



Request for Dependent DS-2019

Please complete the following form and attach required documentation for all dependents requested.
(Please complete and attach additional forms if necessary)

- Copy of dependent’s biographical page of passport
- Financial Guarantee

Spouse: \$850 per month (\$10,200/year), Child: \$450 per month (\$5,400/year)

J-1 Exchange Visitor’s Last Name: _____ First Name: _____

Dependent Information:

1. Last Name: _____ First Name: _____
 Relationship: _____ Date of Birth (mm/dd/yyyy): _____
 City of Birth: _____ Country of Birth: _____
 Country of Citizenship: _____ Email*: _____
2. Last Name: _____ First Name: _____
 Relationship: _____ Date of Birth (mm/dd/yyyy): _____
 City of Birth: _____ Country of Birth: _____
 Country of Citizenship: _____ Email*: _____
3. Last Name: _____ First Name: _____
 Relationship: _____ Date of Birth (mm/dd/yyyy): _____
 City of Birth: _____ Country of Birth: _____
 Country of Citizenship: _____ Email*: _____

*Dependents who are under the age of 18 are not required to provide an email address.

I understand that:

1. I am responsible for checking in with the ISS Office within 10 days of the first arrival and prior to the final departure of all J-2 dependents.
2. All J-2 dependents must secure and maintain health insurance meeting the minimum US Department of State requirements for the duration of their stay in the US.
3. I am responsible for providing the ISS Office with a current address in the event that any or all of my dependents are living separately from me.

“I hereby certify the above information is true and accurate.”

Signature of Student: _____ Date: _____

For ISS Use Only:

Date Received: _____ Received by: _____ Date DS-2019 Issued: _____