DV-2017 Visa Lottery Registration Intake Form

Last/Family Name _____ First Name _____ Middle Name _____

Birth date ___/___/_____ (dd/mm/yyyy) Gender ☐ male ☐ female

City/town of birth _____ Country of birth _____

Country of Eligibility _____

In Care of

_____

Address _____

_____ Apt _____

City / Town _____

State/Province _____

Zip Code _____

Country _____

Country where you live today

_____

Phone number

_____

Email address:

_____

Highest level of education

_____

Marital Status _____

Number of Children ☐

Spouse's Information

Last/Family Name

_____

First Name

_____

Middle Name

_____

Birth date

_____

dd/mm/yyyy

Gender ☐ *Male* ☐ *Female*

_____

City of Birth

_____

Country of Birth

_____

Country where you live today

_____

Children's Information :

Name _____

Date of Birth _____

Name _____

Date of Birth _____