



# IMMIGRANT VISA APPLICATION QUESTIONNAIRE (FORM DS-260)

This form will be submitted to the USA Consulate as part of your immigration process. Please carefully read and fill out **ALL** spaces that apply, type N/A if it is not applicable. The form **SHOULD** be filled out by computer and **NOT** handwritten. You need to fill out one form per candidate (main applicant). You will also need to fill out one form for each family member for whom you selected option B in the Family Questionnaire.

For questions, please contact your local agent or Country Manager.

APPLICANT INFORMATION (YOU)							
Last Name(s)/Surname:		First Name/Given Name:			Middle Name:		
Have you ever used other names (i.e., maiden, religious, professional, alias, etc.)?      Yes      No							
If yes, other last names/surnames used:				If yes, other first names/given names used:			
Sex:	Male	Female	Current Marital Status:				
			Legally Married	Single	Widowed	Divorced	Legally Separated
Date of Birth (DD/MMM/YYYY): D____/M____/Y____				City of Birth:			
State/Province of Birth:				Country/Region of Birth:			

Help: **Last Names:** Enter all last names as listed on your passport or birth certificate. If only one name is listed, enter that as your last name.  
 Help: **Date of Birth:** If day or month is unknown, enter as shown on passport.

PERSONAL	
Country/Region of Origin (Nationality):	
Passport Number:	Country that Issued Passport:
Issuance Date (DD/MMM/YYYY): D____/M____/Y____	Expiration Date (DD/MMM/YYYY): D____/M____/Y____

Help: **Passport:** Enter the information from the passport you will be using when traveling to the USA Your passport should be valid and unexpired.

Do you hold or have you held any nationality other than the one you have indicated above?      Yes      No	
If yes, other nationality:	
Do you hold a passport from the nationality indicated above?      Yes      No	If yes, passport number:

## CURRENT AND PREVIOUS ADDRESS INFORMATION

CURRENT PHYSICAL ADDRESS		
Street Address (Line 1):	Street Address (Line 2):	
City:	State/Province:	Postal Zone/ZIP Code:
Country:	Started Living Here (MMM/YYYY): M____/Y____	

Help: **Previous Addresses:** Previous addresses should only include those addresses at which you established a residence and should not include places at which you were temporarily present (for example a hotel at which you stayed for vacation).

PREVIOUS PHYSICAL ADDRESS		
Have you lived anywhere other than this address since the age of sixteen (16)?      Yes      No		



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Please provide the most accurate information as possible on **all** previous addresses where you lived **since turning sixteen (16)**, in chronological order. **DO NOT** leave any time gap between each address. If you are unsure please provide best estimate.

<b>ADDRESS # 1</b>	Street Address (Line 1):		Street Address (Line 2):	
	City:		State/Province:	Postal Zone/ZIP Code:
	Country:	From; Date (MMM/YYYY): M_____/Y_____	To; Date (MMM/YYYY): M_____/Y_____	

<b>ADDRESS # 2</b>	Street Address (Line 1):		Street Address (Line 2):	
	City:		State/Province:	Postal Zone/ZIP Code:
	Country:	From; Date (MMM/YYYY): M_____/Y_____	To; Date (MMM/YYYY): M_____/Y_____	

<b>ADDRESS # 3</b>	Street Address (Line 1):		Street Address (Line 2):	
	City:		State/Province:	Postal Zone/ZIP Code:
	Country:	From; Date (MMM/YYYY): M_____/Y_____	To; Date (MMM/YYYY): M_____/Y_____	

<b>ADDRESS # 4</b>	Street Address (Line 1):		Street Address (Line 2):	
	City:		State/Province:	Postal Zone/ZIP Code:
	Country:	From; Date (MMM/YYYY): M_____/Y_____	To; Date (MMM/YYYY): M_____/Y_____	

<b>ADDRESS # 5</b>	Street Address (Line 1):		Street Address (Line 2):	
	City:		State/Province:	Postal Zone/ZIP Code:
	Country:	From; Date (MMM/YYYY): M_____/Y_____	To; Date (MMM/YYYY): M_____/Y_____	

<b>ADDRESS # 6</b>	Street Address (Line 1):		Street Address (Line 2):	
	City:		State/Province:	Postal Zone/ZIP Code:
	Country:	From; Date (MMM/YYYY): M_____/Y_____	To; Date (MMM/YYYY): M_____/Y_____	

<b>ADDRESS # 7</b>	Street Address (Line 1):		Street Address (Line 2):	
	City:		State/Province:	Postal Zone/ZIP Code:
	Country:	From; Date (MMM/YYYY): M_____/Y_____	To; Date (MMM/YYYY): M_____/Y_____	



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## SOCIAL MEDIA

From the list below, select each social media platform you have used within the last five years. If you have not used any of the listed social media platforms in the last 5 years, select "None" at the bottom of the list. It's important to ONLY provide your username, NOT your passwords.

**Help:** In the space next to the platforms name, enter the username or handle you have used on the platform.

**Help:** Multiple Accounts: If you have used more than one username or handle on a single platform, please write it in the platforms area separating it with a coma.

Facebook:	Instagram:
Twitter:	YouTube:
Google+:	LinkedIn:
Pinterest:	Myspace:
Tublr:	Vine:
Flickr:	Ask.fm:
Douban:	Qzone(QQ):
Reddit:	Sina Weibo:
Tencent Weibo:	Twoo:
Vkontakte (VK):	Youku:
None, I don't have a username in any of these social media platform.	
Have you used any other social media accounts within the last 5 years?      Yes      No	
If yes, please specify:	

## PHONE & EMAIL

Home Phone Number:	Cell Phone Number:
Email Address:	

## PREVIOUS PHONE & EMAIL

Have you used any other telephone numbers during the last 5 years?      Yes      No	
If yes, please specify:	
Have you used any other email addresses during the last 5 years?      Yes      No	
If yes, please specify:	

## CORRESPONDENCE ADDRESS (only if different from your current physical address)

**Help: Correspondence Address:** This is the address where we will send correspondence regarding your application.

Street Address (Line 1):	Street Address (Line 2):
City:	State/Province:
Postal Zone/ZIP Code:	Country:



# IMMIGRANT VISA APPLICATION QUESTIONNAIRE (FORM DS-260)

## FAMILY INFORMATION

### Parents

If known, please provide the following information concerning your biological parents. If you are adopted, please provide the following information on your adoptive parents.

FATHER		
Last Name/Surname:	First Name/Given Name:	Date of Birth (DD/MMM/YYYY): D____/M____/Y____

#### *Father's Place of Birth*

City:	State/Province:	Country:
Is your father still living?    Yes    No		If no, year of death:

#### **FATHER'S CURRENT ADDRESS**

Street Address (Line 1):		Street Address (Line 2):	
City:	State/Province:	Postal Zone/ZIP Code:	
Country:	Started Living Here (MMM/YYYY): M____/Y____	To Date (MMM/YYYY): M____/Y____	

### MOTHER

Last Name/Surname:	First Name/Given Name:	Date of Birth (DD/MMM/YYYY): D____/M____/Y____
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#### *Mother's Place of Birth*

City:	State/Province:	Country:
Is your mother still living?    Yes    No		If no, year of death:
Is your mother's address the same as your father's? Yes    No		

#### **MOTHER'S CURRENT ADDRESS**

Street Address (Line 1):		Street Address (Line 2):	
City:	State/Province:	Postal Zone/ZIP Code:	
Country:	Started Living Here (MMM/YYYY): M____/Y____	To Date (MMM/YYYY): M____/Y____	



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## Spouse

Please provide the following information on your current spouse **(only if legally married)**

CURRENT SPOUSE		
Last Name/Surname:	First Name/Given Name:	Date of Birth (DD/MMM/YYYY): D____/M____/Y____

### Place of Birth

City:	State/Province:	Country:
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Spouse Address:	Same as my Present Physical Address	Do not know	Other
Occupation:	Homemaker	Not Employed	Agriculture
	Business	Culinary	Education
	Medical	Religious Vocations	Retired
	Student	Do Not Know	Other

### Date and Place of Marriage (only if legally married)

Date of Marriage (DD/MMM/YYYY): D____/M____/Y____		
City:	State/Province:	Country:

Is your spouse immigrating to the U.S.A. with you?	Yes	No
If answered no, is your spouse immigrating to the U.S.A. at a later date to join you?	Yes	No

## PREVIOUS SPOUSE

Do you have any previous spouses?	Yes	No	If yes, number of previous spouses (if legally married):
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Please provide the following information on all of your previous spouses **(if legally married)**, including those deceased.

<b>SPOUSE # 1</b>	Last Name/Surname:	First Name/Given Name:	Date of Birth (DD/MMM/YYYY): D____/M____/Y____
	Date of Marriage (DD/MMM/YYYY): D____/M____/Y____	Date Marriage Ended (DD/MMM/YYYY): D____/M____/Y____	
	How was your marriage terminated? Annulment      Death      Divorce      Other		Country where marriage was terminated?
<b>SPOUSE # 2</b>	Last Name/Surname:	First Name/Given Name:	Date of Birth (DD/MMM/YYYY): D____/M____/Y____
	Date of Marriage (DD/MMM/YYYY): D____/M____/Y____	Date Marriage Ended (DD/MMM/YYYY): D____/M____/Y____	
	How was your marriage terminated? Annulment      Death      Divorce      Other		Country where marriage was terminated?
<b>SPOUSE # 3</b>	Last Name/Surname:	First Name/Given Name:	Date of Birth (DD/MMM/YYYY): D____/M____/Y____
	Date of Marriage (DD/MMM/YYYY): D____/M____/Y____	Date Marriage Ended (DD/MMM/YYYY): D____/M____/Y____	
	How was your marriage terminated? Annulment      Death      Divorce      Other		Country where marriage was terminated?



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## CHILDREN

Do you have any children?    Yes    No	If yes, number of children:
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### CHILD 1

Last Name/Surname:	First Name/Given Name:	Date of Birth (DD/MMM/YYYY): D____/M____/Y____
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#### Place of Birth

City:	State/Province:	Country:
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Does this child live with you?    Yes    No	If no, Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:	Country:

Is this child immigrating to the U.S.A. with you?    Yes    No
If answered no, is this child immigrating to the U.S.A. at a later date to join you?    Yes    No

### CHILD 2

Last Name/Surname:	First Name/Given Name:	Date of Birth (DD/MMM/YYYY): D____/M____/Y____
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#### Place of Birth

City:	State/Province:	Country:
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Does this child live with you?    Yes    No	If no, Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:	Country:

Is this child immigrating to the U.S.A. with you?    Yes    No
If answered no, is this child immigrating to the U.S.A. at a later date to join you?    Yes    No

### CHILD 3

Last Name/Surname:	First Name/Given Name:	Date of Birth (DD/MMM/YYYY): D____/M____/Y____
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#### Place of Birth

City:	State/Province:	Country:
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Does this child live with you?    Yes    No	If no, Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:	Country:

Is this child immigrating to the U.S.A. with you?    Yes    No
If answered no, is this child immigrating to the U.S.A. at a later date to join you?    Yes    No



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<b>CHILD 4</b>		
Last Name/Surname:	First Name/Given Name:	Date of Birth (DD/MMM/YYYY): D____/M____/Y____

**Place of Birth**

City:	State/Province:	Country:
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Does this child live with you?    Yes    No	If no, Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:	Country:

Is this child immigrating to the U.S.A. with you?    Yes    No
If answered no, is this child immigrating to the U.S.A. at a later date to join you?    Yes    No

<b>CHILD 5</b>		
Last Name/Surname:	First Name/Given Name:	Date of Birth (DD/MMM/YYYY): D____/M____/Y____

**Place of Birth**

City:	State/Province:	Country:
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Does this child live with you?    Yes    No	If no, Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:	Country:

Is this child immigrating to the U.S.A. with you?    Yes    No
If answered no, is this child immigrating to the U.S.A. at a later date to join you?    Yes    No

<b>CHILD 6</b>		
Last Name/Surname:	First Name/Given Name:	Date of Birth (DD/MMM/YYYY): D____/M____/Y____

**Place of Birth**

City:	State/Province:	Country:
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Does this child live with you?    Yes    No	If no, Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:	Country:

Is this child immigrating to the U.S.A. with you?    Yes    No
If answered no, is this child immigrating to the U.S.A. at a later date to join you?    Yes    No



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## CHILD 7

Last Name/Surname:	First Name/Given Name:	Date of Birth (DD/MMM/YYYY): D____/M____/Y____
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### Place of Birth

City:	State/Province:	Country:
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Does this child live with you?    Yes    No	If no, Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:	Country:

Is this child immigrating to the U.S.A. with you?    Yes    No
If answered no, is this child immigrating to the U.S.A. at a later date to join you?    Yes    No

## CHILD 8

Last Name/Surname:	First Name/Given Name:	Date of Birth (DD/MMM/YYYY): D____/M____/Y____
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### Place of Birth

City:	State/Province:	Country:
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Does this child live with you?    Yes    No	If no, Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:	Country:

Is this child immigrating to the U.S.A. with you?    Yes    No
If answered no, is this child immigrating to the U.S.A. at a later date to join you?    Yes    No



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## PREVIOUS USA TRAVEL INFORMATION

Have you ever been in the USA?	Yes	No
Have you ever been issued an Alien Registration Number by the USA Department of Homeland Security?	Yes	No
If yes, Alien Registration Number:		

Help: **Previous USA Visits:** If you are unsure about when you visited the USA, please provide a best estimate.

## PROVIDE INFORMATION ON YOUR LAST FIVE (5) USA VISITS (leave blank if you have never visited the USA)

Date Arrived (DD/MMM/YYYY): D____/M____/Y____	Length of Stay: ____ Days    ____ Months    ____ Years
Date Arrived (DD/MMM/YYYY): D____/M____/Y____	Length of Stay: ____ Days    ____ Months    ____ Years
Date Arrived (DD/MMM/YYYY): D____/M____/Y____	Length of Stay: ____ Days    ____ Months    ____ Years
Date Arrived (DD/MMM/YYYY): D____/M____/Y____	Length of Stay: ____ Days    ____ Months    ____ Years
Date Arrived (DD/MMM/YYYY): D____/M____/Y____	Length of Stay: ____ Days    ____ Months    ____ Years
Have you ever been issued a USA Visa?    Yes    No	If yes, date most recent Visa was issued (DD/MMM/YYYY): D____/M____/Y____
Type of USA visa you have, if any:	
Business/Tourism (B1/B2)	Border Crossing Card (Mexico Only) (BCC)
Student (F1)	Agricultural Worker (H2A)
Trainee (H3)	Other - Immigrant Visa
Crewmember Transit (C1/D) Nonagricultural Worker (H2B) Other - Not Listed	
If you have a USA visa, please provide the number:	
Have any of your USA visas ever been lost or stolen?    Yes    No	
If yes, enter year visa was lost or stolen:	Explain:
Have any of your USA visas ever been cancelled or revoked?    Yes    No	If yes, explain:
Have you ever been refused a USA visa, been refused admission to the United States, or withdrawn your application for admission at the port of entry?    Yes    No	
If yes, explain:	

## PRESENT WORK/EDUCATION/TRAINING INFORMATION

### PRESENT EMPLOYMENT

Are you currently employed?    Yes    No	If yes, Present Employer Name:	
Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:
Country:		



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In which occupation do you intend to work in the USA?	Specify:
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<b>PREVIOUS EMPLOYMENT</b>
Were you previously employed?    Yes          No

If yes, provide the following information on **all of your employers during the last ten (10) years**, starting with the most recent employer. **It's very important you provide as much information as possible.** If you are unsure, please provide best estimate.

