US VISA APPLICATION FORM (DS-160)

SECURITY QUESTION

Given name of your mother's mother? :_____

PERSONAL 1

Name (LAST, FIRST, MIDDLE) : _____
Full name in native language : _____
Other names used : _____
Sex : _____
Marital status : _____
Date of birth : _____
Place of birth : _____

PERSONAL 2

Applicant's Nationality : _____
Do you hold or have held nationality in other countries? YES/NO : _____
If YES, please provide Passport Number :_____
Are you a permanent resident in another country? YES/NO : _____
If YES, please state country : _____
National identification number : _____
U.S social security number (if applicable): _____
U.S taxpayer ID number (if applicable) : _____

TRAVEL INFORMATION

Purpose of trip to the U.S : _____
Have you made specific travel plans? YES/NO : _____
If YES, please provide details below:
Date of arrival in the US : _____
Arrival Flight (if known) :_____
Arrival City :_____
Date of departure from the US :_____
Departure Flight (if known) :_____
Departure City :_____
Provide the location you want to visit:

1.	5.
2.	6.
3.	7.
4.	8.

Complete address where you will stay in the U.S : _____

_____

Person/entity paying for your trip : _____

**If you're paying for your trip, please put in MYSELF*

If another person is paying for your trip, please provide the following information:

Name : _____

Relationship to you : _____

Contact number : _____

Complete Address :_____

Email address : _____

Are there other persons travelling with you? YES/NO : _____

Persons travelling with you (if known, or family members)

Name (1) : _____

Relationship to you : _____

Name (2) : _____

Relationship to you : _____

Are you travelling as part of a group or organization? YES/NO :_____

If YES, please state name of travel group/organizations :_____

PREVIOUS U.S. TRAVEL INFORMATION

Have you ever been in the US? YES/NO : _____

If YES, please provide details of all previous U.S visits:

Date Arrived	Length of Stay	Date Arrived	Length of Stay
1.		7.	
2.		8.	
3.		9.	
4.		10	
5.		11.	
6.		12.	

Do you or did you hold a U.S. Driver's License? YES/NO : _____

If YES, please provide the following information:

Driver License Number : _____

State of Driver's License ☐ Active ☐ Expired

If Active, please state date of expiry : _____

Have you ever been issued a U.S visa : _____

Date last visa was issued : _____

Date of expiration : _____

Visa number : _____

Has your U.S. Visa ever been lost or stolen? YES/NO: _____

If YES, enter year your visa was lost or stolen :_____

Explain :_____

_____

Has your visa ever been revoked or cancelled? YES/NO: _____

If YES, Explain: _____

_____

Have you ever been refused a U.S visa, or been refused admission to the U.S or withdrawn your application for admission at the point of entry? YES/NO : _____

If YES, please specify date if when, what month, day and year :_____

What is the reason of refusal? : _____

_____

Other explanation: _____

_____

Has anyone ever filed an immigrant petition on your behalf with the United States citizenship and immigration services? YES/NO : _____

If YES, Explain: _____

_____

ADDRESS AND PHONE INFORMATION

Home address : _____

City : _____

State/ Province : _____

Postal zone/ Zip code : _____

Country : _____

Mailing address (if the same, please indicate ***SAME***): _____

City : _____

State/ Province : _____

Postal zone/ Zip code : _____

Country : _____

Primary phone number : _____

Secondary phone number : _____

Work phone number : _____

Have you used additional phone numbers in the last five years? YES/NO : _____

If YES, please provide additional phone number/s: _____

Email address (MANDATORY) : _____

Have you used additional email addresses in the last five years? YES/NO: _____

If YES, please provide additional email address/es: _____

Do you have social media presence? YES/NO : _____

If YES, please provide the following information:

Social media provider : _____

Social Media Identifier : _____

Have you used additional social media platforms in the last five years? YES/NO: _____

If YES, please provide the following information:

Social media provider : _____

Social Media Identifier : _____

PASSPORT INFORMATION

Passport/Travel document type : _____
Passport/Travel document number : _____
Passport book number (if applicable) : _____
Where was the Passport/Travel document issued?: _____
City : _____
State/ Province (if shown on passport): _____
Country : _____
Date of issuance : _____
Expiration date : _____
Have you ever lost a passport or had one stolen? If yes, passport number YES/NO: _____
If YES, please provide the following information:
Passport/Travel document number (*please indicate if you do not know*) : _____
Country/Authority that issued the Passport/Travel document: _____
Explain : _____
_____

U.S CONTACT INFORMATION

Organization name in the U.S :_____
Contact person name in the U.S : _____
Relationship to you : _____
Complete U.S contact address with Zip code : _____
_____
Phone number : _____
Email address : _____

FAMILY INFORMATION

Father's name: First name : _____
(NO NICKNAME) Middle name :_____
Last name :_____
Date of birth : _____
Is your father in the U.S? : _____
Mother's name: First name : _____
(NO NICKNAME) Middle name :_____
Last name :_____
Date of birth : _____
Is your mother in the U.S? : _____

Do you have any immediate relatives, not including parents in the U.S? YES/NO: _____
(Immediate relatives means: fiancé/fiancée, spouse, child, or sibling)
If YES, please provide the following information:
Name of immediate relative: : _____
Relationship to you : _____
Relative's Status (Citizen/Permanent Resident/Working Visa): _____
Do you have any other relatives in the U.S? YES/NO : _____

