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CONSULAR PROCESSING QUESTIONNAIRE

Personal, Address and Phone Information

Name:
Other Names Used:
Current Marital Status:
Date of Birth:
(Format: DD-MM-YYYY)
City of Birth:
State/Province of Birth:
Country/Region of Birth:
Country/Region of Origin (Nationality):

Passport Number:
Country/Authority that Issued Document:
Issuance Date:
(Format: DD-MM-YYYY)
Expiration Date:
(Format: DD-MM-YYYY)

Do you hold or have you held any nationality other than the one you have indicated above?

Present Address:
City:
State/Province:
Postal Zone/ZIP Code:
Country/Region:
Since Date:
(Format: DD-MM-YYYY)

Have you lived anywhere other than this address since the age of sixteen?

Previous Address (1):
Street, Apt.:
City:
State/Province:
Country/Region:

ZIP Code:
From:
(Format: DD-MM-YYYY)
To:
(Format: DD-MM-YYYY)

Previous Address (2):

Street, Apt.:
City:
State/Province:
Country/Region:
ZIP Code:
From:
(Format: DD-MM-YYYY)
To:
(Format: DD-MM-YYYY)

Previous Address (3):

Street, Apt.:
City:
State/Province:
Country/Region:
ZIP Code:
From:
(Format: DD-MM-YYYY)
To:
(Format: DD-MM-YYYY)

Previous Address (4):

Street, Apt.:
City:
State/Province:
Country/Region:
ZIP Code:
From:
(Format: DD-MM-YYYY)
To:
(Format: DD-MM-YYYY)

(If you have more addresses please attach extra sheet)

Primary Phone Number:
Email Address:

Is your Mailing Address the same as your Present Address?
Mailing Address:
City: State/Province:
Postal Zone/ZIP Code:
Country/Region:

Do you have an address in the United States where you intend to live?
Name of person currently living at address:
U.S. Address:
City:
State/Province:
Postal Zone/ZIP Code:
Is this address where you want your Permanent Residence Card (Green Card) mailed?
If not, please write the address:

Family Information

Father's Surnames:
Father's Given Names:
Date of Birth:
(Format: DD-MM-YYYY)
City of Birth:
State/Province of Birth:
Country/Region of Birth:
Is your father still living? *(If not please provide year of death)*
Current Address:
City: State/Province:
Postal Zone/ZIP Code:
Country/Region:

Mother's Surnames:
Mother's Given Names:
Date of Birth:
(Format: DD-MM-YYYY)
City of Birth:
State/Province of Birth:
Country/Region of Birth:
Is your mother still living? *(If not please provide year of death)*
Current Address:
City:
State/Province:
Postal Zone/ZIP Code:

Spouse's Full Name:
Spouse's Date of Birth:
(Format: DD-MM-YYYY)
Spouse's City of Birth:
Spouse's State/Province of Birth:
Spouse's Country/Region of Birth:
Spouse's Address:
Occupation:

Date of Marriage:
(Format: DD-MM-YYYY)
Marriage City:
Marriage State/Province:
Marriage Country/Region:
Is your spouse immigrating to the U.S. with you?
Is your spouse immigrating to the U.S. later date to join you?

Do you have any Previous Spouses?
Previous Spouse's Full Name:
Previous Spouse's Date of Birth:
(Format: DD-MM-YYYY)
Previous Spouse's City of Birth:
Previous Spouse's State/Province of Birth:
Previous Spouse's Country/Region of Birth:
Previous Spouse's Address:

Do you have any Children (any age)?
Children's Full Name:
Children's Date of Birth:
(Format: DD-MM-YYYY)
Children's City of Birth:
Children's State/Province of Birth:
Children's Country/Region of Birth:
Children's Address:

Children's Full Name:
Children's Date of Birth:
(Format: DD-MM-YYYY)
Children's City of Birth:
Children's State/Province of Birth:
Children's Country/Region of Birth:
Children's Address:

(If you have more children please attach extra sheet)

Previous U.S. Travel Information

Have you ever been in the U.S.?
Have you ever been issued a U.S .Visa?
Have you ever been refused a U.S. Visa, been refused admission to the United States, or withdrawn your application for admission at the port of entry?

Work/ Education/Training Information

Primary Occupation:
Present Employer or School Name: Address:
City:
State/Province:
Postal Zone/ZIP Code:
Country/Region:

Do you have other occupations?

In which occupation do you intend to work in the U.S.?

Were you previously employed?

Employer Name (1):
Employer Address:
City:
State/Province:
Postal Zone/ZIP Code:
Country/Region:
Telephone Number:
Job Title:
Supervisor's Surnames:
Supervisor's Given Names:
Employment Date From:
(Format: DD-MM-YYYY)
Employment Date To:
(Format: DD-MM-YYYY)

Employer Name (2):
Employer Address:
City:
State/Province:
Postal Zone/ZIP Code:
Country/Region:
Telephone Number:
Job Title:
Supervisor's Surnames:

Supervisor's Given Names:
Employment Date From:
(Format: DD-MM-YYYY)
Employment Date To:
(Format: DD-MM-YYYY)

Employer Name (3):
Employer Address:
City:
State/Province:
Postal Zone/ZIP Code:
Country/Region:
Telephone Number:
Job Title:
Supervisor's Surnames:
Supervisor's Given Names:
Employment Date From:
(Format: DD-MM-YYYY)
Employment Date To:
(Format: DD-MM-YYYY)

(If you have previous employers please attach extra sheet)

Have you attended any educational institutions since high school?

Number of Educational institutions Attended:
Name of Institution (1):
Address of Institution: City:
State/Province:
Postal Zone/ZIP Code:
Country/Region:
Course of Study:
Degree or Diploma:
Date of Attendance From:
(Format: DD-MM-YYYY)
Date of Attendance To:
(Format: DD-MM-YYYY)

Name of Institution (2):
Address of Institution: City:
State/Province:
Postal Zone/ZIP Code:
Country/Region:
Course of Study:
Degree or Diploma:
Date of Attendance From: (Format: DD-MM-YYYY)

Date of Attendance To:
(Format: DD-MM-YYYY)

Have you ever served in the military?

Can you speak and/or read languages other than your native language?
List the languages that you speak and/or read:

Petitioner Information

Petitioner is my:
Petitioner Name:
Petitioner Address:
City:
State/Province:
Postal Zone/ZIP Code:
Country/Region:
Telephone:
Mobile/Cell Telephone:
Email Address: