

J-2 Dependent Data Sheet

Please complete and return this form along with requested support documents to your IIE Regional Center. Please type or print form. If you need more space, please attach an additional form noting additional family members' biographical information.

Name: _____ Country: _____
Given/First
Middle
Family/Last

1) Biographical Information on Family:

Family Member #1

Names should be the same as they appears on the passport

Family/Last Name: _____

Date of Birth (Month/Day/Year): _____

Given/First Name: _____

City of Birth: _____

Middle Name (if applicable): _____

Country of Birth: _____

Relationship to J-1 Student: _____

Country of Legal

Gender: _____

Permanent Residence: _____

Country of Citizenship: _____

Family Member #2

Names should be the same as they appears on the passport

Family/Last Name: _____

Date of Birth (Month/Day/Year): _____

Given/First Name: _____

City of Birth: _____

Middle Name (if applicable): _____

Country of Birth: _____

Relationship to J-1 Student: _____

Country of Legal

Gender: _____

Permanent Residence: _____

Country of Citizenship: _____

Please attach additional pages with dependent information if necessary.

2) Additional Information:

a) Your family's (expected) date of arrival in the United States: _____

b) Please provide the dollar amount of funding you will have to support your family (*attach documentation verifying your funding*): _____

c) Please provide the name of the insurance carrier providing health insurance coverage for your dependents:

Sign to confirm your compliance with health insurance requirements and that you understand you are responsible for the return travel of each dependent listed.

 Signature Date