



BANGKOK, THAILAND

VISA INSTRUCTIONS FOR FIANC(E) NONIMMIGRANT VISA APPLICATIONS

This office has received a petition entitling you to "K-1" nonimmigrant visa classification as an alien proceeding to the United States to marry an American citizen. To prepare for your interview appointment with a consular officer, please read and follow carefully the instructions below.

FIRST: Complete and return immediately to this office the enclosed Form OF-230I, Biographic Data. This office cannot process your case until this form is received.

SECOND: Fill out, in duplicate, but do NOT sign, the enclosed Forms OF-156, Nonimmigrant Visa Application, together with a single copy of the attached Form OF-156(K), Nonimmigrant Fiance(e) Visa Application. All questions on Form OF-156 and Form OF-156(K) must be answered. If your children will apply with you, one copy of Form OF-156 for each child must be completed in full.

THIRD: Obtain the following documents on this checklist which pertain to you. Do NOT send them to this office.

NOTE: The documents listed are required for both your nonimmigrant visa and the U.S. Immigration authorities when you apply for permanent residence status.

PASSPORT: A passport must be valid for travel to the United States and must have at least six months validity beyond the issuance date of the visa. Children may be included in a parent's passport, but, if over the age of 16, they must have their photograph attached to the passport.

BIRTH CERTIFICATES: Your original birth certificate plus one original or certified copy of the birth certificate of each unmarried child under 21, named in the application is required, even if they are not applying for a visa at this time. The certificate must state the date and place of birth and names of both parents.

UNOBTAINABLE BIRTH CERTIFICATES: If an official birth certificate is not obtainable, present the best possible secondary evidence, such as a baptismal certificate, hospital certificate, school records, and/or a notarized affidavit from your parents.

ONLY ONE COPY OF EACH DOCUMENT, EXCEPT PHOTOGRAPHS, IS REQUIRED. HOWEVER, YOU ARE ADVISED TO OBTAIN AND KEEP A DUPLICATE COPY OF EACH DOCUMENT FOR YOUR RECORDS.

Letter
1-93 DSL-1076



Embassy of the United States of America

กรุงเทพฯ ประเทศไทย

คำแนะนำสำหรับผู้ยื่นคำร้องขอวีซ่าชั่วคราวประเภทคู่หมั้น

แผนกกงสุล สถานทูตสหรัฐฯ ได้รับใบคำร้องอนุมัติให้ท่านมีสิทธิขอวีซ่าชั่วคราวประเภทคู่หมั้น (K-1) เพื่อเดินทางไปสมรสกับชาวอเมริกันในสหรัฐฯ ขอให้ท่านอ่านและปฏิบัติตามขั้นตอนดังต่อไปนี้เพื่อเตรียมการยื่นคำร้องขอวีซ่า

- หนึ่ง - กรอกแบบฟอร์มวีซ่าประวัติของผู้ขอวีซ่า (แบบฟอร์ม ไอเอฟ-230 I) เป็นภาษาอังกฤษ และส่งกลับไปที่แผนกกงสุลทันที แผนกกงสุลจะไม่สามารถดำเนินเรื่องต่อไปได้จนกว่าจะได้รับแบบฟอร์มดังกล่าวนี้
- สอง - กรอกแบบฟอร์มไอเอฟ-156 (คำร้องขอวีซ่าชั่วคราว) ที่แนบมาทั้งสองชุด พร้อมทั้งกรอกแบบฟอร์มไอเอฟ-156 (เค) คำร้องขอวีซ่าชั่วคราวประเภทคู่หมั้น อีกหนึ่งชุด แบบฟอร์มดังกล่าวจะต้องกรอกเป็นภาษาอังกฤษและยังไม่ต้องเซ็นชื่อ จงตอบคำถามทุกข้อในแบบฟอร์ม ไอเอฟ-156 และ ไอเอฟ-156 (เค) หากท่านมีบุตรไปกับท่านด้วย บุตรแต่ละคนจะต้องกรอกแบบฟอร์มไอเอฟ-156 คนละ 1 ชุด
- สาม - จัดหาเอกสารซึ่งเกี่ยวกับตัวท่านตามรายการต่อไปนี้โดยยังไม่ต้องส่งเอกสารไปที่แผนกกงสุล
หมายเหตุ เอกสารในรายการเป็นเอกสารที่จะต้องใช้ในการทำวีซ่าชั่วคราวของท่าน และจะต้องใช้อีกครั้งหนึ่งเมื่อท่านยื่นเรื่องขอยุ่อย่างถาวรต่อเจ้าหน้าที่ตรวจคนเข้าเมืองสหรัฐฯ

- หนังสือเดินทาง ต้องเป็นหนังสือเดินทางที่สามารถใช้สำหรับเดินทางไปสหรัฐฯ ได้ และต้องมีอายุใช้ได้อีกอย่างน้อยหกเดือนนับจากวันออกวีซ่า ในกรณีที่มีบุตรร่วมเดินทางด้วย อาจใส่ชื่อบุตรรวมไว้ในหนังสือเดินทางของบิดามารดาได้ แต่บุตรที่มีอายุเกิน 16 ปีจะต้องมีรูปถ่ายของบุตรติดอยู่ในหนังสือเดินทางดังกล่าวด้วย
- สูติบัตร สูติบัตรต้นฉบับพร้อมสำเนาหนึ่งชุดของตัวท่านเองและบุตรทุกคนที่มีอายุต่ำกว่า 21 ปีและยังไม่ได้สมรส ถึงแม้ว่าบุตรผู้นั้นยังไม่ประสงค์จะขอวีซ่าเพื่อเดินทางไปสหรัฐฯ ในครั้งนี้ก็ตาม สูติบัตรจะต้องระบุวันเดือนปีเกิดพร้อมทั้งชื่อบิดาและมารดา
- ในกรณีหาสูติบัตรไม่ได้ ในกรณีที่ไม่สามารถหาสูติบัตรซึ่งเป็นเอกสารของทางราชการได้ ผู้ยื่นคำร้องต้องยื่นเอกสารลำดับรอง เช่น ใบรับศีลล้างบาป ใบเกิดจากโรงพยาบาล ทะเบียนประวัติจากโรงเรียน และ/หรือ ใบคำสาบานให้การของพ่อแม่ที่กระทำต่อเจ้าหน้าที่รับคำสาบาน
- รูปถ่าย รูปถ่ายภาพสี 2 รูปเป็นเงาม้วน ไม่ต้องแต่ง พื้นขาว ลักษณะรูปจะต้องแสดงส่วนหน้าด้านขวา ประมาณ 3 ใน 4 ของหน้า โดยให้เห็นรูปหน้าและหูขวา ส่วนกว้างยาวของหน้าจะต้องมีขนาดประมาณ 1 นิ้ว (25 มม.) นับจากคางถึงผม และไม่ควรมีสิ่งปกคลุมศีรษะหรือสวมแว่นตาก็มีสีเข้ม
- ใบสำคัญการสมรส ผู้ที่เคยสมรสมาแล้วจะต้องยื่นสำเนารับรองของใบสำคัญการสมรสและใบหย่าหรือใบมรณะบัตรที่แสดงว่าสถานภาพการสมรสนั้นสิ้นสุดลงแล้ว

นอกจากรูปถ่ายแล้ว ท่านจะต้องยื่นเอกสารทั้งหมดอย่างละหนึ่งชุด อย่างไรก็ตาม ท่านควรทำสำเนาเอกสารเหล่านี้เพื่อเก็บไว้เป็นหลักฐานของตนเอง

PHOTOGRAPHS: Two (2) color photographs are required. The photographs must be on glossy paper, unretouched and unmounted, with white background, and must be three-quarter frontal portrait with the right side of the face and the right ear visible. The dimensions of the facial image must measure one inch (25mm) from chin to top of hair. No head covering or dark glasses should be worn.

MARRIAGE CERTIFICATES: If you were married previously, obtain one certified copy of your marriage certificate(s), and one certified copy of the divorce decree or death certificate to prove the dissolution of each such prior marriage.

EVIDENCE OF RELATIONSHIP: You will be asked to submit evidence that you have previously met your fiance(e), and proof of a valid fiance(e) relationship with your petitioner. It is, therefore, useful to bring with you letters, photographs, or other evidence of your engagement.

POLICE RECORDS: Each applicant aged 16 years or over is required to submit a certificate from the appropriate judicial or police authorities from the country of the applicant's nationality or current residence where the applicant has resided for at least six months since attaining the age of sixteen, as well as from all other countries where the applicant has resided for twelve months or more since attaining the age of sixteen. For countries maintaining national police records, a certificate from the national police or judicial authorities must be submitted. For countries not maintaining national police records, a certificate must be obtained from each locality. A police certificate must also be obtained from the police authorities of any place where the applicant has been arrested for any reason, regardless of the length of residence. Police records from certain countries are considered unobtainable.

