visa. Do Any of the Following Classes Apply to You?

- a. An alien who has a communicable disease of public health significance; who has failed to present documentation of having received vaccinations in accordance with U.S. law; who has or has had a physical or mental disorder that poses or is likely to pose a threat to the safety or welfare of the alien or others; or who is a drug abuser or addict.
- b. An alien convicted of, or who admits having committed, a crime involving moral turpitude or violation of any law relating to a controlled substance or who is the spouse, son or daughter of such a trafficker who knowingly has benefited from the trafficking activities in the past five years; who has been convicted of 2 or more offenses for which the aggregate sentences were 5 years or more; who is coming to the United States to engage in prostitution or commercialized vice or who has engaged in prostitution or procuring within the past 10 years; who is or has been an illicit trafficker in any controlled substance; who has committed a serious criminal offense in the United States and who has asserted immunity from prosecution; who, while serving as a foreign government official, was responsible for or directly carried out particularly severe violations of religious freedom; or whom the President has identified as a person who plays a significant role in a severe form of trafficking in persons, or who is the spouse, son or daughter of such a trafficker who knowingly has benefited from the trafficking activities within the past five years.
- c. An alien who seeks to enter the United States to engage in espionage, sabotage, export control violations, terrorist activities, the overthrow of the Government of the United States or other unlawful activity; who is a member of or affiliated with the Communist or other totalitarian party; who participated, engaged or ordered genocide, torture, or extrajudicial killings; or who is a member or representative of a terrorist organization as currently designated by the U.S. Secretary of State.
- d. An alien who is likely to become a public charge.
- e. An alien who seeks to enter for the purpose of performing skilled or unskilled labor who has not been certified by the Secretary of Labor; who is a graduate of a foreign medical school seeking to perform medical services who has not passed the NBME exam or its equivalent; or who is a health care worker seeking to perform such work without a certificate from the CGFNS or from an equivalent approved independent credentialing organization.
- f. An alien who failed to attend a hearing on deportation or inadmissibility within the last 5 years; who seeks or has sought a visa, entry into the United States, or any immigration benefit by fraud or misrepresentation; who knowingly assisted any other alien to enter or try to enter the United States in violation of law; who, after November 30, 1996, attended in student (F) visa status a U.S. public elementary school or who attended a U.S. public secondary school without reimbursing the school; or who is subject to a civil penalty under INA 274C.

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 documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: PRA_BurdenComments@state.gov. Please do not send Visa Applications to this address. Send Visa Applications to your nearest U.S Embassy or Consulate for processing.

No

No

No

No

No

Yes

	for 0.5. citizenship, or who departe	ed the United States to evade military	/ service in		Yes		No
time of war. h. An alien who was previously ordered r 20 years; who was previously unlawful second time within the last 20 years; v previously unlawfully present in the Un within the last 3 years; or who was unla 10 years.	Ily present and ordered removed w who was convicted of an aggravate ited States for more than 180 days	within the last 10 years or ordered ren ad felony and ordered removed; who s but less than one year who voluntar	noved a was ily departed		Yes		No
 An alien who is coming to the United S the United States from a person grante who has voted in the United States in taxation. 	ed legal custody by a U.S. court or	intentionally assists another person t	to do so;		Yes		No
j. An alien who is a former exchange vis	itor who has not fulfilled the 2-year	foreign residence requirement.			Yes		No
k. An alien determined by the Attorney G	eneral to have knowingly made a f	rivolous application for asylum.		П	Yes		No
I. An alien who has ordered, carried out against the Haitian people; who has di FARC, ELN, or AUC; who through abu confiscated or expropriated property in in such property or has been complicit spouse, minor child or agent of an alie establishment or enforcement of popul man or a woman to undergo sterilizatio U.S. business information obtained in spouse, minor child or agent of such a	rectly or indirectly assisted or supp se of a governmental or political po Cuba, a claim to which is owned b in such conversion, has committed n who has committed such acts; wi ation controls forcing a woman to u n against his or her free choice; on connection with U.S. participation i	orted any of the groups in Colombia osition has converted for personal ga by a national of the United States, ha d similar acts in another country, or is ho has been directly involved in the undergo an abortion against her free r who has disclosed or trafficked in co n the Chemical Weapons Convention	known as in, s trafficked s the choice or a onfidential n or is the		Yes		No
41. Have you ever been charged, arrested of					Yes		No
42. Have you ever been refused admission	to the United States at a port-of-er	ntry? (If answer is Yes, please explai	n)		Yes		No
43a. Have you ever applied for a Social Sec	Nurity Number (SSN)2	43b. Consent to Disclosure: 1 au			: :		
Give the number	No Do you want the Social Security Administration to	from this form to the Department of Social Security Administration (SS/ agencies as may be required for th	4), such other U	.S. G	overr	nmen	t
 Would you like to receive a replacement card? (You must answer YES to question 43b. to receive a card.) Yes No 44. Were you assisted in completing this ap (If answer is Yes, give name and address) 		and issuing me a Social Security ca my SSN with the INS. The applicant's response does not ability to obtain his or her SSN, or o enforcement or other purposes as a	ard, and I author limit or restrict th other information authorized by lay	rize ti ne G n on t w.	he SS Yes overn	SA to	share No 's
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