



U.S. Department of State
**APPLICATION FOR IMMIGRANT VISA AND
 ALIEN REGISTRATION**

OMB APPROVAL NO. 1405-0015
 EXPIRES: 05/31/2004
 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.

WARNING: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States.

This form (DS-230 PART I) is the first of two parts. This part, together with Form DS-230 PART II, constitutes the complete Application for Immigrant Visa and Alien Registration.

1. Family Name			First Name	Middle Name
2. Other Names Used or Aliases (If married woman, 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 or town) (Province) (Country)		
7. Nationality (If dual national, give both)	8. Gender	9. Marital Status		
	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single (Never married)	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
10. Permanent address in the United States where you intend to live, if known (street address including zip code). Include the name of a person who currently lives there.		11. Address in the United States where you want your Permanent Resident Card (Green Card) mailed, if different from address in item #10 (include the name of a person who currently lives there).		
Telephone number:		Telephone number:		
12. Your Present Occupation		13. Present Address (Street Address) (City or Town) (Province) (Country)		
		Telephone number: Home		Office
14. Name of Spouse (Maiden or family name)			First Name	Middle Name
Date (mm-dd-yyyy) and place of birth of spouse: Address of spouse (If different from your own): Spouse's occupation: _____ Date of marriage (mm-dd-yyyy): _____				
15. Father's Family Name			First Name	Middle Name
16. Father's Date of Birth (mm-dd-yyyy)	Place of Birth	Current Address	If deceased, give year of death	
17. Mother's Family Name at Birth			First Name	Middle Name
18. Mother's Date of Birth (mm-dd-yyyy)	Place of Birth	Current Address	If deceased, give year of death	