COURT AND PRISON RECORDS: Persons convicted of a crime must obtain a certified copy of each court record and any prison record, regardless that they may have benefited from an amnesty or pardon.

MILITARY RECORDS: A certified copy of any military record is required.

EVIDENCE OF SUPPORT: Evidence which will show that you and your children, if any, are not likely to become public charges in the United States. The enclosed information sheet, Optional Form 167, lists evidence which may be presented to meet this requirement of law. If an affidavit of support is to be submitted, Form I-134 should be used.

- หลักฐานแสดงความสัมพันธ์ ท่านจะถูกขอให้แสดงหลักฐานว่าท่านได้เจอกับคู่หมั้นมาแล้ว พร้อมทั้งมีหลักฐานพิสูจน์ความสัมพันธ์ของการเป็นคู่หมั้นกับผู้ที่ยื่นเรื่องให้ท่าน เพราะฉะนั้น ท่านควรจะนำจดหมาย รูปถ่าย หรือหลักฐานอื่น ๆ ที่เกี่ยวกับการหมั้นของท่านไปแสดงด้วย
- ประวัติจากตำรวจ ผู้ขอวีซ่าทุกคนที่มีอายุ 16 ปีขึ้นไปจะต้องยื่นใบรับรองจากทางการตำรวจของประเทศ ที่ผู้ขอมีสัญชาติ หรือมีถิ่นพำนักอยู่เป็นเวลาหกเดือนขึ้นไปหลังจากมีอายุครบ 16 ปี ถ้าหากเคยอยู่ในประเทศอื่น ๆ เป็นเวลา 12 เดือนหรือมากกว่าจะต้องยื่นใบรับรองจากทางการตำรวจจากทุก ๆ ประเทศที่เคยอยู่ด้วย สำหรับประเทศที่มีประวัติตำรวจส่วนกลาง จะต้องยื่นใบรับรองจากตำรวจส่วนกลาง ส่วนประเทศที่ไม่มีประวัติตำรวจส่วนกลาง จะต้องยื่นใบรับรองจากทางการตำรวจท้องถิ่นในแต่ละท้องถิ่นที่เคยอยู่ ถ้าหากเคย ถูกจับกุมจะด้วยสาเหตุใดก็ตามจะต้องยื่นใบรับรองจากทางการตำรวจนั้น ๆ ไม่ว่าจะพำนักอยู่ ณ ที่นั้น นานเท่าไรก็ตาม ทางการตำรวจในบางประเทศจะไม่มีการออกใบรับรองประวัติตำรวจซึ่งก็ให้ถือว่าเป็นเอกสาร ที่ไม่สามารถจัดหาได้
- ประวัติคดีทางศาลและประวัติการถูกจำคุก บุคคลผู้ต้องคำพิพากษาในคดีอาญา จะต้องยื่นสำเนาคดีจากศาล ตลอดจนประวัติการจองจำในกรณีที่ถูกจำคุก แม้ว่าบุคคลผู้นั้นจะได้รับการนิรโทษกรรม อภัยโทษ หรือการ- ผ่อนผันใด ๆ ในเวลาต่อมาก็ตาม
- ประวัติราชการทหาร สำเนาใบรับรองประวัติการรับราชการทหาร ถ้ามีจะต้องนำมายื่นด้วย
- หลักฐานการเลี้ยงชีพ หลักฐานที่แสดงว่าท่านและสมาชิกในครอบครัวจะไม่เป็นภาระของรัฐในขณะที่พำนัก อยู่ในสหรัฐฯ แบบฟอร์ม ไอเอฟ-167 ที่แนบมานี้จะชี้แจงรายละเอียดเกี่ยวกับเอกสารที่พิสูจน์ว่าท่านจะไม่เป็น ภาระทางสังคม ในกรณีที่มีผู้ค้ำประกันโปรดใช้แบบฟอร์ม ไอ-134

สี่ - เมื่อท่านได้รวบรวมเอกสารตามรายการดังกล่าวเรียบร้อยแล้ว โปรดอ่านข้อความข้างท้ายเอกสารฉบับนี้ อย่างละเอียด ลงลายมือชื่อของท่านพร้อมทั้งลงวันที่ แล้วส่งแบบฟอร์มนี้คืนมาที่แผนกกงสุล แผนกกงสุล จะจัดวันนัดสัมภาษณ์ให้ท่านโดยเร็วที่สุดเท่าที่จะทำได้ และท่านจะต้องนำเอกสารที่กล่าวทั้งหมดมาในวัน สัมภาษณ์

สิ่งที่แนบมาด้วย

1. แบบฟอร์ม ไอเอฟ-230 I คำร้องขอวีซ่าประเภทเข้าเมืองส่วนที่ 1 ข้อมูลชีวประวัติ
2. แบบฟอร์ม ไอเอฟ-156 ใบคำร้องขอวีซ่าชั่วคราว 2 ชุด
3. แบบฟอร์ม ไอเอฟ-156 (เค) คำร้องขอวีซ่าชั่วคราวประเภทคู่หมั้น
4. แบบฟอร์ม ไอเอฟ-167 หลักฐานพิสูจน์การไม่เป็นภาระต่อรัฐ
5. คำแนะนำการตรวจร่างกาย

MEDICAL EXAMINATION: Follow the instructions on the attached instruction sheet for obtaining a medical examination. This medical examination will also be accepted by the U.S. Immigration and Naturalization Service for adjustment of status to lawful permanent residence.

FOURTH: As soon as you have obtained all of the documents that apply in your case, carefully read the statement at the bottom of this page, sign and date it, and return the checklist to this office. After the form has been returned to this office, you will be scheduled for a visa interview at the earliest possible date. You should bring all of the above pertinent documents and the application forms with you to the interview.

Enclosures:

1. Form OF-230 Part I, Biographic Data
 2. Form OF-156, Nonimmigrant Visa Application (2 each)
 3. Form OF-156(K) Nonimmigrant Fiance(e) Visa Application
 4. Form OF-167, Public Charge Evidence
 5. Medical Examination Instructions
-

I hereby certify that I have in my possession and am prepared to present all of the listed documents which apply to my case. I hereby request that an appointment be granted me at the earliest possible date for an interview with a consular officer. I fully realize that no assurance can be given whether a fiance(e) visa will be issued to me, until after I am interviewed by a consular officer. At the time of my scheduled interview, I intend to apply: (check appropriate box)

- Alone
- Together with the following children: (print the names of each child who will accompany you).

(Date)

Case Number (if available)

Signature

Print Name

Current Address

YOU WILL NOT BE SCHEDULED FOR AN APPOINTMENT
UNTIL YOU RETURN THIS FORM

ข้าพเจ้าได้จัดเตรียมเอกสารไว้เรียบร้อยแล้ว และพร้อมที่ยื่นเอกสารที่เกี่ยวกับตัวข้าพเจ้า ข้าพเจ้าทราบว่า ไม่มีการรับรองล่วงหน้าใด ๆ ว่าข้าพเจ้าจะได้วีซ่าประเภทคู่มั่นหรือไม่ จนกว่าจะได้รับการสัมภาษณ์กับ กงสุลสหรัฐฯ และในวันสัมภาษณ์ข้าพเจ้าจะขอยื่นคำร้องสำหรับ

- 1. ข้าพเจ้าแต่ผู้เดียว
- 2. ข้าพเจ้าพร้อมทั้งบุตรที่ยังไม่บรรลุนิติภาวะดังนี้
(เขียนชื่อของบุตรแต่ละคนที่จะไปกับท่าน เป็นตัวพิมพ์)

วันที่

หมายเลขเรื่องที่ยื่นไว้ (ถ้ามี)

ลายมือชื่อ

เขียนชื่อเป็นตัวพิมพ์

ที่อยู่ปัจจุบัน

ท่านจะ **ไม่** ได้รับนัดสัมภาษณ์จนกว่าท่านจะส่งแบบฟอร์มนี้คืนแผนกกงสุล



APPLICATION FOR IMMIGRANT VISA AND ALIEN REGISTRATION

PART I - BIOGRAPHIC DATA

INSTRUCTIONS: Complete one copy of this form for yourself and each member of your family, regardless of age, who will immigrate with you. Please print or type your answers to all questions. Mark questions that are Not Applicable with "N/A". If there is insufficient room on the form, answer on a separate sheet using the same numbers that appear on the form. Attach any additional sheets to this form.

WARNING: Any false statement or concealment of a material fact may result in your permanent exclusion from the United States.

This form (DS-230 PART I) is the first of two parts. This part, together with Form DS-230 PART II, constitutes the complete Application for Immigrant Visa and Alien Registration.

