

J-2 Dependent Request Form

Please type or print

SCHOLAR

Today's Date: _____ Travel Dates: _____

Surname (Family Name): _____ Given Name: _____
as it appears in passport *as it appears in passport*

Current Mailing Address: _____

Telephone: _____ E-mail: _____

List best phone number for notification when ready for pickup

By signing below I certify that I will have sufficient funding and insurance coverage for my dependents. Visit our website for the minimum financial support requirement(<http://isso.ucsf.edu/immigration-visas/j-1-scholars/j-1-scholar-minimum-financial-support>)

Signature: _____ mm/dd/yyyy

DEPENDENTS ** Attach copy of:

- (a) Passport biographical page(s)
- (b) Marriage Certificate for Spouse

1) Full Name of Dependent: _____ , _____
Surname (Family Name) Given Name

Relationship to scholar: _____ Gender: Male Female

Birthdate (mm/dd/yyyy): _____
City, Country of Birth

Country of Citizenship: _____ Country of Legal Permanent Residence

2) Full Name of Dependent: _____ , _____
Surname (Family Name) Given Name

Relationship to scholar: _____ Gender: Male Female

Birthdate (mm/dd/yyyy): _____
City, Country of Birth

Country of Citizenship: _____ Country of Legal Permanent Residence

3) Full Name of Dependent: _____ , _____
Surname (Family Name) Given Name

Relationship to scholar: _____ Gender: Male Female

Birthdate (mm/dd/yyyy): _____
City, Country of Birth

Country of Citizenship: _____ Country of Legal Permanent Residence

For additional dependents, please attach a separate page.