	Place Case Barcode Strip Here Be	efore Mailing to the National Visa C	enter
	CHOICE OF AD	Dartment of State DDRESS AND AGENT ant Visa Applicants	
	Printor t	ype your full name	
Check one box only t	to the left of the statement that is you	ur choice.	
I appoint:			
as my agent or	attorney to receive mail about my a visa application should be sent to:	pplication. Mail from the U.S. Depa	artment of State concerning
	Name of the person who will act a	as your agent or attorney for receipt of ma	il
	Street address (where my agent or at	torney will receive mail about my applicat	tion)
City	State/Province	Postal Code	Country
	nt an agent or an attorney to receive ng my immigrant visa application sh	mail about my application. Mail fro nould be sent to me at:	om the U.S. Department of
	Street address (inc	lude "in care of" if needed)	
City	State/Province	PostalCode	Country
I have already	egally immigrated to the U.S. and c	lo not need to apply for an immigran	t visa.
I no longer wis	h to apply for an immigrant visa.		
As proof of your ch	oice, sign and date this document:		
	Signature of Applicant		Date of Signature

PAPERWORK REDUCTION ACT

*Public reporting burden for this collection of information is estimated to average 30 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/RPS/DIR) Washington, DC 20520-1849.