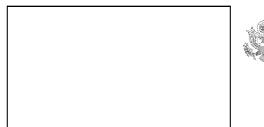
U.S. Department of State



# APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

OMB APPROVAL NO. 1405-0015 EXPIRES: 02/29/2012 ESTIMATED BURDEN: 1 HOUR\* (See Page 2)

### 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 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.** 

congrete shoot using the same nur	•	•	•				and form, anower on a
separate sheet using the same nur			-				
Warning: Any false statement or		•					
This form (DS-230 Part I) is the fi		This part, together w	ith Form DS-2	230 Par	t II, constitutes th	e complet	e Application for
Immigrant Visa and Alien Registi	ation.						
1. Family Name		First	Name		Middl	e Name	
2. Other Names Used or Aliases (If	marriad waman	rivo moidon nomol					
2. Other Names Osed of Aliases (II	mameu woman, g	give maiden name)					
3. Full Name in Native Alphabet (If	Roman letters not	used)					
4. Date of Birth (mm-dd-yyyy)	5. Age 6	. Place of Birth (City o	r Town)	. (Prov	ince)		(Country)
2010 0. 2 ( 00 ),,,,,	""			1,,,,,,			(000))
	<del>                                     </del>						
7. Nationality (If dual national,	8. Gender 9	). Marital Status					
give both.)	Female	Single (Never Mar	ried) $\square$ Ma	arried	Widowed	Divorc	ed Separated
	15		· —		_	<del>_</del>	
	Male I	Including my present n	narriage, I hav	e been r	married	_ times.	
10. Permanent address in the Unite	d States where yo	ou intend to live, if	11. Address	in the U	Inited States where	you want	your Permanent
known (street address including ZIF			Resident Car	d (Gree	n Card) mailed, if o	different fro	m address in item #10
who currently lives there.	,	·	(include the r	name of	a person who curre	ently lives t	there).
•							
Telephone number		1	Telephone nu				
12. Present Occupation		13. Present Ad	dress (Street A	Address,	) (City or Town) (Pi	rovince) (C	Country)
						,	
		Telephone Num	nber <i>(Home)</i> T	elephor	ne Number (Office)	Email Add	dress
14 Chausala Maidan ar Family Nor	<u></u>		Nama		Middl	o Nomo	
14. Spouse's Maiden or Family Nar	ne	First I	vame		Mildule	e Name	
15. Date (mm-dd-yyyy) and Place of	f Birth of Spouse						
3333,	<b>-</b>						
			147.0		•		
16. Address of Spouse (If different from your own)			17. Spouse's Occupation				
			18. Date of M	larriage	(mm-dd-yyyy)		
			ļ.				
19. Father's Family Name		First	Name		Middle	e Name	
20. Father's Date of Birth	21. Place of Bir	rth	22. Current A	Adross			23. If Deceased, Give
(mm-dd-yyyy)	21. Flace of Bil	iui	22. Current A	luuless			Year of Death
(///// ۵۵ уууу)							roar or Boath
24. Mother's Family Name at Birth		First	Name		Midd	lle Name	
<b>,</b> <del></del>							
25. Mother's Date of Birth	26. Place of Bi	rth	27. Current A	ddress			28. If Deceased, Give
(mm-dd-yyyy)							Year of Death
	1						

29. List Names, Dates and Places of E Name	Birth, and Addresses of A Date (mm-dd-yyyy)	ALL Children. Place of Birth	Address (If differen	nt from your own)
20 List below all places you have live	d for at locat aiv months	since reaching the age of 16, including	na places in your country	of nationality
List below all places you have live     Begin with your present residence.     City or Town	Province	Country		mm-yyyy) or "Present"
31a. Person(s) named in 14 and 29 who	o will accompany you to	the United States now.		
31b. Person(s) named in 14 and 29 who	o will follow you to the U	nited States at a later date.		
32. List below all employment for the la	ast ten years.			
Employer Location		Job Title	From/To ( <i>mm-yyyy</i> ) or "Present"	
In what occupation do you intend to wo	rk in the United States?			
33. List below all educational institution	s attended.			
School and Locatio	n 	From/To (mm-yyyy)	Course of Study	Degree or Diploma
		·		
		· · · · · · · · · · · · · · · · · · ·		
		<del></del>		
Professional associations to which you	belong			
34. Previous Military Service Ye	<del>_</del>			
Branch				
Rank/Position		Military Speciality/Occupation		
35. List dates of all previous visits to or Give DHS "A" number if any. From/To (mm-yyyy)	residence in the United	States. (If never, write "never") Give Location	type of visa status, if know	vn. "A" Number ( <i>If known</i> )
	<u> </u>			
Signature of Applicant				Date (mm-dd-yyyy)

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: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

DS-230 Part I Page 2 of 4



#### U.S. Department of State APPLICATION FOR IMMIGRANT VISA AND

OMB APPROVAL NO. 1405-0015 EXPIRES: 02/29/2012 ESTIMATED BURDEN: 1 HOUR\*

## ALIEN REGISTRATION PART II - SWORN STATEMENT

**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

fo	r your prosecution and/or deportation.	•		•	,		
Th	is form (DS-230 Part II), together with Form DS-230 F	Part I, constitutes the complete Application for	Immigrant Visa and Alien Reg	gistration.			
36	. Family Name	First Name	Middle Name				
37	. Other Names Used or Aliases (If married woman, given	ve maiden name)	:				
00	Full Name in Nation Alababat (If Dames Inthese and						
38	. Full Name in Native Alphabet (If Roman letters not u	'sea)					
39.	39. Name and Address of Petitioner Telephone number						
			Email Address				
40	United States laws reversing the incurses of visces r	require each applicant to state whether or not l	ha ar aha ia a mambar af any	alaaa af			
40	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 having received vaccinations in accordance with U.S or is likely to pose a threat to the safety or welfare of	S. law; who has or has had a physical or menta	al disorder that poses	Yes	☐ No		
b.	An alien convicted of, or who admits having committed relating to a controlled substance or who is the spous benefited from the trafficking activities in the past five the aggregate sentences were 5 years or more; who commercialized vice or who has engaged in prostitute illicit trafficker in any controlled substance; who has asserted immunity from prosecution; who, while carried out particularly severe violations of religious find significant role in a severe form of trafficking in personance at trafficker in severe forms of trafficking in personance who will be substance.	se, son or daughter of such a trafficker who kne years; who has been convicted of 2 or more is coming to the United States to engage in ption or procuring within the past 10 years; who committed a serious criminal offense in the Unserving as a foreign government official, was if freedom; or whom the President has identified ons, who otherwise has knowingly aided, abetterns, or who is the spouse, son or daughter of	nowingly has offenses for which rostitution or is or has been an nited States and who responsible for or directly I as a person who plays a ted, assisted or colluded with	Yes	□ No		
C.	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 extrajudi killings; or who is a member or representative of a terrorist organization as currently designated by the U.S. Secretary of St			Yes	☐ No		
d.	An alien who is likely to become a public charge.			Yes	□ No		
e.	An alien who seeks to enter for the purpose of perfor Secretary of Labor; who is a graduate of a foreign me passed the NBME exam or its equivalent; or who is a certificate from the CGFNS or from an equivalent ap	edical school seeking to perform medical serv a health care worker seeking to perform such	rices who has not work without a	Yes	☐ No		
f.	An alien who failed to attend a hearing on deportatio sought a visa, entry into the United States, or any im assisted any other alien to enter or try to enter the Unattended in student (F) visa status a U.S. public elem without reimbursing the school; or who is subject to a	imigration benefit by fraud or misrepresentatio nited States in violation of law; who, after Nov nentary school or who attended a U.S. public s	n; who knowingly ember 30, 1996,	Yes	☐ No		
	Privacy A	Act and Paperwork Reduction Act Statemer	nts				

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: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

g. An alien who is permanently ineligible for in time of war.	r U.S. citizenship; or who departed	I the United States to evade military service	Yes No			
An alien who was previously ordered removed within the last 5 years or ordered removed a second time within the last 20 years; who was previously unlawfully present and ordered removed within the last 10 years or ordered removed a second time within the last 20 years; who was convicted of an aggravated felony and ordered removed; who was previously unlawfully present in the United States for more than 180 days but less than one year who voluntarily departed within the last 3 years; or who was unlawfully present for more than one year or an aggregate of one year within the last 10 years.						
<ol> <li>An alien who is coming to the United States from a person do so; who has voted in the United State avoid taxation.</li> </ol>	Yes No					
j. An alien who is a former exchange visito	r who has not fulfilled the 2-year fo	preign residence requirement.	Yes No			
k. An alien determined by the Attorney General to have knowingly made a frivolous application for asylum.						
R. An alien determined by the Attorney General to have knowingly made a frivolous application for asylum.  I. An alien who has ordered, carried out or materially assisted in extrajudicial and political killings and other acts of violence against the Haitian people; who has directly or indirectly assisted or supported any of the groups in Colombia known as FARC, ELN, or AUC; who through abuse of a governmental or political position has converted for personal gain, confiscated or expropriated property in Cuba, a claim to which is owned by a national of the United States, has trafficked in such property or has been complicit in such conversion, has committed similar acts in another country, or is the spouse, minor child or agent of an alien who has committed such acts; who has been directly involved in the establishment or enforcement of population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free choice; who has disclosed or trafficked in confidential U.S. business information obtained in connection with U.S. participation in the Chemical Weapons Convention or is the spouse, minor child or agent of such a person; or who has ever engaged in the recruitment of or the use of child solders.						
41. Have you ever been charged, arrested	or convicted of any offense or crim	e? (If answer is Yes, please explain)	☐ Yes ☐ No			
42. Have you ever been refused admission	to the United States at a port-of-er	ntry? (If answer is Yes, please explain)	☐ Yes ☐ No			
43a. Have you ever applied for a Social Se		43b. Consent to Disclosure: I authorize disclos				
Yes	No	from this form to the Department of Homeland Sec Social Security Administration (SSA), such other U				
Give the number	Do you want the Social Security Administration to	agencies as may be required for the purpose of as	ssigning me an SSN			
Would you like to receive a replacement card? (You must answer YES to question	assign you a SSN and issue a card? (You must answer YES	and issuing me a Social Security card, and I authomy SSN with the INS.				
43b. to receive a card.)	to question 43b. to receive a		Yes No			
	number and a card.)	The applicant's response does not limit or restrict ability to obtain his or her SSN, or other information				
☐ Yes ☐ No	Yes No	enforcement or other purposes as authorized by la				
44. Were you assisted in completing this ap	plication? Yes No					
(If answer is Yes, give name and address of person assisting you, indicating whether relative, friend, travel agent, attorney, or other)						
	DO NOT WRITE BELOW TH	HE FOLLOWING LINE				
DO NO	The consular officer will assist OT SIGN this form until instructed	you in answering item 45. d to do so by the consular officer				
45. I claim to be:		•				
A Family-Sponsored Immigrant	I derive foreign state charges	ability Preference				
An Employment-Based Immigrant	under Sec. 202(b) through m	Numerical limitation				
A Diversity Immigrant		(foreign state)				
A Special Category (Specify)						
(Returning resident, Hong Kong, Ti		ation Officer at the place where I apply to enter the Un	ited States, and that the			
possession of a visa does not entitle me to en	ter the United States if at that time I a	am found to be inadmissible under the immigration lav	vs.			
I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may subject me to permanent exclusion from the United States and, if I am admitted to the United States, may subject me to criminal prosecution and/or deportation. I, the undersigned applicant for a United States immigrant visa, do solemnly swear (or affirm) that all statements which appear in this application, consisting of Form DS-230 Part I and Part II combined, have been made by me, including the answers to items 1 through 45 inclusive, and that they are true and complete to the best of my knowledge and belief. I do further swear (or affirm) that, if admitted into the United States, I will not engage in activities which would be prejudicial to the public interest, or endanger the welfare, safety, or security of the United States; in activities which would be prohibited by the laws of the United States relating to espionage, sabotage, public disorder, or in other activities subversive to the national security; in any activity a purpose of which is the opposition to or the control, or overthrow of, the Government of the United States, by force, violence, or other unconstitutional means. I understand that completion of this form by persons required by law to register with the Selective Service System (males 18 through 25 years of age) constitutes such registration in accordance with the Military Selective Service Act.						
	•	Signature of Applicant				
Subscribed and sworn to before me this	day of	at:				
	•	Consular Officer	_			