1. Family Name			First Name	Middle Name
2. Other Names Used or Aliases (If married woman, give maiden name)				
3. Full Name in Native Alphabet (If Roman letters not used)				
4. Date of Birth (mm-dd-yyyy)	5. Age	6. Place of Birth (City or town) (Province) (Country)		
7. Nationality (If dual national, give both)	8. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	9. Marital Status <input type="checkbox"/> Single (Never married) <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated Including my present marriage, I have been married _____ times.		
10. Permanent address in the United States where you intend to live, if known (street address including zip code). Include the name of a person who currently lives there.		11. Address in the United States where you want your Permanent Resident Card (Green Card) mailed, if different from address in item #10 (include the name of a person who currently lives there).		
Telephone number:		Telephone number:		
12. Your Present Occupation		13. Present Address (Street Address) (City or Town) (Province) (Country)		
		Telephone number: Home		Office
14. Name of Spouse (Maiden or family name)				
		First Name	Middle Name	
Date (mm-dd-yyyy) and place of birth of spouse:				
Address of spouse (If different from your own):				
Spouse's occupation:			Date of marriage (mm-dd-yyyy):	
15. Father's Family Name				
		First Name	Middle Name	
16. Father's Date of Birth (mm-dd-yyyy)	Place of Birth	Current Address		If deceased, give year of death
17. Mother's Family Name at Birth				
		First Name	Middle Name	
18. Mother's Date of Birth (mm-dd-yyyy)	Place of Birth	Current Address		If deceased, give year of death

19. List Names, Dates and Places of Birth, and Addresses of ALL Children.

NAME	DATE (mm-dd-yyyy)	PLACE OF BIRTH	ADDRESS (if different from your own)

20. List below all places you have lived for at least six months since reaching the age of 16, including places in your country of nationality. Begin with your present residence.

CITY OR TOWN	PROVINCE	COUNTRY	FROM/TO (mm-yyyy)

21a. Person(s) named in 14 and 19 who will accompany you to the United States now.

21b. Person(s) named in 14 and 19 who will follow you to the United States at a later date.

22. List below all employment for the last ten years.

EMPLOYER	LOCATION	JOB TITLE	FROM/TO (mm-yyyy)

In what occupation do you intend to work in the United States? _____

23. List below all educational institutions attended.

SCHOOL AND LOCATION	FROM/TO (mm-yyyy)	COURSE OF STUDY	DEGREE OR DIPLOMA

Languages spoken or read: _____

Professional associations to which you belong: _____

24. Previous Military Service Yes No

Branch: _____ Dates (mm-dd-yyyy) of Service: _____

Rank/Position: _____ Military Speciality/Occupation: _____

25. List dates of all previous visits to or residence in the United States. (If never, write "never") Give type of visa status, if known. Give DHS "A" number if any.

FROM/TO (mm-yyyy)	LOCATION	TYPE OF VISA	"A" NO. (if known)

SIGNATURE OF APPLICANT _____ DATE (mm-dd-yyyy) _____

Privacy Act and Paperwork Reduction Act Statements

The information asked for on this form is requested pursuant to Section 222 of the Immigration and Nationality Act. The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue you a social security number and card.

*Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. In accordance with 5 CFR 1320 5(b), persons are not required to respond to the collection of this information unless this form displays a currently valid OMB control number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/RPS/DIR) Washington, DC 20520.



**U.S. Department of State
NONIMMIGRANT VISA APPLICATION**

Approved OMB 1406-0018
Expires 09/30/2007
Estimated Burden 1 hour
See Page 2

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM

1. Passport Number		2. Place of Issuance: City _____ Country _____ State/Province _____			DO NOT WRITE IN THIS SPACE B-1/B-2 MAX B-1 MAX B-2 MAX Other _____ MAX Visa Classification Mult or _____ Number of Applications Months _____ Validity Issued/Refused On _____ By _____ Under SEC. 214(b) 221(g) Other _____ INA Reviewed By _____		
3. Issuing Country		4. Issuance Date (dd-mmm-yyyy)		5. Expiration Date (dd-mmm-yyyy)			
6. Surnames (As in Passport)							
7. First and Middle Names (As in Passport)							
8. Other Surnames Used (Maiden, Religious, Professional, Aliases)							
9. Other First and Middle Names Used				10. Date of Birth (dd-mmm-yyyy)			
11. Place of Birth: City _____ Country _____ State/Province _____			12. Nationality				
13. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	14. National Identification Number (If applicable)		15. Home Address (Include apartment number, street, city, state or province, postal zone and country)				
16. Home Telephone Number		Business Phone Number		Mobile/Cell Number			
Fax Number		Business Fax Number		Pager Number			
17. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		18. Spouse's Full Name (Even if divorced or separated. Include maiden name.)		19. Spouse's DOB (dd-mmm-yyyy)			
20. Name and Address of Present Employer or School Name: _____ Address: _____							
21. Present Occupation (If retired, write "retired". If student, write "student".)			22. When Do You Intend To Arrive In The U.S.? (Provide specific date if known)		23. E-Mail Address		
24. At What Address Will You Stay In The U.S.?					<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">BARCODE</div> <div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>DO NOT WRITE IN THIS SPACE</p> <p>50 mm x 50 mm</p> <p>PHOTO</p> <p>staple or glue photo here</p> </div>		
25. Name and Telephone Numbers of Person in U.S. Who You Will Be Staying With or Visiting for Tourism or Business							
Name _____			Home Phone _____				
Business Phone _____			Cell Phone _____				
26. How Long Do You Intend To Stay In The U.S.?		27. What is The Purpose of Your Trip?					
28. Who Will Pay For Your Trip?		29. Have You Ever Been In The U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
		WHEN? _____					
		FOR HOW LONG? _____					

<p>30. Have You Ever Been issued a U.S. Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>WHEN? _____</p> <p>WHERE? _____</p> <p>WHAT TYPE OF VISA? _____</p>	<p>31. Have You Ever Been Refused a U.S. Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>WHEN? _____</p> <p>WHERE? _____</p> <p>WHAT TYPE OF VISA? _____</p>
<p>32. Do You intend To Work in The U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If YES, give the name and complete address of U.S. employer.)</i></p>	<p>33. Do You intend To Study in The U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If YES, give the name and complete address of the school.)</i></p>

34. Names and Relationships of Persons Traveling With You

<p>35. Has Your U.S. Visa Ever Been Cancelled or Revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>36. Has Anyone Ever Filed an Immigrant Visa Petition on Your Behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who? _____</p>
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37. Are Any of The Following Persons in The U.S., or Do They Have U.S. Legal Permanent Residence or U.S. Citizenship?
 Mark YES or NO and indicate that person's status in the U.S. (i.e., U.S. legal permanent resident, U.S. citizen, visiting, studying, working, etc.).

<input type="checkbox"/> YES <input type="checkbox"/> NO	Husband/ Wife _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Fiance/ Fiancee _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> YES <input type="checkbox"/> NO	Father/ Mother _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	Son/ Daughter _____	Brother/ Sister _____

38. IMPORTANT: ALL APPLICANTS MUST READ AND CHECK THE APPROPRIATE BOX FOR EACH ITEM.
 A visa may not be issued to persons who are within specific categories defined by law as inadmissible to the United States (except when a waiver is obtained in advance). Is any of the following applicable to you?

- Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty or other similar legal action? Have you ever unlawfully distributed or sold a controlled substance (drug), or been a prostitute or procurer for prostitutes? YES NO
- Have you ever been refused admission to the U.S., or been the subject of a deportation hearing, or sought to obtain or assist others to obtain a visa, entry into the U.S., or any other U.S. immigration benefit by fraud or willful misrepresentation or other unlawful means? Have you attended a U.S. public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school? YES NO
- Do you seek to enter the United States to engage in export control violations, subversive or terrorist activities, or any other unlawful purpose? Are you a member or representative of a terrorist organization as currently designated by the U.S. Secretary of State? Have you ever participated in persecutions directed by the Nazi government of Germany; or have you ever participated in genocide? YES NO
- Have you ever violated the terms of a U.S. visa, or been unlawfully present in, or deported from, the United States? 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, voted in the United States in violation of any law or regulation, or renounced U.S. citizenship for the purpose of avoiding taxation? YES NO
- Have you ever been afflicted with a communicable disease of public health significance or a dangerous physical or mental disorder, or ever been a drug abuser or addict? YES NO

While a YES answer does not automatically signify ineligibility for a visa, if you answered YES you may be required to personally appear before a consular officer.

39. Was this Application Prepared by Another Person on Your Behalf? Yes No
 (If answer is YES, then have that person complete item 40.)

