

J-1 Exchange Visitors can request Form DS-2019 for a J-2 dependent to allow an eligible family member to join him/her in the United States. J-2 dependent status is available to your spouse and/or unmarried children under the age of 21. Use Page 2 if you have more than one eligible dependent. **Please allow two (2) weeks for processing.**

SECTION I. YOUR INFORMATION

Family Name:

Given Name:

Date of Birth (mm/dd/yyyy):

SEVIS ID Number:

SECTION II. YOUR DEPENDENT'S INFORMATION

Family Name:

Given Name:

Relationship to You:

Gender:

Date of Birth (mm/dd/yyyy):

City of Birth:

State/Province of Birth:

Country of Birth:

Country of Citizenship:

Country of Legal Permanent

Residence:

U.S. Immigration Status (if any):

U.S. Status End Date (if any):

Dependent Email Address:

SECTION III. ATTESTATION

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 me and my J-2 dependents(s) to have health insurance.
- I will report to OISS when my J-2 dependent(s) arrives in the U.S.
- I will provide DIS with an updated address if my J-2 dependent(s) moves to another location within the United States.
- I will notify OISS if my J-2 dependent(s) changes non-immigrant status, permanently departs the U.S., or if I divorce my J-2 dependent spouse so that OISS can end their J-2 dependent record as required by the Department of State.

SECTION IV: REQUIRED DOCUMENTATION & SIGNATURE

Copy of each dependents' passport bio page

Proof of insurance for dependent

Proof of additional funding (as applicable)

By signing this form, I agree to the above attestations and certify that the information on this form is complete and accurate. I understand that I will also be required to show proof of marriage for a spouse or relationship for a child (birth certificate) at the visa interview.

Signature

Date

Complete this page if you have more than one dependent that is eligible for J-2 dependent status. Remember to submit a copy of each dependent's passport biographical page along with this form. Please allow two (2) weeks for processing.

ADDITIONAL DEPENDENT INFORMATION**ADDITIONAL DEPENDENT INFORMATION**

Family Name:

Family Name:

Given Name:

Given Name:

Relationship to You:

Relationship to You:

Gender:

Gender:

Date of Birth (mm/dd/yyyy):

Date of Birth (mm/dd/yyyy):

City of Birth:

City of Birth:

State/Province of Birth:

State/Province of Birth:

Country of Birth:

Country of Birth:

Country of Citizenship:

Country of Citizenship:

Country of Perm. Residence:

Country of Perm. Residence:

U.S. Immigration Status (if any):

U.S. Immigration Status (if any):

U.S. Status End Date (if any):

U.S. Status End Date (if any):

Dependent Email Address:

Dependent Email Address:

ADDITIONAL DEPENDENT INFORMATION

Family Name:

Given Name:

Relationship to You:

Gender:

Date of Birth (mm/dd/yyyy):

City of Birth:

State/Province of Birth:

Country of Birth:

Country of Citizenship:

Country of Perm. Residence:

U.S. Immigration Status (if any):

U.S. Status End Date (if any):

Dependent Email Address: