



IMMIGRATION
CONSULTANT

مؤسسہ حقوقی و مہاجرتی
ادب خواہ

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DS – 260 FORM APPLICATION

Online Immigrant Visa and Alien Registration Application (DS-260)

Personal, Address, and Phone Information

Name Provided:

Full Name in Native Language:

Other Names Used:

Sex:

Current Marital Status:

Date of Birth:

City of Birth:

State/Province of Birth:

Country/Region of Birth:

Country/Region of Origin (Nationality):

Document Type:

Document ID:

Country/Authority that Issued Document:

Document Type:

Document ID:

Country/Authority that Issued Document:

Issuance Date:

Expiration Date:

Do you hold or have you held any nationality other than the one you have indicated above? Yes No

Other Country/Region of Origin (Nationality):

Do you hold a passport from the country/region of origin (nationality) above? Yes No

Passport Number:

Present Address:

City:

State/Province:

Postal Zone/ZIP Code: _

Country/Region:

From Date:

Have you lived anywhere other than this address since the age of sixteen? Yes No

Previous Address (1):

City:

State/Province:

Postal Zone/ZIP Code: _

Country/Region:

From:

To:

Previous Address (2):

City:



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State/Province:

Postal Zone/ZIP Code: _

Country/Region:

From:

To:

Previous Address (3):

City:

State/Province:

Postal Zone/ZIP Code: _

Country/Region:

From:

To:

Previous Address (4):

City:

State/Province:

Postal Zone/ZIP Code: _

Country/Region:

From:

To:

Previous Address (5):

City:

State/Province:

Postal Zone/ZIP Code: _

Country/Region:

From:

To:

Primary Phone Number:

Secondary Phone Number:

Work Phone Number:

Email Address:

Is your Mailing Address the same as your Present Address? Yes No

Address:

City:

State/Province:

Postal Zone/ZIP Code: _

Country/Region:

Do you have an address in the United States where you intend to live? Yes No

Name of person currently living at address:

U.S. Address:





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Phone Number:

Is this address where you want your Permanent Residence Card (Green Card) mailed? Yes No

Contact Person:

Address:

City:

State:

ZIP Code:

Phone Number:

Family Information

Father's Surnames:

Father's Given Names: _

Date of Birth:

City of Birth:

State/Province of Birth:

Country/Region of Birth:

Is your father still living? Yes No

Year of death:

Mother's Surnames:

Mother's Given Names:

Date of Birth:

City of Birth:

State/Province of Birth:

Country/Region of Birth:

Is your mother still living? Yes No

Year of death:

Do you have any previous spouses? Yes No

Previous Spouse Name (1):

Date of Birth:

Date of Marriage:

Date Marriage Ended:

How was your marriage terminated?

Country/Region where marriage was terminated: _

Previous Spouse Name (2):

Date of Birth:

Date of Marriage:

Date Marriage Ended:

How was your marriage terminated?

Country/Region where marriage was terminated: _

Do you have any children? Yes No

Number of Children:

Child Name (1):

Date of Birth:

City of Birth:





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State of Birth:

Country/Region of Birth:

Does this child live with you? Yes No

Address:

City:

State/Province:

Postal Zone/ZIP Code: _

Country/Region:

Is this child immigrating to the U.S. with you? Yes No

Is this child immigrating to the U.S. at a later date to join you? Yes No

Child Name (2):

Date of Birth:

City of Birth:

State of Birth:

Country/Region of Birth:

Does this child live with you? Yes No

Address:

City:

State/Province:

Postal Zone/ZIP Code: _

Country/Region:

Is this child immigrating to the U.S. with you? Yes No

Is this child immigrating to the U.S. at a later date to join you? Yes No

Child Name (3):

Date of Birth:

City of Birth:

State of Birth:

Country/Region of Birth:

Does this child live with you? Yes No

Address:

City:

State/Province:

Postal Zone/ZIP Code: _

Country/Region:

Is this child immigrating to the U.S. with you? Yes No

Is this child immigrating to the U.S. at a later date to join you? Yes No

Child Name (4):

Date of Birth:

City of Birth:

State of Birth:





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Country/Region of Birth:

Does this child live with you? Yes No

Address:

City:

State/Province:

Postal Zone/ZIP Code:

Country/Region:

