



U.S. Department of State  
 SUPPLEMENTAL REGISTRATION FOR  
 THE DIVERSITY IMMIGRANT VISA PROGRAM

OMB APPROVAL NO. 1405-0098  
 EXPIRATION DATE: 06-30-2003  
 ESTIMATED BURDEN: 30 MINUTES  
 \*See Page 2

**INSTRUCTIONS**

The following is a supplemental registration form for the Diversity Immigrant Visa Program under Section 203(c) of the Immigration and Nationality Act. Clearly print or type all answers in the English language. Answer all questions.

Using the enclosed self-adhesive return address label, immediately send this form along with Forms OF-230 Parts I & II to: Diversity Immigrant Visa Program, Kentucky Consular Center, 3505 N. Highway 25W, Williamsburg, KY 40769. Failure to follow instructions will disqualify your application.

You will be notified by mail of your appointment date, therefore the answer to question No. 3 must be accurate.

1. NAME (Last, First, MI)

2. RANK ORDER NUMBER (Case number on envelope)

3. CURRENT MAILING ADDRESS (Address at which you receive your mail. Give any change of mailing address here.)

Telephone Number (Optional): \_\_\_\_\_

4. NAME OF UNITED STATES CONSULAR OFFICE WHERE YOU WOULD LIKE TO PROCESS YOUR APPLICATION

This will usually be the consular office nearest the place you live. However, please note that some U. S. Embassies and Consulates do not process immigrant visas. If you are not sure whether the U.S. Embassy or Consulate nearest you processes immigrant visas, or if you do not know which is the U.S. Embassy or Consulate nearest you, please list the city and country where you live. If you live in the United States, please list the U. S. Embassy or Consulate that processes immigrant visas for the area where you lived before you came to the United States.

5. THE COUNTRY YOU LISTED AS YOUR NATIVE COUNTRY ON YOUR DIVERSITY VISA PROGRAM APPLICATION

In most cases, this will be the country where you were born. You may also claim the country of birth of your husband or wife. In addition, you may claim the country of birth of either of your parents, if neither of your parents lived in, or was born in, the country where you were born.

6. EDUCATION

a. Check the highest level of education completed.

High School, No Degree       High School Diploma       Vocational School

College, No Degree       University Degree       Advanced Degree

Other \_\_\_\_\_

b. Names and addresses of all schools, colleges, and universities attended (include trade and vocational schools):

| NAME OF EDUCATIONAL INSTITUTION | FROM (mm-yyyy) | TO (mm-yyyy) | DEGREE(S) OR CERTIFICATE(S) |
|---------------------------------|----------------|--------------|-----------------------------|
|                                 |                |              |                             |
|                                 |                |              |                             |
|                                 |                |              |                             |
|                                 |                |              |                             |
|                                 |                |              |                             |
|                                 |                |              |                             |
|                                 |                |              |                             |

7. WORK EXPERIENCE

a. Within the last 5 years, I have worked at least 2 years in a job that requires at least 2 years of training or experience:

Yes       No

b. Occupation - If you answered "yes" to question 7a, give the job title and describe the type of work you did. Be as specific as possible.

c. Names and addresses of your employers during the past 5 years in the work you described above, and the dates (beginning and ending months and years) you worked for each.

| NAME OF EMPLOYER | ADDRESS | FROM (mm-yyyy) -- TO (mm-yyyy) |  |
|------------------|---------|--------------------------------|--|
|                  |         |                                |  |
|                  |         |                                |  |
|                  |         |                                |  |
|                  |         |                                |  |
|                  |         |                                |  |
|                  |         |                                |  |

**SIGNED STATEMENT**

I certify that only one application was or has been submitted by me or on my behalf for this immigrant visa registration. I further certify that I have read and understand all the questions set forth above and that 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 refusal of a visa or denial of entry into the United States.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date (mm-dd-yyyy)

**Privacy Act Notice**

We ask for the information on this form to determine your eligibility for a Diversity Visa. We may provide this information to other government agencies. Failure to provide this information may delay or prevent the processing of your case.

**Paperwork Reduction Act Notice**

\*The estimated average time to complete this form is 30 minutes. Persons are not required to provide this information in the absence of a valid OMB approval number. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to both the Department of State, A/RPS/DIR, 2201 C Street, NW, Washington, DC 20520.

**DO NOT WRITE IN THIS SPACE - FOR OFFICIAL USE ONLY**

**Occupation Code:** \_\_\_\_\_