<b>JOB # 1</b>	Employer Name:		
	Employer Street Address:		
	City:	State/Province:	Postal Zone/ZIP Code:
	Country:	Telephone Number:	
	Job Title:		
	Supervisor's Last Name/Surname:		Supervisor's First Name/Give Name:
	Employment Date From (DD/MMM/YYYY): D____/M____/Y____		Employment Date To (DD/MMM/YYYY): D____/M____/Y____

<b>JOB # 2</b>	Employer Name:		
	Employer Street Address:		
	City:	State/Province:	Postal Zone/ZIP Code:
	Country:	Telephone Number:	
	Job Title:		
	Supervisor's Last Name/Surname:		Supervisor's First Name/Given Name:
	Employment Date From (DD/MMM/YYYY): D____/M____/Y____		Employment Date To (DD/MMM/YYYY): D____/M____/Y____



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**JOB # 3**

Employer Name:		
Employer Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:
Country:	Telephone Number:	
Job Title:		
Supervisor's Last Name/Surname:		Supervisor's First Name/Given Name:
Employment Date From (DD/MMM/YYYY): D____/M____/Y____	Employment Date To (DD/MMM/YYYY): D____/M____/Y____	

**JOB # 4**

Employer Name:		
Employer Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:
Country:	Telephone Number:	
Job Title:		
Supervisor's Last Name/Surname:		Supervisor's First Name/Given Name:
Employment Date From (DD/MMM/YYYY): D____/M____/Y____	Employment Date To (DD/MMM/YYYY): D____/M____/Y____	

**JOB # 5**

Employer Name:		
Employer Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:
Country:	Telephone Number:	
Job Title:		
Supervisor's Last Name/Surname:		Supervisor's First Name/Given Name:
Employment Date From (DD/MMM/YYYY): D____/M____/Y____	Employment Date To (DD/MMM/YYYY): D____/M____/Y____	



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**JOB # 6**

Employer Name:		
Employer Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:
Country:	Telephone Number:	
Job Title:		
Supervisor's Last Name/Surname:		Supervisor's First Name/Given Name:
Employment Date From (DD/MMM/YYYY): D____/M____/Y____	Employment Date To (DD/MMM/YYYY): D____/M____/Y____	

**JOB # 7**

Employer Name:		
Employer Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:
Country:	Telephone Number:	
Job Title:		
Supervisor's Last Name/Surname:		Supervisor's First Name/Given Name:
Employment Date From (DD/MMM/YYYY): D____/M____/Y____	Employment Date To (DD/MMM/YYYY): D____/M____/Y____	

**JOB # 8**

Employer Name:		
Employer Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:
Country:	Telephone Number:	
Job Title:		
Supervisor's Last Name/Surname:		Supervisor's First Name/Given Name:
Employment Date From (DD/MMM/YYYY): D____/M____/Y____	Employment Date To (DD/MMM/YYYY): D____/M____/Y____	



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## EDUCATION INFORMATION

Help: **Level of Education:** You must answer yes to this question if you have ever attended high school, college, university, graduate school, doctoral program, or a vocational program.

Have you attended any educational institutions at High School or above?	Yes	No
If yes, number of educational institutions attended:		

If yes, provide the following information on all educational institutions at a secondary level or above you have attended. If you are unsure, please provide best estimate.

Help: **Course of Study:** For high school course of study please indicate "Academic" or "Vocational". For all other education levels please indicate your major or concentration.

