

# **PREVENTIVE LAW**

## **SERIES**

### **Legal Assistance Program**

*TOPIC:*

***MARRIAGE AT MISAWA***

September 2014

**If you have questions concerning the topic of this pamphlet,  
please contact the Legal Assistance Office**

**For additional information & useful links, please visit:**

**<https://aflegalassistance.law.af.mil>**

**Legal Assistance Office  
Phone: 226-4022**

**Office of the  
Staff Judge Advocate  
Misawa AB, Japan**

## MARRIAGE AT MISAWA

All persons who desire to marry in Japan must do so in accordance with their applicable service directives (AFI 36-2609 or COMNAVFORJAPANINST 1752.1R) as well as the form and formalities required for Japan. Navy personnel should see the Legalman at the NAF for information on the marriage process. If you would like to have a religious ceremony, the Base Chaplains can assist you. However, such a ceremony does not constitute a legal marriage under Japanese law. To be legally married under Japanese law, you must complete the required paperwork and have the marriage registered with the Registration Department of Misawa City Hall. The Legal Office can assist you with these requirements. You are legally married when the Registration Department of the Misawa City Hall records your registration of marriage.

### *Marriage to U.S. Citizens Checklist*

- Ensure you are of marriageable age in Japan and in your state of jurisdiction.
- Parental Consent: If you have not attained the age of 18 (19 for Nebraskans), you must obtain written consent from both of your parents or legal guardians. Consent must be in writing and notarized. The document must include:
  - i) The full name and legal residence of the person being granted permission to marry;
  - ii) The full name and legal residence of the intended spouse;
  - iii) The date permission is granted; and,
  - iv) The full name, legal residence, and relationship of the person or persons granting permission.
- Acquire briefing from the legal office. (Bring Pre-Marital Certification Application for signature)
- Attend a standardized non-denominational and non-religious premarital class from the base chaplain. Military Member can request religious content if desired. (Bring Pre-Marital Certification for signature). To sign-up contact the chapel at 226-4630. Class will be held once a month on the first Monday of each month.

### *Marriage to Foreign Nationals Checklist*

Marrying a foreign national presents special considerations that service members must be aware of. The following checklist items are not intended to prevent marriage. These items are merely for the protection of both aliens and United States citizens from the possible disastrous effects of an impulsive marriage entered into without appreciation of its implications and obligations. These items are intended to make both aliens and U.S. citizens aware of the rights and restrictions imposed by the immigration laws of the United States and to assist in identifying and precluding the creation of U.S. military dependents not eligible for immigration to the United States.

- Ensure you and your spouse are of marriageable age in your state of residence and Japan.
- Acquire documentation intended to prove financial ability to prevent an alien spouse from becoming a public charge. Your commander will review these records. (LES and/or Bank records, investment records, etc)
- Parental Consent
  - a) U.S. citizens: If you have not attained the age of 18 (19 for Nebraskans), you must obtain written consent from both of your parents or legal guardians.
  - b) Japanese National: If you are a Japanese national and under the age of 20, you must obtain parental consent.
  - c) Other nationals: For all other nationals, contact your Embassy for specific consent requirements.
  - d) Consent must be in writing and notarized. The document must include:
    - i) The full name and legal residence of the person being granted permission to marry;
    - ii) The full name and legal residence of the intended spouse;
    - iii) The date permission is granted; and,
    - iv) The full name, legal residence, and relationship of the person or persons granting permission.
- Acquire briefing from the legal office. (Bring Pre-Marital Certification Application for signature)
- Attend a standardized non-denominational and non-religious premarital advice from the base chaplain. Military Member can request religious content if desired. (Bring Pre-Marital Certification for signature). This advice will be given in the form of a class. To schedule an appointment contact the chapel at 226-4630. Class will be held once a month on the first Monday of each month.
- Speak to your unit Security Manager about any concerns regarding your marriage and its potential effect on your security clearance and your career. (Bring Pre-Marital Certification Application for signature)
- Complete a medical examination of yourself, your fiancé or fiancée and any dependents that will be residing with you or intending to seek admission to the United States. (Bring Pre-Marital Certification Application for signature)

- You first need to stop by the Tricare office. They will input the demographic data of your fiancé/fiancée into the hospital computer system.
  - Next, report to Public Health to initiate the examination, which will be of sufficient scope and thoroughness to detect any mental or physical illness or condition as described in AFI 36-2609, paragraph 4.1. You will receive instructions from there. You may address medical questions to Public Health at 226-6130.
  - **NOTE:** A successful medical examination does not guarantee your spouse entry into the United States.
- Provide Pre-Marital Certification Application, as well as bank records and personnel records if needed, to your commander for review and signature.

