

J-2 Dependents Request Form

All J-2 dependents must maintain adequate health insurance coverage, a valid passport, a valid Form I-94 and a valid Form DS-2019 while residing in the U.S. in J-2 status. Names should be listed below exactly as they appear on the person's passport ID page.

J-1 Scholar Name: _____

e-mail address: _____

Dependent 1

Last name _____ First name _____

Sex: Male Female Date of birth (MM/DD/YY) _____ City of birth _____

Country of birth _____ Country of citizenship _____

Country of legal residence _____ Relationship (spouse or child) _____

Dependent 2

Last name _____ First name _____

Sex: Male Female Date of birth (MM/DD/YY) _____ City of birth _____

Country of birth _____ Country of citizenship _____

Country of legal residence _____ Relationship (spouse or child) _____

Dependent 3

Last name _____ First name _____

Sex: Male Female Date of birth (MM/DD/YY) _____ City of birth _____

Country of birth _____ Country of citizenship _____

Country of legal residence _____ Relationship (spouse or child) _____

Dependent 4

Last name _____ First name _____

Sex: Male Female Date of birth (MM/DD/YY) _____ City of birth _____

Country of birth _____ Country of citizenship _____

Country of legal residence _____ Relationship (spouse or child) _____

Dependent 5

Last name _____ First name _____

Sex: Male Female Date of birth (MM/DD/YY) _____ City of birth _____

Country of birth _____ Country of citizenship _____

Country of legal residence _____ Relationship (spouse or child) _____