40. Application Prepared By:

NAME: _____ Relationship to Applicant: _____

ADDRESS: _____

Signature of Person Preparing Form: _____ DATE (dd-mmm-yyyy) _____

41. I certify that I have read and understood all the questions set forth in this application and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the permanent refusal of a visa or denial of entry into the United States. I understand that possession of a visa does not automatically entitle the bearer to enter the United States of America upon arrival at a port of entry if he or she is found inadmissible.

APPLICANT'S SIGNATURE _____ DATE (dd-mmm-yyyy) _____

Privacy Act and Paperwork Reduction Act Statements

INA Section 222(f) provides that visa issuance and refusal records shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court.

Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to the U.S. Department of Justice, Paperwork Reduction Project (6030-0187), Washington, DC 20543.



U.S. Department of State
SUPPLEMENTAL NONIMMIGRANT VISA APPLICATION

Approved OMB 1405-0134
Expires 07/31/2006
Estimated Burden 1 Hour*

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM
PLEASE ATTACH AN ADDITIONAL SHEET IF YOU NEED MORE SPACE TO CONTINUE YOUR ANSWERS

1. Last Name(s) <i>(List all Spellings)</i>	2. First Name(s) <i>(List all Spellings)</i>	3. Full Name <i>(In Native Alphabet)</i>
4. Clan or Tribe Name <i>(If Applicable)</i>		5. Spouse's Full Name <i>(If Married)</i>
6. Father's Full Name		7. Mother's Full Name
8. Full Name and Address of Contact Person or Organization in the United States <i>(Include Telephone Number)</i>		
9. List All Countries You have Entered in the Last Ten Years <i>(Give the Year of Each Visit)</i>	10. List All Countries That Have Ever Issued You a Passport	11. Have You Ever Lost a Passport or Had One Stolen? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Not Including Current Employer, List Your Last Two Employers		
<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>
<u>Job Title</u>	<u>Supervisor's Name</u>	<u>Dates of Employment</u>
13. List all Professional, Social and Charitable Organizations to Which You Belong (Belonged) or Contribute (Contributed) or with Which You Work (Have Worked).	14. Do You Have Any Specialized Skills or Training, Including Firearms, Explosives, Nuclear, Biological, or Chemical Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain	
15. Have You Ever Performed Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Give Name of Country, Branch of Service, Rank/Position, Military Specialty, and Dates of Service.		
16. Have You Ever Been in an Armed Conflict, Either as a Participant or Victim? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain.		
17. List All Educational Institutions You Attend or Have Attended. Include Vocational Institutions But Not Elementary Schools.		
<u>Name of Institution</u>	<u>Address/Telephone No.</u>	<u>Course of Study</u>
		<u>Dates of Attendance</u>
18. Have You Made Specific Travel Arrangements? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide a complete itinerary for your travel, including arrival/departure dates, flight information, specific location you will visit, and a point of contact at each location.		

Paperwork Reduction Act Statement

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For All Applicants: สำหรับผู้ยื่นคำร้องทุกท่าน

Do you have a registered marriage? ท่านจดทะเบียนสมรสหรือไม่ Yes No

How many children do you have? _____ What are their ages? _____

ท่านมีบุตรกี่คน บุตรของท่านอายุเท่าใด

What is your current salary? _____

รายได้ปัจจุบันต่อเดือนของท่านเท่าไร

What is your spouse's job? _____ Salary: _____

คู่สมรสของท่านมีอาชีพอะไร เงินเดือนเท่าไร

Total savings/time deposits: _____

เงินฝากสะสม/เงินฝากประจำ

What travel agency are you using? _____

ท่านใช้บริการท่องเที่ยวของบริษัทอะไร

For Self-Employed Applicants: สำหรับผู้ยื่นคำร้องที่ทำธุรกิจส่วนตัว

What kind of business do you have? _____

ท่านทำธุรกิจอะไร

How long have you had this business? _____

ท่านทำธุรกิจมานานเท่าไร

How many employees do you have? _____

ท่านมีพนักงานกี่คน

What is the average gross sales per month? _____

ยอดขายเฉลี่ยต่อเดือนเท่าไร

For student/exchange visitor visa applicants:

สำหรับผู้ยื่นคำร้องขอวีซ่าประเภทนักศึกษา/นักเรียนแลกเปลี่ยน

Who will sponsor your studies? _____

ใครจะเป็นผู้ออกค่าใช้จ่ายการศึกษาให้กับท่าน

Relationship of sponsor to you: _____

ความสัมพันธ์ระหว่างผู้ออกค่าใช้จ่ายกับท่าน

Sponsor's employer and job title: _____

ชื่อนายจ้างและตำแหน่งงานของผู้ออกค่าใช้จ่ายให้กับท่าน

Sponsor's monthly income: _____ Sponsor's total savings: _____

รายได้ต่อเดือนของผู้ออกค่าใช้จ่าย เงินฝากสะสมทั้งหมดของผู้ออกค่าใช้จ่าย

If your sponsor is not your parent: ถ้าผู้ออกค่าใช้จ่ายไม่ใช่บิดา/มารดาของท่าน

Why aren't your parents paying for your education?

ทำไมบิดา/มารดาของท่านไม่เป็นผู้ออกค่าใช้จ่ายการศึกษาให้กับท่าน

Parent(s)' employer(s) and job titles: ชื่อนายจ้างและตำแหน่งงานของบิดา/มารดา _____

Parent(s) total monthly income: _____ Savings: _____

รายได้ทั้งหมดต่อเดือนของบิดา/มารดา เงินฝากสะสม

Do you live with your parents? ท่านอาศัยอยู่กับบิดา/มารดาของท่านหรือไม่ Yes No

If not, where do they live? ถ้าไม่ใช่ บิดา/มารดาของท่านอาศัยอยู่ที่ไหน



U.S. Department of State
NONIMMIGRANT FIANCÉ(E) VISA APPLICATION

OMB APPROVAL NO.1405-0096
 EXPIRES: 07/31/2007
 ESTIMATED BURDEN: 1 HOUR*

USE WITH FORM DS-156

The following questions must be answered by all applicants for visas to enter the United States as the fiancée or fiancé of a U.S. citizen in order that a determination may be made as to visa eligibility.

This form, together with Form DS-156, Nonimmigrant Visa Application, completed in duplicate, constitutes the complete application for a "K" Fiancé(e) Nonimmigrant Visa authorized under Section 222(c) of the Immigration and Nationality Act.

1. FAMILY NAME		FIRST NAME	MIDDLE NAME
2. DATE OF BIRTH (mm-dd-yyyy)	3. PLACE OF BIRTH (City, Province, Country)		

4. MARITAL STATUS
 If you are now married or were previously married, answer the following:

a. Name of spouse: _____

b. Date (mm-dd-yyyy) and place of marriage: _____

c. How and when was marriage terminated: _____

d. If presently married, how will you marry your U.S. citizen fiancé(e)? Explain:*

* NOTE: If presently married to anyone, you are not eligible for a fiancé(e) visa.

NAME	BIRTH DATE (mm-dd-yyyy)	BIRTH PLACE	WILL ACCOMPANY YOU		WILL FOLLOW YOU	
			YES	NO	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- THE FOLLOWING DOCUMENTS MUST BE ATTACHED IN ORDER TO APPLY FOR A FIANCE(E) NONIMMIGRANT VISA**
- Your birth certificate
 - Birth certificates of all children listed in No. 5
 - Death certificate of spouse (if any)
 - Marriage certificate (if any)
 - Divorce decree (if any)
 - Police certificates
 - Evidence of engagement to your fiancé(e)
 - Evidence of financial support

NOTE: All of the above documents will also be required by the U.S. Citizenship and Immigration Services (USCIS) when you apply for adjustment of status to lawful permanent resident. The USCIS will accept these documents for that purpose.

DO NOT WRITE BELOW THIS LINE
 The consular officer will assist you in answering this part.

I understand that I am required to submit my visa to the United States Immigration Officer at the place where I apply to enter the United States, and that the possession of a visa does not entitle me to enter the United States if at that time I am found to be inadmissible under the immigration laws. I further understand that my adjustment of status to permanent resident alien is dependent upon marriage to a U.S. citizen and upon meeting all of the requirements of the U.S. Department of Homeland Security.

I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may subject me to permanent exclusion from the United States and, if I am admitted to the United States, may subject me to criminal prosecution and/or deportation.

I hereby certify that I am legally free to marry and intend to marry _____, a U.S. citizen, within 90 days of my admission into the United States.

I do solemnly swear or affirm that all statements which appear in this application have been made by me and are true and complete to the best of my knowledge and belief.