Name of Institution:		
Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:
Country:	Course of Study:	
Degree, Diploma or Certificate Received:		
Date of Attendance From (DD/MMM/YYYY): D____/M____/Y____	Date of Attendance To (DD/MMM/YYYY): D____/M____/Y____	

Name of Institution:		
Street Address:		
City:	State/Province:	Postal Zone/ZIP Code:
Country:	Course of Study:	
Degree, Diploma or Certificate Received:		
Date of Attendance From (DD/MMM/YYYY): D____/M____/Y____	Date of Attendance To (DD/MMM/YYYY): D____/M____/Y____	

Have you traveled to any countries/regions within the last five years?	Yes	No
If yes, please provide a list of countries/regions visited:		

Have you ever served in the military?	Yes	No
Dates of Service (DD/MM/YYYY - DD/MM/YYYY): D____/M____/Y____ to D____/M____/Y____		
Branch: _____	Specialty: _____	
Rank: _____	Country: _____	

Have you belonged to, contributed to, or worked for any professional, social, or charitable organization?	Yes	No
If yes, explain:		
Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experience?	Yes	No
If yes, explain:		



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Have you ever served in, been a member of, or been involved with a paramilitary unit, rebel group, guerrilla group, or insurgent organization?	Yes	No
If yes, explain:		
Can you speak and/or read languages other than your native language?	Yes	No
If yes, list the languages that you speak and/or read:		

## SECURITY AND BACKGROUND

Provide the following security and background information. Provide complete and accurate information to all questions that require an explanation. A visa may not be issued to persons who are within specific categories defined by law as inadmissible to the United States (except when a waiver is obtained in advance). Please note that should you answer Yes to any questions, you may be requested to provide documentation to support your explanation.

MEDICAL AND HEALTH INFORMATION		
Do you have a communicable disease of public health significance such as tuberculosis (TB)?	Yes	No
If yes, explain:		
Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others?	Yes	No
If yes, explain:		
Are you or have you ever been a drug abuser or addict?	Yes	No
If yes, explain:		

CRIMINAL		
Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action?	Yes	No
If yes, explain:		
Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances?	Yes	No
If yes, explain:		
Are you the spouse, son, or daughter of an individual who has violated and controlled substances trafficking law, and have knowingly benefited from the trafficking activities in the past five years?	Yes	No
If yes, explain:		
Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring prostitutes within the past 10 years?	Yes	No
If yes, explain:		
Have you ever been involved in, or do you seek to engage in, money laundering?	Yes	No
If yes, explain:		
Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States?	Yes	No
If yes, explain:		
Have you ever knowingly aided, abetted, assisted, or colluded with an individual who has been identified by the President of the United States as a person who plays a significant role in a severe form of trafficking in persons?	Yes	No
If yes, explain:		
Are you the spouse, son, or daughter of an individual who has committed or conspired to commit a human trafficking offense in the United States or outside the United States and have you within the last five years, knowingly benefited from the trafficking activities?	Yes	No
If yes, explain:		



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<b>SECURITY INFORMATION 1</b>		
Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States?	Yes	No
If yes, explain:		
Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities?	Yes	No
If yes, explain:		
Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations?	Yes	No
If yes, explain:		
Are you a member or representative of a terrorist organization?	Yes	No
If yes, explain:		
Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide?	Yes	No
If yes, explain:		
Have you ever committed, ordered, incited, assisted, or otherwise participated in torture?	Yes	No
If yes, explain:		
Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence?	Yes	No
If yes, explain:		
Have you ever engaged in the recruitment of or the use of child soldiers?	Yes	No
If yes, explain:		
Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom?	Yes	No
If yes, explain:		

<b>SECURITY INFORMATION 2</b>		
Are you a member of or affiliated with the Communist or other totalitarian party?	Yes	No
If yes, explain:		
Have you ever directly or indirectly assisted or supported any of the groups in Colombia known as the Revolutionary Armed Forces of Colombia (FARC), National Liberation Army (ELN), or United Self-Defense Forces of Colombia (AUC)?	Yes	No
If yes, explain:		
Have you ever, through abuse of governmental or political position converted for personal gain, confiscated or expropriated property in a foreign nation to which a United States national had claim of ownership?	Yes	No
If yes, explain:		
Are you the spouse, minor child, or agent of an individual who has through abuse of governmental or political position converted for personal gain, confiscated or expropriated property in a foreign nation to which a United States national had claim of ownership?	Yes	No
If yes, explain:		
Have you ever 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?	Yes	No
If yes, explain:		



