



APPLICATION SUPPLEMENT – DEPENDENT INFORMATION

DEPENDENT INFORMATION	
Will your spouse be staying with you in the U.S.A.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Will any dependents be staying with you in the U.S.A.? YES <input type="checkbox"/> NO <input type="checkbox"/> 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: _____ Day: _____ Year: _____ Birth Country: _____ Country of Citizenship: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Relationship: Child <input type="checkbox"/> Spouse <input type="checkbox"/>
Name: _____ Date of Birth Month: _____ Day: _____ Year: _____ Birth Country: _____ Country of Citizenship: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Relationship: Child <input type="checkbox"/> Spouse <input type="checkbox"/>
Name: _____ Date of Birth Month: _____ Day: _____ Year: _____ Birth Country: _____ Country of Citizenship: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Relationship: Child <input type="checkbox"/> Spouse <input type="checkbox"/>
Please list additional dependents on a separate sheet of paper and include copies of appropriate identification documents.	