 Signature of Applicant

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____ at: _____

 United States Consular Officer

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EVIDENCE WHICH MAY BE PRESENTED TO MEET THE PUBLIC CHARGE PROVISIONS OF THE LAW

GENERAL

The Immigration and Nationality Act requires an applicant for a visa to establish to the satisfaction of the consular officer at the time of application for a visa, and also to the satisfaction of the United States immigration official at the time of application for admission to the United States, that he or she is not likely at any time to become a public charge.

An applicant for an immigrant visa may generally satisfy this requirement of the law by the presentation of documentary evidence establishing that:

1. The applicant has, or will have, in the United States personal funds sufficient to provide support for the applicant and dependent family members, or sufficient to provide support until suitable employment is located;
2. The applicant has arranged employment in the United States that will provide an adequate income for the applicant and dependent family members;
3. Relatives or friends in the United States will assure the applicant's support; or
4. A combination of the above circumstances exists.

APPLICANT'S OWN FUNDS

An applicant who expects to be able to meet the public charge provisions of the law through personal financial resources may submit to the consular officer evidence of funds or income from one or more of the following sources:

1. Statement from a senior officer of a bank showing present balance of applicant's account, date account was opened, the number and amount of deposits and withdrawals during the past 12 months, and the average balance during the year (if there have been recent unusually large deposits, an explanation therefor should be given);
2. Proof of ownership of property or real estate, in the form of a title, deed or the equivalent, and a letter from a lawyer, banker or responsible real estate agent showing its present valuation (any mortgages or loans against the property must be stated);
3. Letter or letters verifying ownership of stocks and bonds, with present market value or expected earnings indicated;
4. Statement from insurance company showing policies held and present cash surrender value;
5. Proof of income from business investments or other sources.

If the financial resources are derived from a source outside the United States, a statement as to how the funds or income are to be transferred to the U.S. must be provided.

EMPLOYMENT

An applicant relying on an offer of prearranged employment to meet the public charge provisions of the law should have the prospective employer submit a notarized letter of employment on the letterhead stationery of the employing business. The letter should:

1. Contain a definite offer of employment;
2. Give a description of the job offered to the alien and an explanation of skills which qualify the alien for the position;
3. State the rate of compensation to be paid and, if pertinent, additional information detailing other benefits to be included in lieu of cash payment;

4. Specify the location, type, and duration (whether seasonal, temporary, or indefinite) of the employment offered; and
5. State whether the employment will be immediately available upon the applicant's arrival in the United States.

AFFIDAVIT OF SUPPORT

Persons in the United States who desire to furnish sponsorship for an applicant in the form of an affidavit of support should use Form I-134, Affidavit of Support, available from the Immigration and Naturalization Service. Sponsors may also elect to furnish a statement in the form of an affidavit sworn to before a notary public or other official competent to administer an oath, setting forth his or her willingness and financial ability to contribute to the applicant's support and reasons, in detail, for sponsoring the applicant.

The sponsor's affidavit should include:

1. Information regarding his or her annual income;
2. Where material, information regarding his or her other resources;
3. Obligations for the support of members of his or her own family and other persons, if any;
4. Other obligations and expenses;
5. Plans and arrangements made for the applicant's reception and support;
6. An expression of willingness to deposit a bond, if necessary, with the Immigration and Naturalization Service to guarantee that the applicant will not become a public charge in the United States; and
7. An acknowledgment that the sponsor is aware of his or her responsibilities under the Social Security Act, as amended, and the Food Stamp Act, as amended; that the affidavit will be binding upon the sponsor for three (3) years after entry of the named persons; and that the affidavit and supporting documentation may be made available to a public assistance agency. (The provisions of the above laws are contained in form DS-1858, Sponsor's Financial Responsibility Under the Social Security Act, and printed in Part III of the instructions for Form I-134.)

The sponsor should include in the affidavit a statement concerning his or her status in the United States. If the sponsor is an American citizen the affidavit should include a statement about how United States citizenship was acquired. If naturalized, the affidavit should indicate the date of naturalization, the name and location of the court, and the number of the sponsor's certificate of naturalization. If the sponsor is an alien who has been lawfully admitted into the United States for permanent residence, he or she should state in the affidavit the date and place of admission for permanent residence and the alien registration number which appears on his or her Alien Registration Receipt Card.

To substantiate the information regarding income and resources the sponsor should attach two or more of the following items to the affidavit:

1. Notarized copies of his or her latest federal income tax return;
2. A statement from his or her employer showing salary and the length and permanency of employment;
3. A statement from an officer of a bank regarding his or her account, the date the account was opened, and the present balance;
4. Any other evidence adequate to establish financial ability to carry out his or her undertaking toward the applicant for what might be an indefinite period of time.

If the sponsor is well established in business, he or she may submit a rating from a recognized business rating organization in lieu of the foregoing. If the sponsor is married, the affidavit should be signed jointly by both husband and wife. Affidavits of support should be of recent date when presented to the consular officer. They are unacceptable if more than one year has elapsed from the date of execution. A sponsor may prefer to forward his or her affidavit of support directly to the consular office where the visa application will be made, in which event the contents will not be divulged to the applicant.

NOTE: An applicant who expects to meet the public charge provisions of the law through the presentation of an affidavit of support is encouraged to forward this information sheet to his or her sponsor so as to assist the sponsor in preparing an affidavit.

INSTRUCTIONS

I. Execution of Affidavit.

A separate affidavit must be submitted for each person. You, as the sponsor, must sign the affidavit in your full, true and correct name and affirm or make it under oath. If you are in the United States, the affidavit may be sworn to or affirmed before an immigration officer without the payment of fee, or before a notary public or other officer authorized to administer oaths for general purposes, in which case the official seal or certificate of authority to administer oaths must be affixed. If you are **outside the United States** the affidavit must be sworn to or affirmed before a United States consular or immigration officer.

II. Supporting Evidence.

The sponsor must submit, in duplicate, evidence of income and resources, as appropriate.

A. Statement from an officer of the bank or other financial institution in which you have deposits giving the following details regarding your account:

1. date account opened
2. total amount deposited for the past year
3. present balance

B. Statement of your employer on business stationery, showing:

1. date and nature of employment
2. salary paid
3. whether position is temporary or permanent

C. If self-employed:

1. copy of last income tax return filed, or
2. report of commercial rating concern

D. List containing serial numbers and denominations of bonds and name of record owner(s).

III. Sponsor and Alien Liability.

Effective October 1, 1980, amendments to section 1614(f) of the Social Security Act and Part A of Title XVI of the Social Security Act establish certain requirements for determining the eligibility of aliens who apply for the first time for Supplemental Security Income (SSI) benefits. Effective October 1, 1981, amendments to section 415 of the Social Security Act establish similar requirements for determining the eligibility of aliens who apply for the first time for Aid to Families with Dependent Children (AFDC) benefits. Effective December 22, 1981, amendments to the Food Stamp Act of 1977 affect the eligibility of alien participation in the Food Stamp Program. These amendments require that the income and resources of any person, who as the sponsor of an alien's entry into the United States, executes an affidavit of support or similar agreement on behalf of the alien, and the income and resources of the sponsor's spouse (*if living with the sponsor*) shall be deemed to be the income and resources of the alien under formulas for determining eligibility for SSI, AFDC and Food Stamp benefits during the three years following the alien's entry into the United States.

An alien applying for SSI must make available to the Social Security Administration documentation concerning his or her income and resources and those of the sponsor, including information that was provided in support of the application for an immigrant visa or adjustment of status. An alien applying for AFDC or Food Stamps must make similar information available to the State public assistance agency. The Secretary of Health and Human Services and the Secretary of Agriculture are authorized to obtain copies of any such documentation submitted to INS or the Department of State and to release such documentation to a State public assistance agency.

Sections 1621(e) and 415(d) of the Social Security Act and subsection 5(i) of the Food Stamp Act also provide that an alien and his or her sponsor shall be jointly and severally liable to repay any SSI, AFDC or Food Stamp benefits that are incorrectly paid because of misinformation provided by a sponsor or because of a sponsor's failure to provide information. Incorrect payments that are not repaid will be withheld from any subsequent payments for which the alien or sponsor are otherwise eligible under the Social Security Act or Food Stamp Act, except that the sponsor was without fault or where good cause existed.

These provisions do not apply to the SSI, AFDC or Food Stamp eligibility of aliens admitted as refugees, granted political asylum by the Attorney General, or Cuban/ Haitian entrants as defined in section 501(e) of P.L. 96-422 and of dependent children of the sponsor or sponsor's spouse. The provisions also do not apply to the SSI or Food Stamp eligibility of an alien who becomes blind or disabled after admission to the United States for permanent residency.

