Make sure the address is complete and correct. We will use this address for future mailings.

OMB No. 1405-0126
EXPIRATION DATE: 12/31/2006
ESTIMATED BURDEN: 30 minutes*

Place Case Barcode Strip Here Before Mailing to the National Visa Center

U.S. Department of State

CHOICE OF ADDRESS AND AGENT

For Immigrant Visa Applicants

_____

Print or type your full name

Check one box only to the left of the statement that is your choice.

☐ I appoint: _____

as my agent or attorney to receive mail about my application. Mail from the U. S. Department of State concerning my immigrant visa application should be sent to:

_____

Name of the person who will act as your agent or attorney for receipt of mail

_____

Street address (where my agent or attorney will receive mail about my application)

_____

City State/Province Postal Code Country

☐ I do not appoint an agent or an attorney to receive mail about my application. Mail from the U.S. Department of State concerning my immigrant visa application should be sent to me at:

_____

Street address *(include "in care of" if needed)*

_____

City State/Province Postal Code Country

☐ I have already legally immigrated to the U. S. and do not need to apply for an immigrant visa.

☐ I no longer wish to apply for an immigrant visa.

As proof of your choice, sign and date this document:

_____ _____

Signature of Applicant Date of Signature

PAPERWORK REDUCTION ACT

*Public reporting burden for this collection of information is estimated to average 30 minutes per response. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/RPS/DIR) Washington, DC 20520-1849.