### *Marriage in Misawa Process*

- Schedule an appointment for the marriage ceremony with the Legal Office (Mr. Yamauchi) with all forms for final review. If you are marrying a foreign national, you must bring a completed Pre-Marital Certification Application to your meeting with Mr. Yamauchi. The office will prepare an “Affidavit of Eligibility for Marriage” for your signature. This service is free of charge to anyone with a valid Military ID Card. Marriage appointments are available 1000-1200 Monday and Wednesday. During the appointment, Mr. Yamauchi will translate your Joint Affidavit or Single Affidavit (if applicable) and also help you fill out the Marriage Registration Form (*Kon-in Todoke*). The Marriage Registration Form requires two witnesses. You must provide Mr. Yamauchi with the two witnesses’ full names (with their full middle names if they have one) along with their date of birth (they must be at least 20 years old). Mr. Yamauchi will tell you when he will need their signatures. If Mr. Yamauchi cannot translate your documents and assist in completing the Marriage Registration Form, please contact an off-base translator for assistance. See the attachment below for a list of off-base translators. Before Mr. Yamauchi can accommodate a request for marriage, both individuals will need to provide the following documents:
- **Proof of Citizenship:** U.S. citizen(s) must possess either a birth certificate (one bearing a raised seal impression or multi-colored seal with proper certification of the issuing authority, i.e.; Hospital, State Registrar, Director of State Public Health Department, City or County Records Custodian, etc.<sup>1</sup>), a valid U.S. Passport or a naturalization certificate.
  - **Proof of Termination of Previous Marriage(s)** (if applicable): Documents verifying dissolution of all previous marriages, such as divorce, annulment, or death. The documents must bear the raised seal impression of the court and proper certification by the issuing authority.

---

<sup>1</sup> You should note that the Legal Office cannot certify any vital statistics records such as birth, death, or marriage certificates, or divorce decrees. They must be obtained from the original city or county registrar’s office or court clerk’s office.

- **Certificate of Legal Competency to Contract Marriage:** Japan requires non-Japanese citizens to produce a certificate stating that they are able to marry.
  - **Japanese National:** If you are marrying a Japanese national, the Japanese national will need to provide a certified copy of their family register (*Koseki Tohon*) or its extract (*Koseki Shohon*) to show they are of age. Misawa City Hall will also require voter registration (*Juminhyo*). If your documents are already registered in Misawa, you need not provide these documents.
  - **Other nationals:** Other nationals will need to provide a valid passport with the first page that contains his/her picture and personal data translated into Japanese by an off-base translator. Additionally, other nationals will need the Certificate from their own Embassy that they have the capacity to marry.
- Mr. Yamauchi will register your marriage with Misawa City Hall.

In addition to the paperwork, Misawa City Hall requires a 1,400 yen filing fee to register your marriage with Misawa City and for a marriage certificate. Once registered at the Registration Department of the Misawa City Hall, you are legally married. Additionally, if you want copies of your marriage certificate, Misawa City charges 1,400 yen per copy.

- Mr. Yamauchi will translate the certificate.
- Take translated certificate to MPF Customer Service to update your personnel records. This is to reflect the change in your marital status, your spouse's name change, new ID card application, etc.

**Marriage Ceremony:** Japanese marriages do not require a religious ceremony. If you would like a ceremony, the Base Chaplains can assist you. Please note that if you would like a marriage ceremony at the legal office that strict guidelines exist. While we are glad to assist in your marriage ceremony, you and your guests must behave in a manner conducive to a Legal Office. This includes wearing appropriate attire—nothing too revealing, with profanity, etc. Additionally, please notify the Legal Office to schedule a time for your ceremony if you will have more than five guests attending.

## IMPORTANT INFORMATION FOR NEWLYWEDS

1. Congratulations on your marriage. The following information tells you about rights, entitlements, and responsibilities that have changed in relation to the Air Force because of your marriage.

a. **Obtain a Visa** (if applicable): If you married a non-U.S. citizen, we encourage you to start the process of obtaining a visa for your spouse to visit the U.S. You should also begin the process of getting a passport and possibly naturalization as those take a very long time.

Visiting the U.S.: Generally, if you and your Japanese spouse simply wish to visit the U.S. for no more than 90 days, you do not need a visa. However, other non-U.S. citizen spouses may need a visitor visa.

Living in the U.S.: To live in the U.S., your non-U.S. citizen spouse needs an immigrant visa (also known as a “green card” [the old ID cards used to be printed on green paper], or “legal permanent residence” [LPR]). This visa is also known by its numbered designator, IR-1 or CR-1. Use IR-1 if you have been married for *more than* two years. Use CR-1 if you have been married for *less than* two years as of the date you file the marriage petition.

The immigrant visa requirement for spouses applies to all non-U.S. citizens, including Japanese citizens, who wish to live in the U.S. A foreign spouse has no automatic right to a U.S. visa, entry or residence. Although we only discuss spouses here, the same procedures and rules also apply to the parents and children (under 21) of U.S. citizens.

An immigrant visa allows your spouse to live, work, or study in the U.S. indefinitely. Entering the U.S. with an immigrant visa and establishing a residence there is the first step towards naturalization (when your spouse can become a U.S. citizen).

Immigration Visa: Obtaining this visa involves a series of steps, culminating in an interview at the U.S. Embassy in Tokyo. Because the immigrant visa process can take as long as four to six months from start to finish, it is important to begin early and not to make firm travel plans until your spouse actually possesses the visa. Processing will likely take longer if your spouse is not Japanese, yet is applying for a visa in Japan.

Visit the *U.S. Citizenship and Immigration Services* website at <http://www.uscis.gov> for more information about immigration and to download required forms.

b. **Naturalization:** If you married a foreign national, you must get them a passport from their country. Just because they married an American, that does not make them an American citizen. If your foreign spouse decides they would like to become an American citizen, they must apply for naturalization. Keep in mind, if you travel to other countries with your spouse, you must check with the appropriate Embassy or Consulate to determine what the entry requirements are for that country. For assistance with these actions, you should contact the passport agent at ext 226-3121 or the U.S. Embassy or visit <http://www.uscis.gov>.

c. **Virtual Record of Emergency Data (vRED):** This is the only document the Air Force has on file that gives a current address of your spouse and children. Each time they relocate you must update the address on the vMPF. You also must actually update the form upon birth or death of any family member. For birth of a child, you must first go to MPF, Customer Service and enroll the child in DEERS. The USAF uses this form to locate your next-of-kin if you are involved in an accident or become deceased.

d. **Servicemembers' Group Life Insurance (SGLI) SGLV-8286:** This is the official form on which you can designate your beneficiary to receive up to \$400,000 of life insurance. You may elect to cover yourself for less than the full coverage, but the USAF encourages all personnel to take complete advantage of this low cost insurance coverage. You must change the form upon birth or death of any family member. Electing a reduced amount of or no insurance could cause a financial burden on your family in the event of your untimely death. Plan ahead and always keep your SGLI updated with current beneficiaries. If you do not want your spouse and/or children covered under the family member SGLI program, you must complete the SGLV-8286A, Family Member Servicemembers' Group Life Insurance Election.

e. **Command Sponsorship:** Contact the MPF Personnel Employments section to initiate your command sponsorship request. Failure to do so may result in you having to pay for your dependents' tickets to go to the U.S. as well as having a reduced weight allowance for both your Unaccompanied Baggage and Household Goods. You can contact Personnel Employments at 226-4780.

f. **TRICARE:** This is a health and dental care program that covers health and dental expenses for your family when base services are not available. Make an appointment with the TRICARE office at the hospital so you understand the program before you have to use it. You can contact the TRICARE personnel at 226-6001.

g. **Identification Cards (DEERS Enrollment):** Dependents (spouse and/or children) are entitled to military dependent identification (ID) cards. You must bring your marriage certificate to add/update your spouse into DEERS (MPF ID Cards section) prior to issuance of the card. Ensure your spouse brings proof of ID with their social security account number (SSAN) or individual taxpayer identification number (ITIN), if applicable, for ID card issuance. Additionally, if you are adding any children to the union, you must bring in a copy of their birth certificate to add them to DEERS and ID card issuance, if eligible.

h. **Legal Assistance:** If you have a will, update it; if you do not have a will, have one prepared. The legal office has a system for completing your will; use it to the full extent possible. Having a will can save a lot of confusion at the time of your death. If you have children, it can protect their interest in the event of the death of both you and your spouse. You can contact the Legal Office at 226-4022 or visit <https://aflegalassistance.law.af.mil> to begin drafting your will.

i. **Personal Documents:** Explain to your spouse the need for keeping important documents (birth records, marriage certificates, divorce papers, wills, passports, etc.) in a safe place and readily available. Normally, you cannot apply for a first time passport and immigrant visa

without these documents. The same rule applies when filing claims in the event of death of your spouse. Immediate access is essential to preclude delays.

j. **Airman & Family Readiness Center:** AFRC is an organization that offers support to our military community in the way of classes, referrals, loan closet, and information on other base services. If you or your spouse need assistance, please stop by the AFRC office (located in the Torii building) and let them know. You can contact AFRC at 226-4735.

2. Direct any questions to the base agency listed in this pamphlet.

3. Lastly, if for some reason your marriage does not work out and you have children through the marriage, please note that the Hague Convention on the Civil Aspects of International Child Abduction requires the U.S. to uphold all child custody agreements of other signatory nations. If you break a child custody agreement from any signatory nation, your actions could constitute child abduction. Additionally, under the treaty, a court can enforce an order prohibiting the removal of a child from a country without the noncustodial parent's consent. This means that even if you are the custodial parent, you may still need the other parent's consent to leave the country with your child. Japan is not a signatory to the treaty, however, and may be unwilling to enforce a U.S. child custody order. As a result, you may find it difficult to access children in Japan if your ex-spouse remains in Japan after you split up.

THE INFORMATION CONTAINED IN THIS PAMPHLET IS OF A GENERAL NATURE AND IS PROVIDED FOR YOUR ASSISTANCE AND CONVENIENCE. IT IS NOT INTENDED AS LEGAL ADVICE AND IS NOT A SUBSTITUTE FOR LEGAL COUNSEL.

