

In accordance with 8 CFR 264.1(f) you are required to fill out the following information truthfully.

Fill out as much of this information as possible. You may be asked for more information.

Last Name	First Name	Middle Name(s)

Date of Birth	Country of Birth	Country of Citizenship	Country of Residence	City of Residence

DD MM CC YY If Residence in U.S., Canada or Mexico list State/Province

Reason for entering the United States. If visiting various areas list each with the time you will spend there.

Use back of page if necessary

Length of Visit	Years	Months	Days	Departure Date

BIOGRAPHICAL DATA

Hair Color	Eye Color	Height	Weight
City of Birth	If Born in Canada or Mexico, list State/Province		

PARENT INFORMATION

Father's Last Name	First Name	Middle Name(s)

Date of Birth	Country of Birth	Country of Citizenship	Country of Residence	City of Residence

DD MM CC YY If Residence in U.S., Canada or Mexico, State/Province

Address	Phone Number

Mother's Last Name	First Name	Middle Name(s)

Date of Birth	Country of Birth	Country of Citizenship	Country of Residence	City of Residence

DD MM CC YY If Residence in U.S., Canada or Mexico, State/Province

Address	Phone Number

U.S. POINTS OF CONTACT (RELATIVES, FRIENDS, EMPLOYERS, SCHOOL REPRESENTATIVES)

Last Name	First Name	Middle Name(s)

Relationship to you (if relative, note if parent, cousin, etc.)
Address (House number, P.O. Box and/or Street)

City	State	Zip Code

Phone Numbers - Home	Work

Continued on next page

U.S. POINTS OF CONTACT CONTINUED

Last Name		First Name		Middle Name(s)	
Relationship to you (if relative note if brother, cousin, etc.)					
Address (House number, P.O. Box and/or Street)					
City		State	Zip Code		
Phone Numbers - Home			Work		

Last Name		First Name		Middle Name(s)	
Relationship to you (if relative note if brother, cousin, etc.)					
Address (House number, P.O. Box and/or Street)					
City		State	Zip Code		
Phone Numbers - Home			Work		

IF A STUDENT IN THE UNITED STATES, FILL OUT THE FOLLOWING

School Name		Major	
Address (House number, P.O. Box and/or Street)			
City		State	Zip Code
Phone Number of School Representative if not listed above			x

EMPLOYMENT INFORMATION

Employer		Position	
Address (House number, P.O. Box and/or Street)			
City		State	Zip Code
Phone Number of Employer/Manager/Supervisor			x

MISCELLANEOUS INFORMATION

Driver's License Number (International, United States or Other Country)		
Issuing Authority (Organization, Country or State/Province)		
Social Security/Social Insurance Number (United States or Other Country)		
Issuing Authority (Organization, Country or State/Province)		
Foreign Identification Card Number		
Issuing Authority (Organization, Country or State/Province)		
Other Identification Card Number		
Issuing Authority (Organization, Country or State/Province)		

All the above information is true and correct

Signature		Date	
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