

# H-1B Bio-Data Form

Last/Family Name	First/Given Name		Middle Name(s)	
Date of Birth (mm/dd/yyyy)	Gender			
City of Birth	Country of Birth		Country of Citi	zenship
Country of Legal Permanent Residence	E-mail Address		Phone #	
Foreign Physical Permanent Address (Str	eet Name and Number, Apt.	#)		
City	State/Province	Zip Code	Country	
Do you have any dependents (spouse, or	children)? Yes N	0		
If yes, how many?				
U.S. IMMIGRATION DATA				
CURRENTLY IN THE U.S. DATA				
Are you currently in the U.S.? Yes	No			
If yes, what is your current immigration s	tatus:			
Current U.S Address:				
(Street Name and Number, Apt. #)		City	State	Zip Code
Attach to this form legible photocopies Passport ID page, Visa, Form I-94, DS-	•	migration documents	issued to you (e	e.g.
PASSPORT DATA				
Do you have a valid passport? Yes	No			
If yes, which country issued the passport	:	When will it expire:	(mm/dd/y	ууу)

## **'J' EXCHANGE VISITOR DATA**

Have you <b>ever been</b> in the U.S. unde	er a J-1 or J-2 visa stat	us? Yes	No		
Were/are you subject to the 2-year h	ome residency require	ement? Ye	s No		
If yes, have you applied for a waiver of	of the two-year home r	esidency obligat	ion? Yes	No	
If yes, on what grounds did you seek	the waiver? Please el	aborate:			
If yes, what is the status of your waive	er?				
If yes, attach to this form a copy of the	waiver recommenda	tion and/or waive	er approval.		
<u>'H' DATA</u>					
Have you ever been in the U.S. on the	e "H" classification (H-	1B, H-4, etc.)?	Yes No	)	
If yes, provide specific dates in H-1B	and/or H-4 status by	actual dates in e	each status applica	ble:	
During the period of the H-1B status,	were you ever outside	the United State	es? Yes	No	
If yes, please provide dates of depart purpose of travel.	ture from the U.S and	date of return to	the U.S.; location	of travel outsion	de the U.S.;
PERMANENT RESIDENCY APPLICATION	ATION DATA				
Have you filed an application for perm	nanent residency (gree	en card) with the	U.S. Government?	Yes	No
If yes, under what category?	Family	Employment	Lottery	Othe	er
I hereby certify under penalty of pe	rjury, that all inform	ation given on t	his form is true ar	nd correct.	
Signature			Date (mm/dd/yyyy)	)	

DEPENDENT(S) DA	TA						
Are your dependents cur f yes, is their address th f no, write their current L	e same as your add		No s No				
Street Name and Number	er, Apt. #)		City		State	Zip Code	
Write Dependents Perm	anent Foreign Addre	ess					
Street Number and Nam	e			Apt /Suit	e #		
Dity	State/Province	ate/Province		Zip Code		Country	
Vill your dependents (fa	mily) members need	l H-4 status?	Yes	No			
Will your dependents (fa Fo qualify for the H- 4 vis applicant. Attach to this dependent's U.S. visa.	sa, the individual mu form, a copy of ea	st be the spous	se or child (unmar 's passport ID p	ried, under 21 age and if av	ailable, each		
To qualify for the H- 4 visapplicant. Attach to this dependent's U.S. visa.	sa, the individual mu form, a copy of ea	st be the spous	se or child (unmar ' <b>s passport ID p</b> each family mem	ried, under 21 age and if av	ailable, each		
To qualify for the H- 4 visapplicant. Attach to this dependent's U.S. visa.	sa, the individual mu s <b>form, a copy of ea</b> Complete the inform	st be the spous  Ich dependent  Ination below for	se or child (unmar ' <b>s passport ID p</b> each family mem	ried, under 21 age and if av	ailable, each equire H-4 status		
To qualify for the H- 4 visapplicant. Attach to this dependent's U.S. visa.  Spouse  _ast/Family Name	sa, the individual mu s <b>form, a copy of ea</b> Complete the inform	st be the spous  ich dependent  nation below for  First/Given N	se or child (unmar 's passport ID po each family mem lame	ried, under 21 age and if av	ailable, each equire H-4 status		
To qualify for the H- 4 visapplicant. Attach to this dependent's U.S. visa.  Spouse  Last/Family Name  Date of Birth: (mm/dd/yy	sa, the individual mu s <b>form, a copy of ea</b> Complete the inform	st be the spous  ch dependent  nation below for  First/Given N  Male  Country of B	se or child (unmar 's passport ID po each family mem lame	ried, under 21 age and if avenue that will re	ailable, each equire H-4 status		

Yes

No

Has your dependent spouse ever been on J-1 or J-2 status?

Child #1			
Last/Family Name	First/Given Name	Middle Name(s)	
Date of Birth: (mm/dd/yyyy)	Male Female		
City of Birth	Country of Birth		
Country of Citizenship	Country of Permanent Residence		
Child #2			
Last/Family Name	First/Given Name	Middle Name(s)	
Date of Birth: (mm/dd/yyyy)	Male Female		
City of Birth	Country of Birth		
Country of Citizenship	Country of Permanent Residence		
Child #3			
Last/Family Name	First/Given Name	Middle Name(s)	
Date of Birth: (mm/dd/yyyy)	Male Female		
City of Birth	Country of Birth		
Country of Citizenship	Country of Permanent Residence		