



THE VISA LADY COMPANY

DS-160 QUESTIONNAIRE

Please ensure to fill out all 11 pages | Indicate non applicable information with N/A

CONSULATE YOU WISH TO APPLY

CONSULATE YOU WISH TO APPLY: _____

TYPE OF VISA: _____

IF PETITION BASED PLEASE TYPE PETITION NUMBER: _____

Personal address, phone, and passport info:

Full name: _____

Surname: _____

Other names (maiden name) or known as name: _____

Sex: _____

Marital status:* _____

*If divorced/separated/diseased please answer below

Date of marriage: _____

Date of marriage ended: _____

Reason marriage ended: _____

**If not applicable write N/A

Date of birth: _____

Town of birth: _____

Province of birth: _____

Country/region of origin (Nationality): _____

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

or nationality? _____

Are you a permanent resident of a country/region other than your country/region of origin

(nationality) above? _____

National Identification Number: _____

U.S. Social Security Number: _____

U.S. Taxpayer ID Number: _____

Home Address: _____

City: _____

State / Province: _____

Postal Code: _____

Country: _____

Street number: _____

Street name : _____

City: _____

State / Province: _____

Postal Code: _____

Country: _____

Is your mailing address the same?

If not please complete Postal details or write N/A

PO/Private Box: _____

City: _____

State / Province: _____

Postal Code: _____

Country: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Work Number: _____

Do you have any additional phone numbers? _____

Email Address: _____

Do you have any additional email addresses? _____

Do you have a Social Media Account i.e. Facebook/Instagram/Twitter?

If Yes, please list below:

Social Media Account/s type: _____

What is your Name on your Social Media Account? _____

Social Media Account/s type: _____

What is your Name on your Social Media Account? _____

Social Media Account/s type: _____

What is your Name on your Social Media Account? _____

Social Media Account/s type: _____

What is your Name on your Social Media Account? _____

Social Media Account/s type: _____

What is your Name on your Social Media Account? _____

Do you have any additional social media presence? _____

Passport/Travel Document Type: _____

Passport/Travel Document Number: _____

Passport Book Number: _____

Country/Authority that Issued Passport/Travel Document: _____

City where Issued: _____

State/Province Where Issued: _____

Issuance Date: _____

Expiration Date: _____

Have you ever lost a passport or had one stolen? _____

TRAVEL INFORMATION

Purpose of Trip to the USA (visa type): _____

Intended Date of Arrival: _____

Intended Length of Stay in the US: _____

Address where you will stay in the US:

Street name: _____

Street number: _____

City: _____

State: _____

Zip code: _____

Telephone Number : _____

Person/Entity Paying for your Trip: _____

Are there other persons traveling with you? If "yes" please list: _____

Full name: _____

Surname: _____

Relationship to you: _____

Have you ever been in the U.S.: _____

Have you ever been issued a U.S. visa. If "Yes" please complete: _____

Date last Visa was issued: _____

Visa Number (Red number on your visa): _____

Do you or did you hold a us Driver's License? If "Yes" please complete: _____

Drivers License number: _____

State of License: _____

Are you applying for the same visa? _____

Are you applying in the same country? _____

Have you been ten printed (went to the Consulate for an interview)? _____

Has your Visa ever been lost or stolen? _____

Has your Visa ever been canceled or revoked? _____

Have you ever been refused a US Visa? _____

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

Has anyone ever filed an immigration petition on your behalf with the United States
Citizenship and Immigration Services? _____

U.S. CONTACT INFORMATION

Contact Person Name in the U.S. (if applicable): _____

Organization in the U.S. (if applicable): _____

Relationship to You (if applicable): _____

U.S. Contact Address: _____

Street number: _____

Street name : _____

City: _____

State: _____

Zip code: _____

Email address: _____

Email address: _____

Phone number: _____

FAMILY INFORMATION

Father's Surname: _____

Father's Given Names: _____

Father's Date of Birth: _____

Is your father in the US?: _____

Mother's Surname: _____

Mother's Given Names: _____

Mother's Date of Birth: _____

Is your mother in the US?: _____

FAMILY INFORMATION

Do you have any immediate relatives in the US: _____

Spouse Name and Surname: _____

Date of Birth : _____

Town of Birth: _____

Province of Birth: _____

Country/Region of Origin (Nationality): _____

Spouse Address same as home address: _____

WORK / EDUCATION / TRAINING INFO (FROM 2019 TO RECENT)

