

APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

PART I – 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.

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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		MIDDL	MIDDLE NAME					
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	5. AGE	6. PLACE OF BIRTH							
(Day) (Month) (Year)		(City or Town)	(Province)	(Country)					
	o CENTEED	O MANDETAL CONTROL							
7. NATIONALITY (if dual national, give both)	8. GENDER	9. MARITAL STATUS	ed) Married Widow						
	☐ MALE	Single (Never marrie	(a) \square Married \square widow	wed Divorced Sep	parated				
	☐ FEMALE	Including my present man	rriage. I have been married	times.					
10. MARKS OF IDENTIFICATION									
40 NAME OF COOLIGE (Maiden aufanna	-:h		umber: Home	Office					
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):									
, and one of speace (in amorein nem) on									
Spouse's occupation:									
13. LIST NAME, DATE AND PLACE OF BIRTH, AND ADDRESSES OF ALL CHILD NAME DATE AND PLACE OF BIRTH			ADDRESS (If different from your own)						
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 FOL	I OW ME TO THE LINIT	ED STATES AT A LATED F	ΔΤΕ					
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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 EMPLOYME	NT FOR THE LAST TEN YE						
EMPLOYER	LOCATION		TITLE	FROM/TO			
In what occupation do you intend to value 18. LIST BELOW ALL EDUCATION							
SCHOOL AND LOCATION	NAL INSTITUTIONS ATTENL	FROM/TO	COURSE OF STUDY	DEGREE OR DIPLOMA			
			_				
			_				
Languages spoken or read:							
Professional associations of which yo	ou are a member						
19. MILITARY SERVICE: Yes	No						
Branch: Dates of Service:							
Rank/Position:	U HAVE LIVED FOR AT LEA	ST SIX MONTHS SII	NCE REACHING THE AGE	OF 16. BEGIN WITH YOUR			
PRESENT RESIDENCE.	PD 01/11/05	001111701		5001170			
CITY OR TOWN	PROVINCE	COUNTRY		FROM/TO			
21. LIST DATES OF ALL PREVIOU	 JS VISITS TO OR RESIDEN	CE IN THE UNITED S	STATES. (If never, so state	e) GIVE TYPE OF VISA			
STATUS, IF KNOWN. GIVE "A" NU FROM/TO LO	JMBER, IF ANY. CATION	VISA	TYI	PE OR "A" NO. (If known)			
SIGNATURE OF APPLICANT				DATE			
NOTE: Return this completed form in visa and your visa application cannot			vering letter. This form will b	ecome part of your immigrant			

*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 and 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.