**INSTRUCTIONS FOR JOINT AFFIDAVIT FOR U.S. CITIZEN  
MARRYING ANOTHER U.S. CITIZEN**

- 1a. The full legal name (to include full middle name) of the husband.
- 1b. The full legal name (to include full middle name) of the wife.
2. The full legal name of your father as it appears on birth certificate.  
If adopted, include full legal name as it appears on an adoption certificate.  
If the full name of father is unknown, exclude this line.
3. Same as 2. (using mother's full married name)
4. Home address in the States
5. Date Month Year
6. City, State
7. If you are military member, include branch of service with pay grade  
U.S. Air Force (E-4), U.S. Navy (E-6), U.S. Army (E-5), ...etc.  
If you are government employee, include type of employment  
Example  
Civilian Contractor or DoDDs employee
8. Examples of accepted evidence of citizenship are Birth Certificate, U.S. Passport No., or  
Naturalization Certificate.
9. Misawa Air Base, Japan
10. Do not sign yet, sign at the legal office.
11. If neither of you have been divorced, choose 11a. If either of you have been divorced choose 11b.

If either or both parties have been divorced:

13. The full legal name of your former husband / wife as it appears on divorce decree
14. Name of the court as it appears on divorce decree
15. Name of county as it appears on divorce decree
16. Name of city or town as it appears on divorce decree
17. Name of state as it appears on divorce decree

SERVING WITH THE UNITED)  
STATES ARMED FORCES AT )  
MISAWA AIR BASE, JAPAN )

JOINT AFFIDAVIT OF:  
1a. Groom & 1b. Bride

Declarants:

1a. \_\_\_\_\_, the Xst son of 2. \_\_\_\_\_ and 3. \_\_\_\_\_, citizens of the United States of America.

Legal Address: 4.  
Date of Birth : 5.  
Place of Birth : 6.  
Occupation : 7.  
Evidence of Citizenship: 8.  
Local Address: 9.

1b. \_\_\_\_\_, the Xth daughter of 2. \_\_\_\_\_ and 3. \_\_\_\_\_, citizens of the United States of America.

Legal Address: 4.  
Date of Birth : 5.  
Place of Birth : 6.  
Occupation : 7.  
Evidence of Citizenship: 8.  
Local Address: 9.

We, the above-named 1a. \_\_\_\_\_ and 1b. \_\_\_\_\_ being duly sworn, jointly and each of us separately, do declare that according to the laws of our respective States, each of us is of legal marriageable age, (11a. that neither of us have been married before)(11b. that neither of us have been married before.\*) and that there is no hindrance, legal or otherwise, to our uniting this day in marriage in Misawa-shi, Aomori-ken, Japan.

10. \_\_\_\_\_  
1a.

10. \_\_\_\_\_  
1b.

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

\*I, 1., was divorced on 12. from 13. in the 14. for 15., 16., 17.  
SERVING WITH THE UNITED)

SERVING WITH THE UNITED)  
STATES ARMED FORCES AT )  
MISAWA AIR BASE, JAPAN )

JOINT AFFIDAVIT OF:  
John Thomas Smith & Patricia Lynn Brown

Declarants:

John Thomas Smith, the 1st son of David Thomas Smith and Linda Ann Smith, citizens of the United States of America.

Legal Address: 5479 James St., Tacoma, Washington 98460  
Date of Birth : 27 August 1975  
Place of Birth : Tacoma, Washington  
Occupation : U.S. Air Force (E-4)  
Evidence of Citizenship: Birth Certificate  
Local Address: PSC 76 Box 6734, APO AP 96319-0050, Misawa Air Base, Japan

Patricia Lynn Brown, the 2nd daughter of Eric Lee Brown and Lori Kay Brown, citizens of the United States of America.

Legal Address: 587 Harris Ave., Lingle, Tennessee 37648  
Date of Birth : 15 February 1978  
Place of Birth : Knoxville, Tennessee  
Occupation : U.S. Air Force (E-3)  
Evidence of Citizenship: U.S. Passport No. 203220295  
Local Address: PSC 76 Box 5698, APO AP 96319-0024, Misawa Air Base, Japan

We, the above-named John Thomas Smith and Patricia Lynn Brown being duly sworn, jointly and each of us separately, do declare that according to the laws of our respective States, each of us is of legal marriageable age, ~~that neither of us has been married before~~, and that there is no hindrance, legal or otherwise, to our uniting this day in marriage in Misawa-shi, Aomori-ken, Japan.

