**Form DS-2019 Certificate of Eligibility for Exchange Visitor (J-1)**

**Dependent Information Form**

 **(This form should be completed by the exchange visitor and submitted to the hosting department)**

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| **Complete a separate form for each dependent (spouse and/or child) who plans to travel with you to the United States (U.S.). Please provide a copy of your dependent’s passport with the request. If no spouse or children will be coming with you to the U.S., you do not need to complete the Dependent Information Form.** |

1. Dependent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Family/Last Name Given/First Name (including middle name)

1. Dependent Gender: \_\_\_\_Female \_\_\_\_Male Dependent Date of Birth: \_\_\_\_\_\_/\_\_\_/\_\_\_\_\_

 Month/Day/Year

1. Where was the dependent’s place of birth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City Country

1. What is the dependent’s country of citizenship? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the dependent’s country of legal permanent residency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Relationship to Scholar: \_\_\_\_\_\_ Spouse \_\_\_\_\_\_\_\_\_Child
4. Dependent’s E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If available, please provide a copy of the passport information page for each dependent.**

**Please note that health insurance requirements apply to dependents as well as the visiting scholar.**