

## NONIMMIGRANT VISA GENERAL INFORMATION

Case Number	PET/FAM Code	Open Date	A-Number
Organization	Last Name	First Name	Middle Name

### Alien's Information

Last Name	First Name	Middle Name, Middle Initial	Maiden Name
Birthdate	Nationality	Race <input type="checkbox"/> C <input type="checkbox"/> B <input type="checkbox"/> O	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Birthplace: City	State	Country	Citizen Of
Phone Number	Business Number	Fax Number	Social Security Number
Height	Eyes	Hair	Complexion
Marks of Identification		Age	Weight

Country of Chargeability	Priority Date / /	Preference Category	
Alternate Chargeability	Alternate Priority / /	Alternate Preference	

### Alien's Present Residence Address

Street Address		Apt.	Since ( Month, Year)
City	State	ZIP Code	Country

### Alien's Mailing Address (as above)

In Care of		Apartment Number	
Street Address	City	State	ZIP Code

### U.S. Address Where Alien Will Reside

Street Address		Phone Number	
City	State	ZIP Code	

Alien's Address Abroad

Street Address		Phone Number	
City	State	ZIP Code	

Alien's Marital Status

<input type="checkbox"/> Single <input type="checkbox"/> Married	Date Married	Place Married	
--	--------------	---------------	--

Alien's Spouse

Last Name	Maiden Name	First Name	Middle Name
Birthplace: City	State	Country	Birthdate
Passport Issued By:	Passport Expiration Date	Nationality	Citizen of:

Previous Spouse, Parent, Previous Address

Alien's Previous Spouse

Last Name	Maiden Name	First Name	Birthdate
Citizen of:	Date of Marriage	Place of Marriage	
Date of Separation	Place of Separation		

Alien's 2nd Previous Spouse

Last Name	Maiden Name	First Name	Birthdate
Citizen of:	Date of Marriage	Place of Marriage	
Date of Separation	Place of Separation		

Alien's Spouse's Former Spouse

Name	Citizen of:	Date of Divorce	
------	-------------	-----------------	--

Alien's Father

Last Name	First Name	Middle Initial	
Birthplace	Birthdate	Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year died
Street Address	City	State	Country

Alien's Mother

Last Name	First Name	Middle Initial	
Birthplace	Birthdate	Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year died
Street Address (as above)	City	State	Country

Alien's Previous Addresses for Last 5 Years

Street Address	City	State	Country	From(Mo./Yr.)	To ( Mo./Yr.)
Street Address	City	State	Country	From(Mo./Yr.)	To ( Mo./Yr.)
Street Address	City	State	Country	From(Mo./Yr.)	To ( Mo./Yr.)
Street Address	City	State	Country	From(Mo./Yr.)	To ( Mo./Yr.)
Street Address	City	State	Country	From(Mo./Yr.)	To ( Mo./Yr.)

Alien's Last Address out of U.S. For more than 1 Year

Street Address	City	State	Country
----------------	------	-------	---------

Family, Previous Employment Information

Relatives (Brothers and Sister)

Last Name	First Name	Middle Initial	Relationship
Birthdate	City of Birth	State of Birth	Country of Birth
A-Number	Resident of:	Immigrant Status	Age

Last Name	First Name	Middle Initial	Relationship
Birthdate	City of Birth	State of Birth	Country of Birth
A-Number	Resident of:	Immigrant Status	Age

Last Name	First Name	Middle Initial	Relationship
Birthdate	City of Birth	State of Birth	Country of Birth
A-Number	Resident of:	Immigrant Status	Age

Last Name	First Name	Middle Initial	Relationship
Birthdate	City of Birth	State of Birth	Country of Birth
A-Number	Resident of:	Immigrant Status	Age

Last Name	First Name	Middle Initial	Relationship
Birthdate	City of Birth	State of Birth	Country of Birth
A-Number	Resident of:	Immigrant Status	Age

Alien's Employment For Last 5 Years ( Present First)

Employer	Address	Occupation	From	To
Employer	Address	Occupation	From	To
Employer	Address	Occupation	From	To
Employer	Address	Occupation	From	To

Alien's Last Occupation Abroad

--

Membership and Misc. Information

Group Name	Location	From	To
Nature of Group			
Group Name	Location	From	To
Nature of Group			
Group Name	Location	From	To
Nature of Group			
Group Name	Location	From	To
Nature of Group			
Group Name	Location	From	To
Nature of Group			
Group Name	Location	From	To
Nature of Group			
Group Name	Location	From	To
Nature of Group			

Alien miscellaneous Information

Education- University/Date/Diploma/ and Equivalency:	Company Ownership History: (provide separately)	Controlled Entities	PATRIOT Act disclosure / "Know your customer"
Ever resided in U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Arrived	Permanent Res. Granted	Eligible for Naturalization
Number of Entries	Current Nonimm. Status		
Means of Travel To U.S.	Alien Inspected <input type="checkbox"/> Yes <input type="checkbox"/> No	Entry Status	
Passport Number	Passport Issued (Date)	Passport Issued By	Passport Expires (Date)
Visa Issued (Date)	Visa Expired (Date)	Indefinite? <input type="checkbox"/> Yes <input type="checkbox"/> No	Visa Class
I-94 Number	I-94 Issued (Date) / /	I-94 Expires (Date)	Duration Of Stay <input type="checkbox"/> Yes <input type="checkbox"/> No
I-94 Name (If Different)			