Primary Occupation (example Business/Accounting/Medical): _____

Present Employer Name or School Name: _____

Address:

Street name: _____

Street number: _____

City: _____

State: _____

Zip code: _____

Telephone Number: _____

Current Monthly Salary: _____

Briefly describe duties: _____

Start Date of Employment: _____

Job Title: _____

Previous Employment (1) (example Business/Accounting/Medical): _____

Present Employer Name or School Name: _____

Address:

Street name: _____

Street number: _____

WORK / EDUCATION / TRAINING INFO (FROM 2019 TO RECENT)

City: _____

State: _____

Zip code: _____

Telephone Number: _____

Supervisor Name and Surname: _____

Monthly Salary: _____

Job Title: _____

Start Date (day/month/year): _____

End date (day/month/year): _____

Briefly describe your duties: _____

PRESENT EMPLOYER NAME OR SCHOOL NAME

Previous Employment (2) (example Business/Accounting/Medical): _____

Address:

Street name: _____

Street number: _____

City: _____

State: _____

Zip code: _____

Telephone Number : _____

Supervisor Name and Surname: _____

Monthly Salary: _____

Job Title: _____

Start Date (day/month/year): _____

End date (day/month/year): _____

Briefly describe your duties: _____

PRESENT EMPLOYER NAME OR SCHOOL NAME

Previous Employment (3) (example Business/Accounting/Medical): _____

Address:

Street name: _____

Street number: _____

City: _____

State: _____

Zip code: _____

Telephone Number: _____

Supervisor Name and Surname: _____

EDUCATIONAL INSTITUTION

Name of Institution: _____

Address of Institution: _____

City: _____

State / Province: _____

Postal Code: _____

Country: _____

Course of Study: _____

Date of Attendance from: _____

Date of Attendance to: _____

SECURITY AND BACKGROUND INFO

Do you belong to a tribe or clan? _____

List the languages you speak? _____

Have you traveled to any other countries in the past 5 years? _____

Please name the countries: _____

Do you have a communicable disease of public health significance? (Communicable diseases of public significance include chancroid, gonorrhea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, active tuberculosis, and others diseases as determined by the Department of Health and Human Services.) _____

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? _____

Are you or have you ever been a drug abuser or addict? _____

Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action? _____

Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances? _____

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? _____

Have you ever been involved in, or do you seek to engage in, money laundering? _____

Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States? _____

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? _____

Have you knowingly aided, abetted, assisted or colluded with an individual who has committed or conspired to commit a severe human trafficking offense in the United States or outside the United States? _____

Have you knowingly aided, abetted, assisted or colluded with an individual who has committed or conspired to commit a severe human trafficking offense in the United States or outside the United States? _____

Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States? _____

Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities? _____

Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations? _____

Are you a member or representative of a terrorist organization? _____

Are you the spouse, son, or daughter of an individual who has engaged in terrorist activity, including providing financial assistance or other support to terrorists or terrorist organizations, in the last five years? _____

Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide? _____

Have you ever committed, ordered, incited, assisted, or otherwise participated in torture? _____

Have you committed, ordered, incited, assisted, or otherwise participated in extra-judicial killings, political killings, or other acts of violence? _____

Have you ever engaged in the recruitment or the use of the child soldiers? _____

Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom? _____

Have you ever been directly involved in the establishment or enforcement of the 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 will? _____

Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue? _____

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? _____

Have you ever been removed or deported from any country? _____

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? _____

Have you voted in the United States in violation of any law or regulation? _____

Have you ever renounced United States citizenship for the purpose of avoiding taxation? _____