\_\_\_\_\_  
JOHN THOMAS SMITH

\_\_\_\_\_  
PATRICIA LYNN BROWN

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
\* I, John Thomas Smith, was divorced on 21 September 1995 from Mary Ann Smith in the District Court for King County, Seattle, Washington; and I, Patricia Lynn Brown, was also divorced on 15 March 1994 from Michael Richard Brown in the 375th Judicial District Court for Orange County, Los Angeles, California

**INSTRUCTIONS FOR AFFIDAVIT FOR U.S. CITIZEN  
MARRYING A NON-U.S. CITIZEN**

1. The full legal name (to include full middle name) of the applicant.
2. The full legal name of your father as it appears on birth certificate.  
If adopted, include full legal name as it appears on an adoption certificate.  
If the full name of father is unknown, exclude this line.
3. Same as 2. (using mother's full married name)
4. Home address in the States
5. Date Month Year
6. City, State
7. If you are military member, include branch of service with pay grade  
U.S. Air Force (E-4), U.S. Navy (E-6), U.S. Army (E-5), ...etc.  
If you are government employee, include type of employment  
Example  
Civilian Contractor or DoDDs employee
8. Examples of accepted evidence of citizenship are Birth Certificate, U.S. Passport No., and  
Naturalization Certificate.
9. Misawa Air Base, Japan
10. Do not sign yet, sign at the legal office.
11. If you have not been divorced, choose 11a. If you have been divorced choose 11b.

If either or both parties have been divorced:

12. The full legal name of your former husband / wife as it appears on divorce decree
14. Name of the court as it appears on divorce decree
15. Name of county as it appears on divorce decree
16. Name of city or town as it appears on divorce decree
17. Name of state as it appears on divorce decree

SERVING WITH THE UNITED)  
STATES ARMED FORCES AT )  
MISAWA AIR BASE, JAPAN )

AFFIDAVIT OF:  
**1. Bride or Groom**

Declarants:

**1.** \_\_\_\_\_, the **X**st son / daughter of **2.** \_\_\_\_\_ and **3.** \_\_\_\_\_, citizens of the United States of America.

Legal Address: **4.**

Date of Birth : **5.**

Place of Birth : **6.**

Occupation : **7.**

Evidence of Citizenship: **8.**

Local Address: **9.**

I, the above-named **1.** \_\_\_\_\_ being duly sworn, do declare that according to the laws of my State, I am of legal marriageable age, (**11a. that I have not been married before**)(**11b. ~~that I have not been married before,~~\***) and that there is no hindrance, legal or otherwise, to my uniting this day in marriage in Misawa-shi, Aomori-ken, Japan.

**10.** \_\_\_\_\_  
**1.**

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

**\*I, 1., was divorced on 12. from 13. in the 14. for 15., 16., 17.**

SERVING WITH THE UNITED)  
STATES ARMED FORCES AT )  
MISAWA AIR BASE, JAPAN )

AFFIDAVIT OF:  
John Thomas Smith

Declarant:

John Thomas Smith, the 1st son of David Thomas Smith and Linda Ann Smith, citizens of the United States of America.

Legal Address: 5479 James St., Tacoma, Washington 98460

Date of Birth : 27 August 1975

Place of Birth : Tacoma, Washington

Occupation : U.S. Air Force (E-4)

Evidence of Citizenship: Birth Certificate

Local Address: Misawa Air Base, Japan

I, the above-named John Thomas Smith being duly sworn, do declare that according to the laws of my State, I am of legal marriageable age, ~~that I have not been married before~~, and that there is no hindrance, legal or otherwise, to my uniting this day in marriage in Misawa-shi, Aomori-ken, Japan.

\_\_\_\_\_  
JOHN THOMAS SMITH

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

\* I, John Thomas Smith, was divorced on 21 September 1995 from Mary Ann Smith in the District Court for King County, Seattle, Washington.

## PRE-MARITAL CERTIFICATION APPLICATION

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY : Title 10, U.S.C. 3013, 5013, 8013  
 PRINCIPAL PURPOSE : To ensure that the Service member has the necessary information to make an informed decision before marrying overseas and to ensure the member complies with U.S. and host nation law.  
 ROUTINE USES : Information will be used for ensuring the Service member has all the information necessary to make an informed decision and is complying with U.S and host nation law.  
 DISCLOSURE : Disclosure of information is voluntary; failure to give this information may result in delay.

### INSTRUCTIONS

1. The following supporting documents, as applicable, must be obtained by the Service member and submitted with the application:
- a. Notarized statement of consent of the parent or legal guardian responsible for the custody of an intended spouse who is below the legal age to marry without such consent in the nation or locality where the marriage is to take place.
  - b. Notarized statement of consent of the parent or legal guardian for the custody of the applicant if under legal age.
  - c. Final divorce decree, annulment or other satisfactory documentary evidence of the termination of any past marriage by divorce, annulment, or death. Copy submitted must be certified or true copy issued by the proper governmental agency or official having custody of such records.

- d. Birth certificates of the Service member and intended spouse and their dependents. Copies submitted must be certified or true copies issued by the proper governmental agency or official having custody of such records.
  - e. Such other documents as may be required by the commander.
2. When there is not enough space under any item to enter the needed information, reference Section III, "Remarks" and continue information there. Section III, "Remarks" will contain a cross reference to the item being continued. More sheets may be added as needed and should be properly named.