IV. Authority/ Use/ Penalties.

Authority for the collection of the information requested on this form is contained in 8 USC 1182(a)(15), 1184(a) and 1258. The information will be used principally by INS, or by any consular officer to whom it may be furnished, to support an alien's application for benefits under the Immigration and Nationality Act and specifically the assertion that he or she has adequate means of financial support and will not become a public charge. Submission of the information is voluntary. It may also, as a matter of routine use, be disclosed to other federal, state, local and foreign law enforcement and regulatory agencies, including the Department of Health and Human Services, Department of Agriculture, Department of State, Department of Defense and any component thereof (if the deponent has served or is serving in the armed forces of the United States), Central Intelligence Agency, and individuals and organizations during the course of any investigation to elicit further information required to carry out Service functions. Failure to provide the information may result in the denial of the alien's application for a visa or his or her removal from the United States.

Privacy Act Notice.

We ask for the information on this form, and associated evidence, to determine if you have established eligibility for the immigration benefit you are seeking. Our legal right to ask for this information is in 8 USC 1203 and 1225. We may provide this information to other government agencies. Failure to provide this information and any requested evidence may delay a final decision or result in denial of your request.

Paperwork Reduction Act Notice.

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is 20 minutes per application. If you have comments regarding the accuracy of this estimate or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, D.C. 20536; OMB No. 1115-0005. **DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS.**

Affidavit of Support

(Answer All Items: Fill in with Typewriter or Print in Block Letters in Ink.)

I, _____ (Name) residing at _____ (Street and Number)

(City) (State) (Zip Code if in U.S.) (Country)

BEING DULY SWORN DEPOSE AND SAY:

1. I was born on _____ (Date) at _____ (City) _____ (Country)

If you are **not** a native born United States citizen, answer the following as appropriate:

- a. If a United States citizen through naturalization, give certificate of naturalization number _____
- b. If a United States citizen through parent(s) or marriage, give citizenship certificate number _____
- c. If United States citizenship was derived by some other method, attach a statement of explanation.
- d. If a lawfully admitted permanent resident of the United States, give "A" number _____

2. That I am _____ years of age and have resided in the United States since (date) _____

3. That this affidavit is executed in behalf of the following person:

Name			Gender	Age
Citizen of (Country)		Marital Status	Relationship to Sponsor	
Presently resides at (Street and Number)		(City)	(State)	(Country)

Name of spouse and children accompanying or following to join person:

Spouse	Gender	Age	Child	Gender	Age
Child	Gender	Age	Child	Gender	Age
Child	Gender	Age	Child	Gender	Age

4. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become a public charge in the United States.

5. That I am willing and able to receive, maintain and support the person(s) named in item 3. That I am ready and willing to deposit a bond, if necessary, to guarantee that such person(s) will not become a public charge during his or her stay in the United States, or to guarantee that the above named person(s) will maintain his or her nonimmigrant status, if admitted temporarily and will depart prior to the expiration of his or her authorized stay in the United States.

6. That I understand this affidavit will be binding upon me for a period of three (3) years after entry of the person(s) named in item 3 and that the information and documentation provided by me may be made available to the Secretary of Health and Human Services and the Secretary of Agriculture, who may make it available to a public assistance agency.

7. That I am employed as, or engaged in the business of _____ (Type of Business) with _____ (Name of concern)
at _____ (Street and Number) _____ (City) _____ (State) _____ (Zip Code)

I derive an annual income of *(if self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See instructions for nature of evidence of net worth to be submitted.)*

\$ _____

I have on deposit in savings banks in the United States

\$ _____

I have other personal property, the reasonable value of which is

\$ _____

OVER

I have stocks and bonds with the following market value, as indicated on the attached list, which I certify to be true and correct to the best of my knowledge and belief. \$ _____
 I have life insurance in the sum of \$ _____
 With a cash surrender value of \$ _____
 I own real estate valued at \$ _____
 With mortgage(s) or other encumbrance(s) thereon amounting to \$ _____

Which is located at _____ (Street and Number) _____ (City) _____ (State) _____ (Zip Code)

8. That the following persons are dependent upon me for support: (Place an "x" in the appropriate column to indicate whether the person named is *wholly* or *partially* dependent upon you for support.)

Name of Person	Wholly Dependent	Partially Dependent	Age	Relationship to Me

9. That I have previously submitted affidavit(s) of support for the following person(s). If none, state "None."
 Name _____ Date submitted _____

10. That I have submitted visa petition(s) to the Immigration and Naturalization Service on behalf of the following person(s). If none, state none.
 Name _____ Relationship _____ Date submitted _____

11. (Complete this block only if the person named in the item 3 will be in the United States temporarily.)
 That I intend do not intend, to make specific contributions to the support of the person named in item 3. (If you check "intend," indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly or monthly, or for how long.)

Oath or Affirmation of Sponsor

I acknowledge that I have read Part III of the Instructions, Sponsor and Alien Liability, and am aware of my responsibilities as an immigrant sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

I swear (affirm) that I know the contents of this affidavit signed by me and the statements are true and correct.

Signature of sponsor _____

Subscribed and sworn to (affirmed) before me this _____ day of _____,

at _____ . My commission expires on _____

Signature of Officer Administering Oath _____ Title _____

If affidavit prepared by other than sponsor, please complete the following: I declare that this document was prepared by me at the request of the sponsor and is based on all information of which I have knowledge.

 (Signature) (Address) (Date)

MEDICAL EXAMINATION INSTRUCTIONS

As part of your application for a visa to enter the United States, you are required to undergo medical examination. The following physicians have received authorization from this Embassy to conduct medical examination of visa applicants. The fees listed below are for medical examination only. You are required to pay a separate fee for immunization.

You should take the attached forms, your passport, and three (1 x 1 ½ inches) photographs with you for your medical examination. You should also take with you records of any major illnesses or immunization to assist the doctors in their assessment.

BANGKOK

Bangkok Nursing Home (BNH)
9/1 Convent Road, Silom, Bangkok
Tel. (02) 632-0550-60

Dr. Kessanee Oralsatheinrakul
Dr. Peter Comer
Dr. Irene Yin-ong Kiatkwankul

Fee: Adults 2,100; Children (under 15) 880 Baht

Bumrungrad Hospital
33 Sukhumvit Soi 3 (Soi Nana Nua), Bangkok
Tel. (02) 667-1000

Dr. Watcharaphong Sae-Chere
Dr. Prapaporn Phimphilai
Dr. Wiwat Wongsirisak
Dr. Suphawatt Phanchet
Dr. Perapong Puyanont
Dr. Akaraphan Suravilas

Fee: Adults 2,000; Children (under 15) 750 Baht

CHIANG MAI

Chiang Mai Ram Hospital
8 Boonruangrit Road, Chiang Mai
Tel. (053) 224-851, 224-861

Dr. Kittti Ratdilokpanich

Fee: Adults 1,500; Children (under 15) 750 Baht

McCormick Hospital
133 Kaewnavarat Road, Chiang Mai
Tel. (053) 241-311, 241-010

Dr. Uthai Jesadaporn
Dr. Arida Chandacham

Fee: Adults 1,500; Children (under 15) 750 Baht



**U. S. Department of State
MEDICAL EXAMINATION FOR
IMMIGRANT OR REFUGEE APPLICANT**

OMB No. 1405-0113
EXPIRATION DATE: 05/31/2007
ESTIMATED BURDEN: 10 minutes
(See Page 2 - Back of Form)

Photo

Name (Last, First, MI) _____, _____
 Birth Date (mm-dd-yyyy) _____ SEX: M F
 Birthplace (City/Country) _____
 Present Country of Residence _____ Prior Country _____
 U. S. Consul (City/Country) _____
 Passport Number _____ Allen (Case) Number _____

Date (mm-dd-yyyy) of Medical Exam _____ Date (mm-dd-yyyy) of Prior Exam, if any _____
 Date Exam Expires (6 months from examination date, if Class A or TB condition exists, otherwise 12 months) (mm-dd-yyyy) _____
 Exam Place (City/Country) _____ Panel Physician (name) _____
 Radiology Services (name) _____ Screening Site (name) _____
 Lab (name for HIV/syphilis/TB) _____

(1) Classification (check all boxes that apply):

- No apparent defect, disease, or disability (see Worksheets DS-3024, DS-3025 and DS-3026)
- Class A Conditions (From Past Medical History and Physical Examination Worksheets)**
- TB, active, infectious (Class A, from Chest X-Ray Worksheet)
 - Syphilis, untreated
 - Chancroid, untreated
 - Gonorrhea, untreated
 - Granuloma inguinale, untreated
 - Lymphogranuloma venereum, untreated
 - Human immunodeficiency virus (HIV)
 - Hansen's disease, lepromatous or multibacillary
 - Addiction or abuse of specific* substance without harmful behavior
 - Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur
- *amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics

- Class B Conditions (From Past Medical History and Physical Examination Worksheets)**
- TB, active, noninfectious (Class B1, from Chest X-Ray Worksheet)
Treatment: None Partial Completed
 - TB, inactive (Class B2, from Chest X-Ray Worksheet)
Treatment: None Partial Completed
See Section #4 on page 2 for TB treatment details
 - Syphilis (with residual deficit), treated within the last year
 - Other sexually transmitted infections, treated within last year
 - Current pregnancy, number of weeks pregnant _____
 - Other (specify or give details on checked conditions from worksheets) _____
 - Hansen's disease, prior treatment
 - Hansen's disease, tuberculoid, borderline, or paucibacillary
 - Sustained, full remission of addiction or abuse of specific* substances
 - Any physical or mental disorder (excluding addiction or abuse of specific* substance but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur
- *amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics

(2) Laboratory Findings (check all boxes that apply):

Syphilis: Not done

	Test name	Date(s) run (mm-dd-yyyy)	Negative	Positive	Titer 1	Notes
Screening			<input type="checkbox"/>	<input type="checkbox"/>		
Confirmatory			<input type="checkbox"/>	<input type="checkbox"/>		
Treated	If treated, therapy:				Dates(s) treatment given (3 doses for penicillin)	
<input type="checkbox"/> Yes	<input type="checkbox"/> Benzathine penicillin, 2.4 MU IM					
<input type="checkbox"/> No	<input type="checkbox"/> Other (therapy, dose):E					

HIV: Not done

	Test name	Date(s) run (mm-dd-yyyy)	Negative	Positive	Indeterminate	Notes
Screening			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confirmatory			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



CHEST X-RAY AND CLASSIFICATION WORKSHEET

For Use with DS-2053

Complete Sections 1 through 5, As Applicable

Name (Last, First, MI)	Age
------------------------	-----

Birth Date (mm-dd-yyyy)	Passport Number	Alien (Case) Number
-------------------------	-----------------	---------------------

1. Chest X-Ray Needed (mark all that apply)

<input type="checkbox"/> History of tuberculosis (TB) disease	<input type="checkbox"/> TB signs or symptoms
<input type="checkbox"/> Contact with person with TB	<input type="checkbox"/> Adult (with or without any of the other)

(If child does not have any of the above, stop here)

2. Chest X-Ray Findings Date Chest X-Ray taken (mm-dd-yyyy) _____

Normal findings

Abnormal finding (indicate findings and interpretation, checking all that apply, and any other in table below)

<input type="checkbox"/> Can suggest ACTIVE TB <i>(Need smears)</i>	<input type="checkbox"/> Can suggest INACTIVE TB <i>(Need smears if symptomatic)</i>	<input type="checkbox"/> OTHER X-ray findings
--	---	---

<input type="checkbox"/> Infiltrate or consolidation <input type="checkbox"/> Any cavitary lesion <input type="checkbox"/> Nodule with poorly defined margins <i>(such as tuberculoma)</i> <input type="checkbox"/> Pleural effusion <input type="checkbox"/> Hilar/Mediastinal adenopathy <input type="checkbox"/> Linear, interstitial markings <i>(children only)</i> <input type="checkbox"/> Other (such as miliary findings)	<input type="checkbox"/> Discrete fibrotic scar or linear opacity <input type="checkbox"/> Discrete nodule(s) without calcification <input type="checkbox"/> Discrete fibrotic scar with volume loss or retraction <input type="checkbox"/> Discrete nodule(s) with volume loss or retraction <input type="checkbox"/> Other (such as bronchiectasis)	<input type="checkbox"/> Follow-up needed <ul style="list-style-type: none"> <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Cardiac <input type="checkbox"/> Pulmonary <input type="checkbox"/> Other <input type="checkbox"/> No follow-up needed for Pleural thickening, diaphragmatic tenting, blunting costophrenic angle, solitary calcified nodule or granuloma or minor musculoskeletal or cardiac finding
--	---	--

Remarks

3. Sputum Smears

No, applicant has no signs or symptoms of TB and :

- X-ray suggests INACTIVE TB, this is a Class B2/TB
- OTHER X-ray findings suggest follow-up needed after arrival, this is B Other
- OTHER X-ray findings suggest no followup needed, this is No Class
- X-ray Normal, this is No Class

Yes, applicant has (mark all that apply):

<input type="checkbox"/> Signs or symptoms of TB present, See Section 1 <input type="checkbox"/> X-ray suggests ACTIVE TB, See Section 2	and smear results are: <table style="width:100%;"> <tr> <td style="text-align: center;">Positive</td> <td style="text-align: center;">Negative</td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Dates obtained (mm/dd/yyyy)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </table>	Positive	Negative		<input type="checkbox"/>	<input type="checkbox"/>	Dates obtained (mm/dd/yyyy)	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Positive	Negative												
<input type="checkbox"/>	<input type="checkbox"/>	Dates obtained (mm/dd/yyyy)											
<input type="checkbox"/>	<input type="checkbox"/>	_____											
<input type="checkbox"/>	<input type="checkbox"/>	_____											

Sputum smear results and X-ray findings:
At least one smear result POSITIVE and

Any chest X-ray finding, this is Class A/TB
(Normal or Abnormal findings)

Three smear results NEGATIVE and

- X-ray Normal with
- Signs of symptoms resolved, this is No Class
- Signs or symptoms suggest follow-up needed after arrival, this is B Other
- X-ray suggests ACTIVE or INACTIVE TB, this is Class B1/TB
- OTHER X-ray findings suggest follow-up needed after arrival, this is Class B Other

4. No Class Class A/TB Class B1/TB Class B2/TB Class B Other, follow-up needed

5. Follow-up Needed After Arrival No Yes If Yes, for Not TB condition TB condition.

Remarks *(If yes, specify condition below and on DS-2053; include additional tests, and therapy used with start and stop dates and any changes)*



VACCINATION DOCUMENTATION WORKSHEET

For Use with DS-2053

To Be Completed by Panel Physician Only

OMB No. 1405-0113
EXPIRATION DATE: 06/31/2007
ESTIMATED BURDEN: 20 minutes
(See Page 2 - Back of Form)

Name (Last, First, MI)

Birth Date (mm-dd-yyyy)

Passport Number

Alien (Case) Number

Exam Date (mm-dd-yyyy)

REQUIRED FOR U.S. IMMIGRANT VISA APPLICANTS

NOT REQUIRED FOR REFUGEE APPLICANTS

1. Immunization Record

Vaccine History Transferred From a Written Record
(list chronologically from left to right)

Vaccine	Date received (mm-dd-yyyy)				Vaccine Given by Panel Physician (mm-dd-yyyy)	Completed Series (✓ if completed, write "VF" if varicella history, or write date of lab test if immune)	Blanket Waiver(s) To Be Requested if Vaccination Not Medically Appropriate. Check Suitable Box(es) Below			
							Not appropriate	Insufficient time interval	Contra-indicated	Not routinely available
DT/DTp/DTap										
Td										
Polio (OPV/IPV)										
Measles (or MR or MMR)										
Mumps (or MMR)										
Rubella (or MR or MMR)										
Hib (<i>Haemophilus influenzae</i> type b)										
Hepatitis B										
Varicella										
Pneumococcal										
Influenza										

2. Results

Vaccine history incomplete

Applicant may be eligible for blanket waiver(s) because vaccination(s) not medically appropriate (as indicated above).

Applicant will request an individual waiver based on religious or moral convictions.

Vaccine history complete for each vaccine, all requirements met (documented above).

Applicant does not meet vaccination requirements for one or more vaccines and no waiver is requested.

3. Panel Physician (name)

Panel Physician (signature)

Date (mm-dd-yyyy)



MEDICAL HISTORY AND PHYSICAL EXAMINATION WORKSHEET

U.S. Department of State
For use with DS-2053

OMB No. 1405-0113
EXPIRATION DATE: 05/31/2007
ESTIMATED BURDEN: 35 minutes
(See Page 2 - Back of Form)

Name (Last, First, MI)		Exam Date (mm-dd-yyyy)
Birth Date (mm-dd-yyyy)	Passport Number	Allen (Case) Number

1. Past Medical History (indicate conditions requiring medication or other treatment after resettlement and give details in Remarks)
NOTE: The following history has been reported, has not been verified by a physician, and should not be deemed medically definitive.

