

Approved OMB 1405-0226

SUPPLEMENTAL	QUESTIO	NS FOR VISA APPLICANTS	Expires XX/XX/20XX Estimated Burden 60 Minutes				
General Instructions							
<ul> <li>If you are unsure of the answer to a question, please provide provide the city, state, and street name if you can recall them. U.S.</li> <li>Failure to answer every question will not necessarily preclud</li> <li>If you believe a particular question does not apply to you or y</li> <li>If you need more space to respond to a question, please wri</li> <li>Aside from your name, date of birth, and visa classification, p</li> <li>of your children are listed in your current visa application (Form D</li> </ul>	<ol> <li>Department c le visa issuance your circumstan te the rest of yo please only prov</li> </ol>	of State will consider all the information derived from e, as the application is considered in its entirety. Inces, please write "not applicable" or "N/A." In response on a separate sheet of paper. Vide information not included in your current visa applicable.	n the form in its entirety.				
	Personal I	nformation					
Surname(s)		Given Name(s)					
Date of Birth (mm-dd-yyyy)		Visa Type/Classification					
Passport and Travel History							
Have you travelled to any country (other than your country of resi If yes, provide details for each trip, including locations visited, dat							
Have you ever held a passport other than the passport listed in you for the following information.	our visa applicat	tion? Yes No					
Country of Issuance		Passport Number					
	Rela	tives					
Siblings (brothers and sisters) - Provide the full name(s) and data	ate of birth of ar	ny sibling (full, half, step, adopted), living or deceas	ed.				
Surname(s)		Given Name(s)	Date of Birth ( <i>mm-dd-yyyy</i> )				
Children - Provide the full name(s) and date of birth of any child (minor and adult), living or deceased. Children includes natural children, step-children, and adopted children.							
Surname(s)		Given Name(s)	Date of Birth ( <i>mm-dd-yyyy</i> )				

Relatives - Continued							
Spouse - Provide the full name(s) of any current or previous spouse or civil/domestic partner, living or deceased.							
Surname(s)		Given Name(s)		Date of Birth (mm-dd-yyyy)			
	Ad	dress and Co	ntact Information				
		last 15 years, i	f not already provided in your application.				
	ress 1		Address 2				
Dates of Residence (mm-dd-yyyy)		Dates of Residence ( <i>mm-dd-yyyy</i> )					
Street Address 1		Street Address 1					
Street Address 2		Street Address 2					
City	State/Province		City	State/Pro	State/Province		
Postal Zone/Zip Code	Country/Region		Postal Zone/Zip Code	Country/F	Country/Region		
Phone Number - Provide all phone nu	I mbers you have used in the	e last five years	l s, including primary, secondar	y, work, home, and m	obile numbers.		
Phone Number (1)	Phone Number (2)		Phone Number (3)		Phone Number (4)		
Phone Number (5)	Phone Number (6)		Phone Number (7)	Phone N	Phone Number (8)		
E-mail - Provide all email addresses yo	Lou have used in the last five	e years, includii	l ng primary, secondary, work, j	personal, and educati	onal addresses.		
E-mail Address (1)		E-mail Address (2)					
E-mail Address (3)		E-mail Address (4)					
E-mail Address (5)		E-mail Address (6)					
Social Media							
Please provide your unique user name for any websites or applications you have used to create or share content (photos, videos, status updates, etc.) as part of a public profile within the last five years. (You do not need to list accounts designed for use by multiple users within a business or other organization.)							
Social Media Platform		Social Media Identifier (Name/Handle)					

Employment History						
Provide the following information on all employment in the last fifteen years, if not already provided in your application.						
Employer Name		Employer Name				
Dates of Employment ( <i>mm-dd-yyyy</i> )		Dates of Employment ( <i>mm-dd-yyyy</i> )				
Street Address 1		Street Address 1				
Street Address 2		Street Address 2				
City	State/Province	City	State/Province			
Postal Zone/Zip Code	Country/Region	Postal Zone/Zip Code	Country/Region			
Telephone Number		Telephone Number				
Job Title		Job Title				
Job Description		Job Description				
I understand all the information I have provided in, or in support of, this application may be provided to other U.S. government agencies authorized to use such information for purposes including enforcement of the laws of the United States. I understand all of the information contained in this form and I certify under penalty of perjury under the laws of the United States of America that the foregoing is complete, true, and correct. I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may result in refusal of the visa, denial of admission to the United States, and, may subject me to criminal prosecution and/or removal from the United States.						
Applicant's Signature			Date ( <i>mm-dd-yyyy</i> )			
For use by United States embassy or consulate official only:		DS-160/DS-260 Barcode Number				
PAPERWORK REDUCTION ACT STATEMENT						
Public reporting burden for this collection of information is estimated to average 60 minutes 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.						
CONFIDENTIALITY STATEMENT						
AUTHORITIES: The information on this form is requested pursuant to Section 212(a) and 221 and as required by Section 222 of the Immigration and Nationality Act. Section 222(f) provides that the records of the Department of State and of diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permits to enter the United States shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of such records may, in the discretion of the Secretary of State, be made available to a court provided the court certifies that the information contained in such records is needed in a case pending before the court.						

PURPOSE: The U.S. Department of State uses the information provided on this form to determine an individual's eligibility for a U.S. visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. visa. Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of an individual visa application.

DS-5535