

# USA VISA APPLICATION FORM

## PERSONAL/ADDRESS/PHONE AND PASSPORT INFORMATION

COMPLETE NAME PROVIDED: \_\_\_\_\_

SEX: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_

OTHER NATIONALITIES: \_\_\_\_\_

COMPLETE HOME ADDRESS: \_\_\_\_\_

POSTAL ZONE/ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

POSTAL ZONE/ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

MOBILE/CELL PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PASSPORT NUMBER: \_\_\_\_\_

COUNTRY/AUTHORITY THAT ISSUED PASSPORT: \_\_\_\_\_

CITY WHERE ISSUED: \_\_\_\_\_

STATE/PROVINCE WHERE ISSUED: \_\_\_\_\_

COUNTRY WHERE ISSUED: \_\_\_\_\_

ISSUANCE DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

HAVE YOU EVER LOST A PASSPORT OR HAD ONE STOLEN?  YES  NO

IF YES, EXPLAIN THE REASON: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A SOCIAL MEDIA PRESENCE FOR THE LAST FIVE YEARS?  YES  NO

IF YES, WHAT IS YOUR SOCIAL MEDIA PROVIDER? \_\_\_\_\_

SOCIAL MEDIA NAME: \_\_\_\_\_

IF YOU HAVE MORE THAN ONE SOCIAL MEDIA PRESENCE, PLEASE LIST THE NAMES OF THE PROVIDER AND THE USERNAME/HANDLER BEING USED:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**TRAVEL INFORMATION**

PRINCIPAL APPLICANT?  Yes  No

PURPOSE OF YOUR TRIP TO U.S. PURPOSE (1) \_\_\_\_\_

INTENDED DATE OF ARRIVAL: \_\_\_\_\_

INTENDED LENGTH OF STAY IN U.S.: \_\_\_\_\_

COMPLETE ADDRESS WHERE YOU WILL STAY IN THE U.S.: \_\_\_\_\_

\_\_\_\_\_

PERSON/ENTITY PAYING FOR YOUR TRIP: \_\_\_\_\_

NAME OF PERSON(S) TRAVELLING WITH YOU?  YES  NO

NAME	RELATIONSHIP

ARE YOU TRAVELLING AS PART OF A GROUP OR ORGANIZATION?  YES  NO

IF YES, INDICATE NAME OF ORGANIZATION: \_\_\_\_\_

HAVE YOU EVER BEEN IN THE U.S.?  YES  NO

IF YES, INDICATE LAST 5 VISITS:

ENTRY DATE (MM/YYYY)	DURATION OF STAY (DAYS)	DATE LAST VISA WAS ISSUED	VISA CONTROL NUMBER

HAVE YOU EVER BEEN REFUSED A U. S. VISA, BEEN REFUSED ADMISSION TO THE UNITED STATES, OR WITHDRAW YOUR APPLICATION FOR ADMISSION AT THE POINT OF ENTRY?  YES  NO

IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HAS ANYONE EVER FIELD AN IMMIGRATION PETITION ON YOUR BEHALF WITH THE UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES?  YES  NO

HAVE YOU BEEN TEN-PRINTED?  YES  NO

**U.S. CONTACT INFORMATION**

CONTACT PERSON NAME IN THE U.S.: \_\_\_\_\_

ORGANIZATION NAME IN THE U.S.: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

U.S. COMPLETE ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## FAMILY INFORMATION

FATHER'S SURNAME: \_\_\_\_\_

FATHER'S GIVEN NAME: \_\_\_\_\_

FATHER'S DATE OF BIRTH: \_\_\_\_\_

IS YOUR FATHER IN THE U.S.?  YES  NO

IF YES, WHAT IS YOUR FATHER'S STATUS IN THE U.S.? \_\_\_\_\_

MOTHER'S SURNAME: \_\_\_\_\_

MOTHER'S GIVEN NAME: \_\_\_\_\_

MOTHER'S DATE OF BIRTH: \_\_\_\_\_

IS YOUR MOTHER IN THE U.S.?  YES  NO

IF YES, WHAT IS YOUR MOTHER'S STATUS IN THE U.S.? \_\_\_\_\_

DO YOU HAVE ANY IMMEDIATE FAMILY NOT INCLUDING PARENTS IN THE U.S. IMMEDIATE FAMILY IS YOUR SPOUSE, SIBLINGS OR CHILDREN?  YES  NO

NAME	STATES OF STAY (LPR,CITIZEN,OTHERS)	RELATIONSHIP

DO YOU HAVE ANY OTHER RELATIVES IN THE UNITED STATES NOT INCLUDING PARENTS AND IMMEDIATE FAMILY IN THE U.S.?  YES  NO

SPOUSE'S FULL NAME: \_\_\_\_\_

SPOUSE'S DATE OF BIRTH: \_\_\_\_\_

SPOUSE'S COUNTRY/REGION OF ORIGIN(NATIONALITY): \_\_\_\_\_

SPOUSE'S CITY OF BIRTH: \_\_\_\_\_

SPOUSE'S COMPLETE ADDRESS: \_\_\_\_\_

## WORK/EDUCATION/TRAINING

PRIMARY OCCUPATION: \_\_\_\_\_

PRESENT EMPLOYER/BUSINESS/SCHOOL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/PROVINCE: \_\_\_\_\_

POSTAL ZONE/ZIP CODE: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

WORK PHONE NUMBER: \_\_\_\_\_

MONTHLY SALARY IN LOCAL CURRENCY: \_\_\_\_\_

START DATE: \_\_\_\_\_

BRIEFLY DESCRIBE YOUR DUTIES: \_\_\_\_\_

WHERE YOU PREVIOUSLY EMPLOYED? \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

DIRECT SUPERIOR'S NAME: \_\_\_\_\_

START AND END DATE: \_\_\_\_\_

COMPANY'S LANDLINE NUMBER: \_\_\_\_\_

POSITION AND DUTIES: \_\_\_\_\_

LANGUAGE SPOKEN: \_\_\_\_\_

LIST THE COUNTRIES YOU HAVE ENTERED FOR THE LAST FIVE YEARS EXCEPT U.S.: \_\_\_\_\_

\_\_\_\_\_

LIST ALL EDUCATIONAL INSTITUTIONS YOU HAVE ATTENDED (EXCEPT ELEMENTARY SCHOOL)

NAME OF SCHOOL	COMPLETE ADDRESS	DATE & YEAR	COURSE OF STUDY

**VISA VERIFICATION PROCESS:**

- 1. DO YOU HAVE PENDING TRAVEL ABROAD? YES \_\_\_\_\_ NO \_\_\_\_\_
- 2. DO YOU HAVE URGENT DOCUMENTS TO COMPLY NEEDING THIS VISA? YES \_\_\_\_\_ NO \_\_\_\_\_
- 3. ARE YOU FLEXIBLE TO TRANSIT YOUR PASSPORT/DOCUMENTS THRU COURIER? YES \_\_\_\_\_ NO \_\_\_\_\_
- 4. ARE YOU WILLING TO PAY ADDITIONAL FEES FOR AN EXPEDITE PROCESSING? YES \_\_\_\_\_ NO \_\_\_\_\_
- 5. DO YOU HAVE ANY TRANSACTION OF YOUR PASSPORT DURING YOUR APPLICATION? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME

**NOTE: PLEASE DON'T LEAVE ANY SPACE BLANK. WRITE N/A IF NOT APPLICABLE**