Is this child immigrating to the U.S. with you? Yes No

Is this child immigrating to the U.S. at a later date to join you? Yes No

Child Name (5):

Date of Birth:

City of Birth:

State of Birth:

Country/Region of Birth:

Does this child live with you? Yes No

Address:

City:

State/Province:

Postal Zone/ZIP Code: _

Country/Region:

Is this child immigrating to the U.S. with you? Yes No

Is this child immigrating to the U.S. at a later date to join you? Yes No

Previous U.S. Travel Information

Have you even been in the U.S.? Yes No

Where you issued an Alien Registration Number by the Department of Homeland Security? Yes No

Alien Registration Number:

Provide information on your last five U.S. visits.

Date Arrived (1):

Length of Stay:

Date Arrived (2):

Length of Stay:

Date Arrived (3):

Length of Stay:

Date Arrived (4):

Length of Stay:

Date Arrived (5):

Length of Stay:

Have you even been issued a U.S. Visa? Yes No

Date Visa Was Issued: _

Visa Classification:

Visa Number:





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If you answer yes to any of the following questions, please explain below:

Have any of your U.S. visas ever been lost or stolen? Yes No

Have any of your U.S. visas ever been cancelled or revoked? Yes No

Have you ever been refused a U.S. visa, been refused admission to the U.S., or withdrawn your application for admission at the port of entry? Yes No

If you answered yes to any of these questions, please explain:

Work, Education, and Training Information

Primary Occupation:

Do you have any other occupations? Yes No

Other Occupations:

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

Were you previously employed? Yes No

Employer Name (1):

Employer Street Address:

City:

State/Province:

Postal Zone/ZIP Code: _

Country/Region:

Telephone Number:

Job Title:

Supervisor's Surnames:

Supervisor's Given Names:

Employment Date From:

Employment Date To:

Employer Name (2):

Employer Street Address:

City:

State/Province:

Postal Zone/ZIP Code: _

Country/Region:

Telephone Number:

Job Title:

Supervisor's Surnames:

Supervisor's Given Names:

Employment Date From:

Employment Date To:

Employer Name (3):

Employer Street Address:

City:

State/Province:





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Postal Zone/ZIP Code: _

Country/Region:

Telephone Number:

Job Title:

Supervisor's Surnames:

Supervisor's Given Names:

Employment Date From:

Employment Date To:

Employer Name (4):

Employer Street Address:

City:

State/Province:

Postal Zone/ZIP Code: _

Country/Region:

Telephone Number:

Job Title:

Supervisor's Surnames:

Supervisor's Given Names:

Employment Date From:

Employment Date To:

Employer Name (5):

Employer Street Address:

City:

State/Province:

Postal Zone/ZIP Code: _

Country/Region:

Telephone Number:

Job Title:

Supervisor's Surnames:

Supervisor's Given Names:

Employment Date From:

Employment Date To:

Have you attended any educational institutions at a secondary level or above? Yes No

Number of Educational Institutions Attended:

Name of Institution (1):

Address of Institution:

City:

State/Province:

Postal Zone/ZIP Code: _

Country/Region:

Course of Study:



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Degree or Diploma:
Date of Attendance From:
Date of Attendance To:
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:
Date of Attendance To:
Have you ever served in the military? Yes No

Name of Country/Region:
Branch of Service:
Rank/Position:
Military Specialty:
Date of Service From:
Date of Service To:

Petitioner Information
Petitioner is my:
Petitioner Name:
Petitioner Address:
City:

State/Province:
Postal Zone/ZIP Code: _
Country/Region:
Telephone:
Mobile/Cell Telephone:
Email Address:

Security and Background Information

- Do you have a communicable disease of public health significance such as tuberculosis (TB)? Yes No
- Do you have documentation to establish that you have received vaccinations in accordance with U.S. law? 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





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- Have you ever been arrested or convicted for any offense or crime, even though subject or 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 the spouse, son, or daughter of an individual who has violated any controlled substance trafficking law, and have knowingly benefited from the trafficking activities in the past five years? 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

Have you ever knowingly aided, abetted, assisted, or colluded with an individual who has been identified by the President of the United States as a person who plays a significant role in a severe form of trafficking in persons? 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
- Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States? Yes No
- Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities? Yes No
- Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations? Yes No
- Are you a member or representative of a terrorist organization? Yes No
- Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide? Yes No
- Have you ever committed, ordered, incited, assisted, or otherwise participated in torture? Yes No
- Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence? Yes No
- Have you ever engaged in the recruitment of or the use of child soldiers? Yes No
- Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom? Yes No
- Are you a member of or affiliated with the Communist or other totalitarian party? Yes No
- Have you ever directly or indirectly assisted or supported any of the groups in Columbia known as the Revolutionary Armed Forces of Columbia (FARC), National Liberation Army (ELN), or United Self-Defense Forces of Columbia (AUC)? Yes No



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- Have you ever, through abuse of governmental or political position converted for personal gain, confiscated or expropriated property in a foreign nation to which a United States national had claim of ownership? Yes No
- Are you the spouse, minor child, or agent of an individual who has through abuse of governmental or political position converted for personal gain, confiscated or expropriated property in a foreign nation to which a United States national had claim of ownership? Yes No
- Have you ever been directly involved in the establishment or enforcement of population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free choice? Yes No
- Have you ever disclosed or trafficked in confidential U.S. business information obtained in connection with U.S. participation in the Chemical Weapons Convention? Yes No
- Are you the spouse, minor child, or agent of an individual who has disclosed or trafficked in confidential U.S. business information obtained in connection with U.S. participation in the Chemical Weapons Convention? Yes No

Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration benefit by fraud or willful misrepresentation or other unlawful means? Yes No

- Have you ever been the subject of a removal or deportation hearing? Yes No
- Have you failed to attend a hearing on removability or inadmissibility within the last five years? Yes No
- Have you ever been unlawfully present, overstayed the amount of time granted by an immigration official or otherwise violated the terms of a U.S. visa? Yes No
- Are you subject to a civil penalty under INA 274C? Yes No
- Have you been ordered removed from the U.S. during the last five years? Yes No
- Have you been ordered removed from the U.S. for a second time within the last 20 years? Yes No
- Have you ever been unlawfully present and ordered removed from the U.S. during the last ten years? Yes No
- Have you ever been convicted of an aggravated felony and been ordered removed from the U.S.? Yes No
- Have you ever been unlawfully present in the U.S. for more than 180 days (but no more than one year) and have voluntarily departed the U.S. within the last three years? Yes No
- Have you ever been unlawfully present in the U.S. for more than one year or more than one year in the aggregate at any time during the last 10 years? Yes No
- Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court? Yes No
- Have you ever intentionally assisted another person in withholding custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court? Yes No



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- Have you voted in the United States in violation of any law or regulation? Yes No
 - Have you ever renounced United States citizenship for the purpose of avoiding taxation? Yes No
 - Have you attended a public elementary school or a public secondary school on student (F) status after November 30, 1996 without reimbursing the school? Yes No
 - Do you seek to enter the United States for the purpose of performing skilled or unskilled labor but have not yet been certified by the Secretary of Labor? Yes No
 - Are you a graduate of a foreign medical school seeking to perform medical services in the United States but have not yet passed the National Board of Medical Examiners examination or its equivalent? Yes No
 - Are you a health care worker seeking to perform such work in the United States but have not yet received certification from the Commission on Graduates of Foreign Nursing Schools or from an equivalent approved independent credentialing organization? Yes No
 - Are you permanently ineligible for U.S. citizenship? Yes No
 - Have you ever departed the United States in order to evade military service during a time of war? Yes No
 - Are you coming to the U.S. to practice polygamy? Yes No
 - Are you a former exchange visitor (J) who has not yet fulfilled the two-year foreign residence requirement? Yes No
- Has the Secretary of Homeland Security of the United States ever determined that you knowingly made a frivolous application for asylum? Yes No
- Are you likely to become a public charge after you are admitted to the United States? Yes No
- If you answer yes to any of the following questions, please explain below:
-
-

Social Security Number Information

Have you every applied for a Social Security number?

Do you want the Social Security Administration to issue a Social Security number and a card?

Do you authorize disclosure of information from this form to the Department of Homeland Security, the Social Security Administration, and such other U.S. Government agencies as may be required for the purposes of assigning you a Social Security number (SSN) and issuing you a Social Security card and do you authorize the Social Security Administration to share your SSN with the Department of Homeland Security? YES OR NO