

REQUEST FOR DEPENDENT FORM DS-2019

INSTRUCTIONS: NIH J-1 Exchange Visitors should complete this form when requesting a Form DS-2019 to allow a dependent family member to join him/her in the United States. J-2 dependent status is available to your spouse and/or unmarried children under age 21.

Complete all fields below. Write your dependent(s) name exactly as it appears on their passport(s). Your family members should also list their name(s) per the passport when completing official U.S. government forms, such as the visa application and Form I-94 Arrival/Departure record. Mail or fax the completed form to the DIS, along with a copy of the passport biographical page for each dependent. If you fax the form, a fax cover sheet is **not** necessary and you do **not** have to mail the original. **Please allow two (2) weeks for processing.**

When applying for a J-2 visa at the U.S. Embassy or Consulate abroad or submitting a change of status application to the United States Citizenship and Immigration Services (USCIS), your dependent(s) should present evidence of your relationship (such as a marriage certificate for your spouse or a birth certificate for children).

Your Name:

Family Name	First Name	Middle Name	SEVIS ID Number

Your Dependent's Information:

Family Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)

Gender	City of Birth	State/Province of Birth	Country of Birth

Relationship	Country of Citizenship	Country of Legal Permanent Residence	Current U.S. Immigration Status and expiration date (if any)

If you have additional dependents, please complete the attached dependent supplement.

I attest that:

- I will financially support my J-2 dependent(s) during their stay in the U.S.
- I will obtain and maintain health insurance for my J-2 dependent(s) during their stay in the U.S. I understand that J-1 regulations require health insurance for both my J-2 dependent(s) and me throughout the duration of my program.
- I will report my J-2 dependent(s)' arrival to the U.S. to the DIS.

By signing this form, I agree to the above attestations and certify that the information on this form is complete and accurate.

Signature

Date

DEPENDENT SUPPLEMENT

Complete this supplement if you have more than one (1) dependent that is eligible for J-2 dependent status.

1. Additional Dependent's Information:

Family Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)
Gender	City of Birth	State/Province of Birth	Country of Birth
Relationship	Country of Citizenship	Country of Legal Permanent Residence	Current U.S. Immigration Status and expiration date (if any)

2. Additional Dependent's Information:

Family Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)
Gender	City of Birth	State/Province of Birth	Country of Birth
Relationship	Country of Citizenship	Country of Legal Permanent Residence	Current U.S. Immigration Status and expiration date (if any)

3. Additional Dependent's Information:

Family Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)
Gender	City of Birth	State/Province of Birth	Country of Birth
Relationship	Country of Citizenship	Country of Legal Permanent Residence	Current U.S. Immigration Status and expiration date (if any)

4. Additional Dependent's Information:

Family Name	First Name	Middle Name	Date of Birth (MM/DD/YYYY)
Gender	City of Birth	State/Province of Birth	Country of Birth
Relationship	Country of Citizenship	Country of Legal Permanent Residence	Current U.S. Immigration Status and expiration date (if any)