Make sure the ad	ddress is complete and correct. We will use this a	ddress for future mailings.	OMB No. 1405-0126 EXPIRATION DATE: 12/31/2009 ESTIMATED BURDEN: 10 minutes*_
Plac	e Case Barcode Strip Here Before Maili	ing to the National Visa	a Center
	U.S. Department of CHOICE OF ADDRESS For Immigrant Visa Ap	AND AGENT	
No Martin Star	Print or Type your Full	Name	
(Last Na Check one box only to t	ame) he left of the statement that is your choi	(First Name) ice.	(MI.)
I Appoint			
	attorney to receive mail about my ap ng my immigrant visa application sho		Telephone Number the U.S. Department of
Name of the person who	will act as your agent or attorney for receipt of ma	.il	Telephone Number
Street Address (where my ag	gent or attorney will receive mail about my applica	tion)	*Email Address
City	State/Province	Postal Code	Country
	an agent or an attorney to receive ma tate concerning my immigrant visa a	pplication should be	
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	r legally immigrated to the U.S. and d Green Card through the		-
I no longer wi	sh to apply for an immigrant visa.		
As proof of your cho	ice, sign and date this document:		
	Signature of Applicant	Date	of Signature (mm-dd-yyyy)

Public reporting burden for this collection of information is estimated to average 10 minutes per response. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/ISS/DIR) Washington, DC 20520-1849.

\*The Department is currently testing an electronic application system for nonimmigrant visa application that will allow electronic submission and eliminate paper forms. Once testing on this application system is completed the Department is examining whether or not the system can be used for the immigrant visa system.