<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>General</p> <p><input type="checkbox"/> <input type="checkbox"/> Illness or injury requiring hospitalization (including psychiatric)</p> <p>Cardiology</p> <p><input type="checkbox"/> <input type="checkbox"/> Angina pectoris</p> <p><input type="checkbox"/> <input type="checkbox"/> Hypertension (high blood pressure)</p> <p><input type="checkbox"/> <input type="checkbox"/> Cardiac arrhythmia</p> <p><input type="checkbox"/> <input type="checkbox"/> Congenital heart disease</p> <p>Pulmonology</p> <p><input type="checkbox"/> <input type="checkbox"/> History of tobacco use Current use <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> <input type="checkbox"/> Chronic obstructive pulmonary disease (emphysema)</p> <p><input type="checkbox"/> <input type="checkbox"/> History of tuberculosis (TB) disease Treated <input type="checkbox"/> Yes <input type="checkbox"/> No Current TB symptoms <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Neurology and Psychiatry</p> <p><input type="checkbox"/> <input type="checkbox"/> History of stroke, with current impairment</p> <p><input type="checkbox"/> <input type="checkbox"/> Seizure disorder</p> <p><input type="checkbox"/> <input type="checkbox"/> Major impairment in learning, intelligence, self care, memory, or communication</p> <p><input type="checkbox"/> <input type="checkbox"/> Major mental disorder (including major depression, bipolar disorder, schizophrenia, mental retardation)</p> <p><input type="checkbox"/> <input type="checkbox"/> Use of drugs other than those required for medical reasons</p> <p><input type="checkbox"/> <input type="checkbox"/> Addiction or abuse of specific* substance (drug) *amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics</p> <p><input type="checkbox"/> <input type="checkbox"/> Other substance-related disorders (including alcohol addiction or abuse)</p> <p><input type="checkbox"/> <input type="checkbox"/> Ever taken action to end your life</p>	<p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> Ever caused SERIOUS injury to others, caused MAJOR property damage or had trouble with the law because of medical condition, mental disorder, or influence of alcohol or drugs</p> <p>Obstetrics and Sexually Transmitted Diseases</p> <p><input type="checkbox"/> <input type="checkbox"/> Pregnancy Fundal height _____ cm Last menstrual period Date (mm-dd-yyyy) _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Sexually transmitted diseases, specify _____</p> <p>Endocrinology and Hematology</p> <p><input type="checkbox"/> <input type="checkbox"/> Diabetes mellitus</p> <p><input type="checkbox"/> <input type="checkbox"/> Thyroid disease</p> <p><input type="checkbox"/> <input type="checkbox"/> History of malaria</p> <p>Other</p> <p><input type="checkbox"/> <input type="checkbox"/> Malignancy, specify _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Chronic renal disease</p> <p><input type="checkbox"/> <input type="checkbox"/> Chronic hepatitis or other chronic liver disease</p> <p><input type="checkbox"/> <input type="checkbox"/> Hansen's Disease <input type="checkbox"/> Tuberculoid <input type="checkbox"/> Borderline <input type="checkbox"/> Lepromatous OR <input type="checkbox"/> Paucibacillary <input type="checkbox"/> Multibacillary Treated <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input type="checkbox"/> Visible disabilities (including loss of arms or legs), specify _____</p> <p><input type="checkbox"/> <input type="checkbox"/> Other requiring treatment, specify _____</p>
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2. Physical Examination (indicate findings and give details in Remarks)

No Yes Applicant appears to be providing unreliable or false information, specify _____

Height _____ cm Weight _____ kg Visual Acuity at 20 feet: Uncorrected L 20/ _____ R 20/ _____
 BP _____ / _____ (mmHg) Heart rate _____ /min Respiratory rate _____ /min Corrected L 20/ _____ R 20/ _____

*N, normal; A, abnormal; ND, not done

<p>N* <input type="checkbox"/> A* <input type="checkbox"/> ND* <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> General appearance and nutritional status</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hearing and ears</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Eyes</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nose, mouth, and throat (include dental)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heart (S1, S2, murmur, rub)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Breast</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lungs</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Abdomen (including liver, spleen)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Genitalia (including circumcision, infection(s))</p>	<p>N* <input type="checkbox"/> A* <input type="checkbox"/> ND* <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inguinal region (including adenopathy)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Extremities (including pulses, edema)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Musculoskeletal system (including gait)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Skin (including hypopigmentation, anesthesia, findings consistent with self-inflicted injury or injections)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lymph nodes</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Nervous system (including nerve enlargement)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mental status (including mood, intelligence, perception, thought processes, and behavior during examination)</p>
---	---

3. Additional Testing Needed Prior to Approving Medical Clearance

- No Yes
- Physical examination or laboratory results contradict medical history
- Referral prior to departure If yes, provide results _____
- _____
- Referral prior to departure If yes, provide results _____
- _____

4. Follow-up Needed After Arrival

- No Yes, within 1 week Yes, within 1 month Yes, within 6 months
- For continuing medication, list type, dose, and frequency _____
- _____
- For continuing other treatment, specify _____
- _____

5. Remarks (describe any abnormal history, abnormal findings, and resulting interventions)

PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

Public reporting burden for this collection of information is estimated to average 35 minutes per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: the U.S. Department of State (A/RPS/DIR) Washington, DC 20520.

We ask for information on this form, in the case of applicants for immigrant visas, to determine medical eligibility under INA Sections 212(a) and 221(d), and, in the case of refugees, as required under INA Section 412(b)(4) and (5). If an immigrant visa is issued or refugee status granted, you will convey this form to the Department of Homeland Security (DHS) for disclosure to the Center for Disease Control and the US Public Health Service. Failure to provide this information may delay or prevent the processing of your case. If an immigrant visa is not issued or refugee status is not granted, this form will be treated as confidential under INA Section 222(f).

รายชื่อที่ทำการไปรษณีย์ซึ่งตั้งอยู่ใกล้กับสถานทูตสหรัฐอเมริกา

รายชื่อที่ทำการไปรษณีย์ซึ่งตั้งอยู่ใกล้กับสถานทูตสหรัฐอเมริกาที่ท่านสามารถชำระค่าธรรมเนียมในการยื่นคำร้องขอวีซ่าชั่วคราวได้มีดังต่อไปนี้ :

<u>ชื่อที่ทำการไปรษณีย์</u>	<u>สถานที่ตั้ง</u>
นานา:	118-122 ถ. สุขุมวิท ซอยนานา (ซอย 3) แขวงคลองเตย เขตคลองเตย กทม. 10112
สีลม:	333 ถ. สีลม แขวงสีลม เขตบางรัก กทม. 10504
สาทร:	175 อาคารสาทรซิตีทาวเวอร์ ชั้น B-1 ถ. สาทรใต้ แขวงทุ่งมหาเมฆ เขตสาทร กทม. 10341
คลองเตย:	1422-1424/2 ซ. ศีรินทร์ 6 ถ. พระราม 4 แขวงคลองเตย กทม. 10111
พตปนพงษ์:	113/6-7 ถ. สุรวงศ์ แขวงสุริยวงศ์ เขตบางรัก กทม. 10506

THE CLOSEST POST OFFICES TO THE U.S. EMBASSY

The closest post offices to the U.S. Embassy for paying the nonrefundable nonimmigrant visa application processing fee are located at:

<u>Post Office Name</u>	<u>Location</u>
- NANA:	118-122 Sukhumvit Road, Soi Nana (Soi 3), Klongtoey, Bangkok 10112
- SILOM:	333 Silom Road, Bangrak, Bangkok 10504
- SATHORN:	175 Sathorn City Tower Bldg., Floor B-1, South Sathorn Road, Tungmahamek, Sathorn, Bangkok, 10341
- KLONG TOEI:	1422-1424/2, Soi Srintr 6, Rama IV Road, Klong Toei, Bangkok, 10111
- PATPONG:	113/6-7 Suravongse Road, Bangrak, Bangkok 10506

U.S. Embassy

Consular Section

95 Wireless Road
Bangkok 10330, Thailand



NEW IMMIGRANT VISA PHOTOGRAPH REQUIREMENTS

All immigrant visa applicants are now required to submit two frontal view photographs.

Actual Size

Frontal photographs must meet the following requirements:

- 2 x 2 inches (50 x 50 mm)
- color or black and white photo with white background
- no borders
- less than six months old
- applicant's face must fill at least 50% of the area
- applicant must face the camera directly
- applicant must show his or her ears
- print name of applicant on back of photograph



Note: If you have already been interviewed and have a pending application, you must submit two frontal view photographs in person when you next submit documents.

U.S. Embassy

Consular Section

95 Wireless Road
Bangkok 10330, Thailand



New Immigrant Visa Processing Requirements

As a result of new processing requirements and in order to expedite processing on the day of the interview, US Embassy Bangkok now requires the submission of the following two items in advance of all K, V, and immigrant visa interviews:

1. Photocopy of passport photo page for each applicant
2. Two photographs for each applicant (see attached sheet for details)

Applicants should mail these items to us

We greatly appreciate your cooperation with this matter. If you have any questions, please consult our website (<http://bangkok.usembassy.gov/services/visa/immigrant.htm>) or e-mail us at visasBKK@state.gov