

APPLICATION SUPPLEMENT – DEPENDENT INFORMATION

| DEPENDENT INFORMATION | | | | | |
|--|--------|-----------|---------------------|---------------|----------------|
| Will your spouse be staying with you in the U.S.A.? YES ☐ NO ☐ | | | | | |
| Will any dependents be staying with you in the U.S.A.? YES \square NO \square If YES, how many? | | | | | |
| If YES, complete the information below and include a copy of each dependent's passport or other government issued identification card. | | | | | |
| Name: | | | | | |
| Date of Birth | Month: | Dav: | Year: _ | | Male□ Female □ |
| | | | | Relationship: | Child Spouse |
| Birth Country: | | _ Country | of Citizenship: _ | | |
| Name: | | | | | |
| Date of Birth: | Month: | Day: | Year: | | Male Female |
| Birth Country: | | | | Relationship: | Child Spouse |
| Dirtir Country. | | _ Country | Ji Citizerisilipi _ | | |
| Name: | | | | | Male□ Female □ |
| Date of Birth: | Month: | _ Day: | Year: _ | | |
| Birth Country: | | Country | of Citizenship: _ | Relationship: | Child Spouse |
| Please list additional dependents on a separate sheet of paper and include copies of appropriate identification documents. | | | | | |

Updated 6/8/16