### SECTION I - PERSONAL DATA OF APPLICANT

1. APPLICANT (Last name, first name, middle name, rank, Unit)		2. SOCIAL SECURITY NUMBER	
3. GRADE	4. DEROS	5. ETS	
6. COMPLETE MILITARY ADDRESS (Include ZIP code)		7. LEGAL RESIDENCE (Number, Street, City, State, ZIP code, Country)	
8. PLACE OF BIRTH (City, State, Country)		9. DATE OF BIRTH (YYYYMMDD)	
10. CITIZENSHIP		11. NUMBER OF DEPENDENTS	
12. PLACE WHERE MARRIAGE CEREMONIES WILL TAKE PLACE (City, Country)		13. APPROXIMATE DATE MARRIAGE WILL TAKE PLACE	
14. PAST MARRIAGES			
FORMER SPOUSE NAME	DATE TERMINATED	REASON	
15. DEPENDENTS OF APPLICANT			
NAME	DATE OF BIRTH	RELATIONSHIP	ADDRESS (include ZIP Code)

**16. Foreign national marriages only:** I have enough funds and/or negotiable assets to pay, if necessary, for transportation to the United States, lodging, food, and other needs for my intended spouse and any other family members. I understand that this need must be met to make sure that my intended spouse and other family members will not become a public charge of the United States Government. I certify that the contents of this form are accurate and complete and understand that knowingly falsifying this document will result in punishment under applicable provisions of the UCMJ.

<b>Date: (YYYYMMDD)</b>	<b>Name and Grade:</b>	<b>Signature of Applicant</b>
-------------------------	------------------------	-------------------------------

**SECTION II - PERSONAL DATA OF INTENDED SPOUSE  
(For Marriages to Foreign Nationals Only)**

17. INTENDED SPOUSE (Last name, first name, middle name, Maiden name)

18. PRESENT ADDRESS (include ZIP Code)	19. LEGAL ADDRESS (Permanent address and ZIP Code)
--	--

20. DATE OF BIRTH	21. PLACE OF BIRTH	22. CITIZENSHIP
-------------------	--------------------	-----------------

23. PAST MARRIAGES OF INTENDED SPOUSE

FORMER SPOUSE NAME	DATE TERMINATED	REASON

24. DEPENDENTS OF INTENDED SPOUSE

NAME	DATE OF BIRTH	PLACE OF BIRTH	RELATIONSHIP	ADDRESS (Include ZIP Code)

(Complete items 25-42 if intended spouse has not been lawfully admitted in the United States for permanent residence)

25. NAME (as it appears in passport or official documents, such as birth certificate or government-issued ID card)

26. NAME AND ADDRESS OF PRESENT EMPLOYER	27. PASSPORT NUMBER AND PLACE OF ISSUE
	28. ID NUMBER AND PLACE OF ISSUE (if applicable)

29. DATES AND PLACES OF RESIDENCE (Since 16 years of age with inclusive dates)

FROM (YYYYMMDD)	TO (YYYYMMDD)	NUMBER & STREET	CITY	STATE	COUNTRY

30. HAS INTENDED SPOUSE EVER BEEN CONVICTED OF ANY CRIMES OTHER THAN MINOR TRAFFIC VIOLATIONS: (If "YES" give full details)		
31. FATHER'S NAME (Last name, first name, middle name)		
32. PRESENT ADDRESS (Include ZIP Code)	33. LEGAL ADDRESS (Permanent address; include ZIP Code)	
34. DATE OF BIRTH	35. PLACE OF BIRTH	36. CITIZENSHIP
37. MOTHER'S NAME (Last name, first name, middle name, Maiden name)		
38. PRESENT ADDRESS (Include ZIP Code)	39. LEGAL ADDRESS (Permanent address; include ZIP Code)	
40. DATE OF BIRTH	41. PLACE OF BIRTH	42. CITIZENSHIP
43. REMARKS (This space is the continuation of information needed in other items where there is not enough space.)		
<b>SECTION III - LEGAL BRIEFING</b>		
<b>PRE-MARITAL BRIEF</b>		
<p>We have been briefed on the following (Initial):</p> <p>___ 1. The general requirements and restrictions on U.S. immigration (including visa processing time and background and medical screenings).</p> <p>___ 2. The finality of prior divorce decrees.</p> <p>___ 3. Dependent care, support, and conduct responsibilities and other issues arising under AFI 36-2906.</p> <p>___ 4. On-base purchases of duty-free items and black marketing issues.</p> <p>___ 5. Importance of updating your SGLI, Death Gratuity, and Will.</p> <p>___ 6. Availability of on-base services to dependent spouses, including legal assistance, family services, chaplain services, etc.</p> <p>___ 7. Difficulties of international divorce and custody, Hague Treaty.</p>		

**IMMIGRATION COUNSELIN  
(For Marriages to Foreign Nationals Only)**

In accordance with AFI 36-2609, the following has been explained to the undersigned:

1. WARNING: The fact that a marriage takes place between an U.S. Service member and a non-U.S. citizen does not mean that the non-U.S. citizen spouse is automatically allowed to enter the United States. A visa, issued by the U.S., is required to enter the U.S. lawfully for residence. Other US agencies are responsible to determine whether a visa should be granted.
2. Entry of Non-U.S. citizens: A non-U.S. citizen is any person not a citizen or national of the United States. A valid unexpired immigrant visa is required for a non-U.S. citizen to be admitted to the U.S. A valid unexpired passport or other suitable travel document issued by the non-U.S. citizen's country of citizenship is also required (8 U.S.C. § 1101(a)(3) and § 1181(a)).
3. Criminal Penalties: The importation into the United States of any non-U.S. citizen for an immoral purpose is a crime punishable by a fine and imprisonment for not more than ten years (8 U.S.C. § 1328). Entry into a marriage with a non-U.S. citizen for the purpose of conferring immigration eligibility and circumventing the laws of the United States may subject you to prosecution for violating title 18 U.S.C. 1001 (False Statements), 8 U.S.C. 1324 (Bringing in Non-U.S. Citizens), and / or 18 U.S.C. 1621 (Perjury) and may result in a felony conviction which is punishable by fine and / or imprisonment. If you marry less than two years before your spouse enters the U.S., and the marriage ends in divorce or annulment within two years after that, you may be presumed to have committed immigration fraud and be subjected to criminal investigation and prosecution. You may be subjected to criminal investigation and prosecution based on any other evidence of immigration fraud, including but not limited to, failure to cohabit as husband and wife.
4. Legal Presumption That Marriage Of Short Duration is Fraudulent: A marriage entered into less than two years prior to admission of a non-U.S. citizen into the United States which is judicially annulled or terminated within two years after admission into the U.S. is presumed to be a fraudulent marriage (8 U.S.C. § 1227(a)(1)(G)).
5. Persons that May be Denied Visas: Unless otherwise provided by the United States Code, the following persons may be excluded from admission to the United States (AFI 36-2609):
  - a. Have a physical or mental disorder and behavior associated with the disorder which may pose or which has posed a threat to the property, safety, or welfare of the alien or others.
  - b. Are afflicted with any dangerous contagious disease, including infection with etiologic agent for acquired immune deficiency syndrome (AIDS).
  - c. Are drug addicts.
  - d. Are prostitutes or have engaged in or profited from prostitution or are coming to the U.S. to engage in any other unlawful commercialized vice, whether or not related to prostitution.
  - e. Are engaged in terrorist activity or are reasonably likely to engage in terrorist activity upon entry into the U.S. or is a member of a foreign terrorist organization.
  - f. Are members of or affiliated with the communist or any other totalitarian party or association.
  - g. Seek entry to engage in any activity to violate U.S. laws relating to espionage or sabotage or to violate U.S. laws prohibiting export from the U.S. of goods, technology, or sensitive information; any other unlawful activity; or any activity to oppose, control, or overthrow the Government of the U.S. by force, violence, or unlawful means.
  - h. Have been convicted of a crime involving moral turpitude or admits to having committed such a crime.
  - i. Have been convicted of two or more offenses (other than purely political offenses) for which the aggregate sentence to confinement actually imposed was 5 years or more.
  - j. Have been convicted of (or admit violating) any law or regulation relating to controlled substance.
  - k. Have been convicted of certain other offenses specified in Title 8, United States Code Section 1182

regarding the general classes of excludable aliens.

- I. Have been arrested and deported, have fallen into distress and have been removed from the U.S., or have been excluded from admission and deported -- unless the U.S. Attorney General has agreed to their applying or reapplying for admission.

<b>Date: (YYYYMMDD)</b>	<b>Name and Grade:</b>	<b>Signature of Applicant</b>
<b>Date: (YYYYMMDD)</b>	<b>Name:</b>	<b>Signature of Spouse</b>
<b>Date: (YYYYMMDD)</b>	<b>Name and Grade of Legal Office POC:</b>	<b>Signature of Legal Office POC</b>

**SECTION IV. CHAPLAIN COORDINATION**

**I CERTIFY THAT PREMARTIAL ADVICE HAS BEEN PROVIDED:**

<b>Date: (YYYYMMDD)</b>	<b>Name and Grade:</b>	<b>Signature of Chaplain</b>
-------------------------	------------------------	------------------------------

**SECTION V. UNIT SECURITY MANAGER COORDINATION  
(For Marriages to Foreign Nationals Only)**

<b>Date: (YYYYMMDD)</b>	<b>Name and Grade:</b>	<b>Signature of Security Manager</b>
-------------------------	------------------------	--------------------------------------

**SECTION VI - STATEMENT OF APPLICANT (Initial pertinent paragraphs)**

\_\_\_ 1. I \_\_\_ am \_\_\_ am not related to my intended spouse by blood. (if yes, show degree of relationship) \_\_\_\_\_.

\_\_\_ 2. I have arranged to provide for my intended spouse's dependents to make sure they do not become public charges of the united states or governmental agencies of any other country within the foreseeable future.

\_\_\_ 3. I understand the United States is not obligated to transport my spouse and other dependents to the United States except as provided in current U.S. Armed Forces directives.

\_\_\_ 4. I understand travel in connection with leave to and from the country where the marriage is to take place is my responsibility. It will be at no expense to the U.S. government.

