

## J-2 Dependents Request Form

Dependent names should be listed below exactly as they appear on the person's passport ID page. Documentation of financial support in the amount of \$500 per person per month in addition to the minimum amount required for the J-1 Exchange Visitor must be attached along with a copy of the passport ID page. All J-2 dependents must maintain health insurance coverage that meets the minimum requirements established by the U.S. government for the J-1 program.

J-1 NAME: \_\_\_\_\_

e-mail: \_\_\_\_\_

Dependent 1			
Last Name:			
First Name:		Middle Name:	
City of Birth:		Country of Birth:	
Gender: Male	Female	Date of Birth:	
Citizenship:			
Relationship (Spouse or Child):		E-mail address:	

Dependent 2			
Last Name:			
First Name:		Middle Name:	
City of Birth:		Country of Birth:	
Gender: Male	Female	Date of Birth:	
Citizenship:			
Relationship (Spouse or Child):		E-mail address:	

Dependent 3			
Last Name:			
First Name:		Middle Name:	
City of Birth:		Country of Birth:	
Gender: Male	Female	Date of Birth:	
Citizenship:			
Relationship (Spouse or Child):		E-mail address:	

Dependent 4			
Last Name:			
First Name:		Middle Name:	
City of Birth:		Country of Birth:	
Gender: Male	Female	Date of Birth:	
Citizenship:			
Relationship (Spouse or Child):		E-mail address:	

Dependent 5			
Last Name:			
First Name:		Middle Name:	
City of Birth:		Country of Birth:	
Gender: Male	Female	Date of Birth:	
Citizenship:			
Relationship (Spouse or Child):		E-mail address:	