

DETACHMENT COMMANDER ADDITIONAL VISA INFORMATION SHEET

YOUR INFORMATION

Last Name: _____ Rank: _____ Sex: M / F
First Name: _____ Height: ____ ft. ____ in.
Middle Name: _____ Hair Color: _____ Eye Color: _____
Country of Birth: _____ State of Birth: _____ City of Birth: _____
Date of Birth: _____ (YYYYMMDD) Last 5 of SSN: _____
High School Attended: _____

SPOUSE & CHILDREN INFORMATION

Date of Marriage: _____ Height: ____ ft. ____ in. Eye Color: _____ Hair Color: _____
Spouse's Full MAIDEN Name: _____ Sex: M / F
Spouse's Date of Birth: _____ Country of Birth: _____ US Citizen: Y / N
City of Birth: _____ State of Birth: _____ Last 5 of SSN: _____
High School Attended: _____
Spouse's Mother's Full Name: _____
Spouse's Father's Full Name: _____
Children's NAMES, DOB, and POB:
1) _____
2) _____
3) _____
4) _____

YOUR PARENTS INFORMATION

Mother's Full MAIDEN Name: _____ US Citizen: Y / N
Mother's Date of Birth: _____ Country of Birth: _____
CITY and STATE of Birth: _____
Father's Full Name: _____ US Citizen: Y / N
Father's Date of Birth: _____ Country of Birth: _____
CITY and STATE of Birth: _____