FAMILY INFORMATION: SPOUSE

Spouse's Name (LAST, FIRST, MIDDLE) :_____
Date of birth : _____
Nationality : _____
City of birth : _____
Country of birth : _____
Complete address : _____
Date & Place of of Marriage
Date : _____
City : _____
State/Province: _____
Country: _____

FAMILY INFORMATION: FIANCÉ/FIANCÉE

Fiancé or Fiancée's Name (LAST, FIRST, MIDDLE) :_____
Date of birth : _____
Nationality : _____
City of birth : _____
Country of birth : _____
Complete address : _____
Occupation : _____

FAMILY INFORMATION: DECEASED SPOUSE

Spouse's Name (LAST, FIRST, MIDDLE) :_____
Date of birth : _____

FAMILY INFORMATION: CHILDREN

Do you have any children? YES/NO? : _____
If YES, how many children? : _____

Name (LAST, FIRST	
Date of Birth	
Place of Birth	
Is the child travelling with you to the U.S.?	
Is the child travelling to the U.S. at a later date to join you?	

Name (LAST, FIRST	
Date of Birth	
Place of Birth	
Is the child travelling with you to the U.S.?	
Is the child travelling to the U.S. at a later date to join you?	

Name (LAST, FIRST	
Date of Birth	
Place of Birth	
Is the child travelling with you to the U.S.?	
Is the child travelling to the U.S. at a later date to join you?	

Name (LAST, FIRST	
Date of Birth	
Place of Birth	
Is the child travelling with you to the U.S.?	
Is the child travelling to the U.S. at a later date to join you?	

Name (LAST, FIRST	
Date of Birth	
Place of Birth	
Is the child travelling with you to the U.S.?	
Is the child travelling to the U.S. at a later date to join you?	

PRESENT WORK/ EDUCATION/ TRAINING INFORMATION

Primary Occupation : _____
Present Employer or School Name : _____
Complete address : _____
Zip code/ Postal code : _____
State/Province : _____
Country : _____
Work Phone Number : _____
Date started (mm/dd/yy) : _____

Monthly salary or income in local currency : _____
Briefly describe your present duties : _____
_____

PREVIOUS WORK/ EDUCATION/ TRAINING INFORMATION

Where you previously employed? YES/NO : _____

If YES, please provide the following details: (Maximum of 2)

Name of Employer : _____
Complete address w/ zip code : _____
Contact number : _____
Date started (mm/dd/yy) : _____
Date ended (mm/dd/yy) : _____
Job Title : _____
Supervisor's Name : _____
Employment date from : _____
Employment date to : _____
Briefly describe your duties : _____
_____
_____

Name of Employer : _____
Complete address w/ zip code : _____
Contact number : _____
Date started (mm/dd/yy) : _____
Date ended (mm/dd/yy) : _____
Job Title : _____
Supervisor's Name : _____
Employment date from : _____
Employment date to : _____
Briefly describe your duties : _____
_____
_____

Have you attended any educational institutions at a secondary level or above? YES/NO : _____

If YES, please provide the following details: (Maximum of 2)

Name of institution : _____
Complete Address : _____
City : _____
State/ Province : _____
Postal zone/ Zip code : _____
Country : _____
Course of study : _____
*Date of attendance from : _____
*Date of attendance to : _____

**Please write indicate month, day and year. If cannot remember, then put the date closer to what month, day & year it was*

Name of institution : _____

Complete Address : _____

City : _____

State/ Province : _____

Postal zone/ Zip code : _____

Country : _____

Course of study : _____

*Date of attendance from : _____

*Date of attendance to :_____

**Please write indicate month, day and year. If cannot remember, then put the date closer to what month, day & year it was*

Do you belong to a clan or tribe? : _____

Provide a list of languages you speak

Have you traveled to any country/region within the last five years? NO

1.	6.	11.
2.	7.	12.
3.	8.	13.
4.	9.	14.
5.	10.	15.

Have you belonged to, contribute to or worked for any professional, social or charitable organization? YES/NO:

_____

Do you have any specialized skills or training, including firearms, explosives, nuclear biological or chemical experience? YES/NO: _____

Have you ever served in the military? YES/NO : _____

If YES, please provide the following information:

Country/Region of Service : _____

Branch of Service : _____

Military Specialty : _____

Date of Service From : _____

Date of Service To: : _____

Have you ever served in, been a member of,or been involved with a paramilitary unit, vigilante unit, rebel group, guerrilla group, or insurgent organization? YES/NO : _____

SECURITY INFORMATION

Do you have a communicable disease of public health significance? (Communicable diseases of public significance include chancroid, gonorrhea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, active tuberculosis, and other diseases as determined by the Department of Health and Human Services? YES/NO

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

Are you or have you ever been a drug abuser or addict? YES/NO

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

Have you ever violated, or engaged in a conspiracy to violate,any law relating to controlled substances? YES/NO

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

Have you ever been involved in, or do you seek to engage in, money laundering? YES/NO

Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States? YES/NO

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

Have you ever been the subject of a removal or deportation hearing? YES/NO

Have you belonged to, contribute to or worked for any professional, social or charitable organization? YES/NO

Do you have any specialized skills or training, including firearms, explosives, nuclear biological or chemical experience? YES/NO