



FORM ID \_\_\_\_\_ DS160 minors under 14

surname	Given name
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have you had any other names? Maiden/name change ☐ No ☐ yes: \_\_\_\_\_

Sex ☐ m ☐ f

marital status: single

Date of birth dd / mmm / yyyy	City of birth	Country of birth
ID number	Do you have or had any other nationality? <input type="checkbox"/> Yes <input type="checkbox"/> no	Specify

Purpose of trip: \_\_\_\_\_

Length of stay: \_\_\_\_\_ intended dates: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_ who's paying? \_\_\_\_\_

Are you traveling alone or with another person/people? ☐ Alone ☐ not alone

(If so, specify name/s of people/group and relationship with you) \_\_\_\_\_

Have you ever been to the US? ☐ Yes ☐ no

Have you ever been issued a US visa?

☐ Yes ☐ no Date of issue: \_\_\_\_/\_\_\_\_/\_\_\_\_

USA visits		
____/____/____ DD MMM YYYY	____/____/____ DD MMM YYYY	____/____/____ DD MMM YYYY
____/____/____ DD MMM YYYY	____/____/____ DD MMM YYYY	____/____/____ DD MMM YYYY

Have you ever had a US visa revoked/refused? ☐ Yes ☐ no

Were you ever deported or removed from the US? ☐ Yes ☐ no

Home address	city
Zip code	country
Phone number	e-mail address

Have you ever had a passport lost or stolen? ☐ Yes ☐ no (provide details of incident)

Passport number	Issued in	Date of issue	Date of expiry
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Details of parents:

Father's surname	Father's given name	Father's date of birth ____/____/____
mother's surname	mother's given name	mother's date of birth ____/____/____

do you have immediate family in the US? ☐ Yes ☐ no (provide full name, citizenship status and relationship)

do you have non-immediate family in the US? ☐ Yes ☐ no

Were you ever arrested or convicted in a crime? ☐ Yes ☐ no

If so, specify: \_\_\_\_\_