OMB No. 1405-0126
EXPIRATION DATE: 12/31/2009
ESTIMATED BURDEN: 10 minutes*

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U.S. Department of State CHOICE OF ADDRESS AND AGENT

For Immigrant Visa Applicants

Print or Type your Full Name

(Last Nan Check one box only to the	ne) e left of the statement that is your	(First Name) choice.	(MI.)	
☐ I Appoint	•			
5 0	ittorney to receive mail about my g my immigrant visa application		Telephone Number m the U.S. Department of	
Name of the person who will act as your agent or attorney for receipt of mail		of mail	Telephone Number	
Street Address (where my agent or attorney will receive mail about my application		oplication)	*Email Address	
City	State/Province	Postal Code	Country	
Street Address (Include "in care of" if Needed)			*Email Address	
City	State/Province	Postal Code		
☐ I have already I			Country	
received my Gr	egally immigrated to the U.S. areen Card through the		•	
		(City) USC	y for an immigrant visa. I	
☐ I no longer wish	reen Card through the	(City) USC	y for an immigrant visa. I	

PAPERWORK REDUCTION ACT

Public reporting burden for this collection of information is estimated to average 10 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/ISS/DIR) Washington, DC 20520-1849.

*The Department is currently testing an electronic application system for nonimmigrant visa application that will allow electronic submission and eliminate paper forms. Once testing on this application system is completed the Department is examining whether or not the system can be used for the immigrant visa system.