



Spouse

_____	_____	_____
Last/Family Name	First/Given Name	Middle Name
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: Month, Day, Year		
_____	_____	
City of Birth	Country of Birth	
_____	_____	
Country of Citizenship	Country of Permanent Residence	

Child

_____	_____	_____
Last/Family Name	First/Given Name	Middle Name
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: Month, Day, Year		
_____	_____	
City of Birth	Country of Birth	
_____	_____	
Country of Citizenship	Country of Permanent Residence	

Child

_____	_____	_____
Last/Family Name	First/Given Name	Middle Name
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: Month, Day, Year		
_____	_____	
City of Birth	Country of Birth	
_____	_____	
Country of Citizenship	Country of Permanent Residence	

Name (Please Print)

Signature

Date

I-797 Picked Up on: \_\_\_\_\_ I-797 Returned on: \_\_\_\_\_ I-94 copy provided  Yes  No  
Copy of visa stamp provided  Yes  No Copy of passport provided  Yes  No