# IMMIGRANT VISA APPLICATION QUESTIONNAIRE (FORM DS-260)

Have you ever disclosed or trafficked in confidential USA business information obtained in connection with USA participation in the Chemical Weapons Convention?	Yes	No
If yes, explain:		
Are you the spouse, minor child, or agent of an individual who has disclosed or trafficked in confidential USA business information obtained in connection with USA participation in the Chemical Weapons Convention?	Yes	No
If yes, explain:		

IMMIGRATION LAW VIOLATIONS INFORMATION 1		
Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration benefit by fraud or willful misrepresentation or other unlawful means?	Yes	No
If yes, explain:		
Have you ever been the subject of a removal or deportation hearing?	Yes	No
If yes, explain:		
Have you failed to attend a hearing on removability or inadmissibility within the last five years?	Yes	No
If yes, explain:		
Have you ever been unlawfully present, overstayed the amount of time granted by an immigration official or otherwise violated the terms of a USA visa?	Yes	No
If yes, explain:		
Are you subject to a civil penalty under INA 274C?	Yes	No
If yes, explain:		
Have you been ordered removed from the USA during the last five years?	Yes	No
If yes, explain:		
Have you been ordered removed from the USA for a second time within the last 20 years?	Yes	No
If yes, explain:		

IMMIGRATION LAW VIOLATIONS INFORMATION 2		
Have you ever been unlawfully present and ordered removed from the USA during the last ten years?	Yes	No
If yes, explain:		
Have you ever been convicted of an aggravated felony and been ordered removed from the USA?	Yes	No
If yes, explain:		
Have you ever been unlawfully present in the USA for more than 180 days (but no more than one year) and have voluntarily departed the U.S. within the last three years?	Yes	No
If yes, explain:		
Have you ever been unlawfully present in the USA for more than one year or more than one year in the aggregate at any time during the last 10 years?	Yes	No
If yes, explain:		



# IMMIGRANT VISA APPLICATION QUESTIONNAIRE (FORM DS-260)

<b>MISCELLANEOUS 1</b>		
Have you ever been withheld custody of a USA citizen child outside the United States from a person granted legal custody by a USA court? If yes, explain:	Yes	No
Have you ever intentionally assisted another person withholding custody of a USA citizen child outside the United States from a person granted legal custody by a U.S. court? If yes, explain:	Yes	No
Have you voted in the United States in violation of any law or regulation? If yes, explain:	Yes	No
Have you ever renounced United States citizenship for the purpose of avoiding taxation? If yes, explain:	Yes	No
Do you seek to enter the United States for the purpose of performing skilled or unskilled labor but have not yet been certified by the Secretary of Labor? If yes, explain:	Yes	No
Are you a graduate of a foreign medical school seeking to perform medical services in the United States but have not yet passed the National Board of Medical Examiners examination or its equivalent? If yes, explain:	Yes	No

<b>MISCELLANEOUS 2</b>		
Are you a health worker seeking to perform such work in the United States but have not yet received certification from the Commission on Graduates of Foreign Nursing Schools or from an equivalent approved independent credentialing organization? If yes, explain:	Yes	No
Are you permanently ineligible for USA citizenship? If yes, explain:	Yes	No
Have you ever departed the United States in order to evade military service during a time of war? If yes, explain:	Yes	No
Are you coming to the USA to practice polygamy? If yes, explain:	Yes	No
Are you a former exchange visitor (J) who has not yet fulfilled the two-year foreign residence requirement? If yes, explain:	Yes	No
Has the Secretary of Homeland Security of the United States ever determined that you knowingly made a frivolous application for asylum? If yes, explain:	Yes	No
Are you likely to become a public charge after you are admitted to the United States? If yes, explain:	Yes	No

## SOCIAL SECURITY NUMBER INFORMATION

**Help: Social Security Number:** A Social Security Number is a nine-digit number issued to USA citizens, permanent residents, and temporary residents present in the USA for the purpose of employment and is issued by the Social Security Administration.

Have you ever applied for a USA Social Security number?	Yes	No
If yes, were you issued a number?	Yes	No
Social Security Number:		