\_\_\_ 5. I have investigated the conditions which must be met for my intended spouse and other dependents who are not lawful permanent residents of the United States, to gain entry into the United States for permanent residence. I am ready to request such entry for my intended spouse and family members. I understand it is my responsibility to apply for an immediate relative or preference category visa after the marriage. I have all documents needed for completing immigration and naturalization service form I-130 (petition to classify status of alien relative for issuance of immigrant visa).

\_\_\_ 6. I understand verification of this application will not result in my intended spouse and other dependents being granted an immigration visa. Also, I understand, even if a visa is granted, there is no certainty that admittance to the United States will be granted at the port of entry. Further, I understand the commissioner of immigration and naturalization makes the final decision on entry.

\_\_\_ 7. My intended spouse and other dependents have a valid passport(s) or will have them in time for processing of visa application(s).

\_\_\_ 8. My intended spouse and other dependents have obtained any necessary exit permit(s). (If applicable).

\_\_\_ 9. I will comply with the local laws and requirements of the country in which the marriage will take place.

<p>___ 10. Entrance into the United States or its territory is not contemplated by my intended spouse and other dependents for the following reasons:</p> <p>___ 11. If my intended spouse or I decide not to marry, prior to receipt of application verification, I will inform my commander at once so that processing of this application may be stopped.</p> <p>___ 12. I understand that marriage to a non-U.S. citizen may result in reduction or loss of security clearance.</p>		
<p><b>I swear or affirm that the information contained herein is true, correct and complete to the best of my knowledge and belief.</b></p>		
<b>Date: (YYYYMMDD)</b>	<b>Name and Grade:</b>	<b>Signature of Applicant</b>
<p><b>NOTICE: THE LAW PROVIDES FOR SEVERE PENALTIES WHICH INCLUDE FINE AND IMPRISONMENT FOR THE WILLFUL SUBMISSION OF ANY STATEMENT OR EVIDENCE OF A MATERIAL FACT, KNOWING IT TO BE FALSE</b></p>		
<p align="center"><b>SECTION VII - FINAL MEDICAL SUFFICIENCY REVIEW (For Marriages to Foreign Nationals Only)</b></p>		
<p>1. The applicant ___ has ___ has not completed a pre-marital examination and consented to the release of relevant medical information. 35 MDG will use the attached medical forms to conduct the pre-marital examination. (DS-2053, DS-3024, DS-3025 and DS-3026)</p> <p>2. The applicant &amp; spouse ___ has ___ has not been counseled on the risk of marrying an intended spouse who has certain medical conditions.</p>		
<b>Date: (YYYYMMDD)</b>	<b>Name and Grade:</b>	<b>Signature of Medical Provider</b>
<p align="center"><b>SECTION VIII - ACTION OF APPLICANT'S SQUADRON OR EQUIVALENT LEVEL COMMANDER</b></p>		
<p>1. The applicant ___ has ___ has not been counseled by a military chaplain.</p> <p>2. The applicant ___ has ___ has not been briefed by a judge advocate.</p> <p>3. The applicant ___ has ___ has not been examined by a medical provider. ___ Inapplicable.</p> <p>4. The intended spouse ___ has ___ has not been examined by a medical provider. ___ Inapplicable.</p> <p>5. I ___ have ___ have not verified from the applicant's official military personnel records and finance records that he or she is not presently married.</p> <p>6. I ___ have ___ have not discussed with the applicant his/her financial obligations in connection with the proposed marriage and he/she has satisfied me that adequate arrangements have or can be made for the support of his/her intended spouse.</p> <p>7. If the applicant or spouse is not of marriageable age, the applicant ___ has ___ has not acquired signed, notarized proof of parental consent. ___ Inapplicable.</p> <p>8. I have verified that the applicant has satisfied all pre-marital requirements.</p>		
<b>Date: (YYYYMMDD)</b>	<b>Name &amp; Grade of Squadron/Equivalent Level CC</b>	<b>Signature</b>
<p align="center"><b>SECTION IX – FINAL COMPLIANCE REVIEW (LEGAL OFFICE)</b></p>		
<p>This application ___ is ___ is not completed correctly. Remarks:</p>		
<b>Date: (YYYYMMDD)</b>	<b>Name and Grade of Judge Advocate:</b>	<b>Signature of Judge Advocate</b>

## **IMPORTANT CONTACTS**

### **JAPANESE TRANSLATORS<sup>2</sup>**

❖ Tabata, Keiichi  
8-104-24, Okamisawa, Misawa-shi, Aomori-ken 033-0021  
Telephone: 53-5329 Fax: 53-5373

❖ Tomita, Masako  
2-1-47, Uchimaruru, Hachinohe-shi, Aomori-ken 0314-0075  
Telephone: 0178-44-7409  
E-mail: [tomitas@htv-net.ne.jp](mailto:tomitas@htv-net.ne.jp)

### **JAPANESE ATTORNEYS<sup>3</sup> (in Aomori Prefecture)**

❖ Ohsawa, Kazumi (Translator Needed)  
Ohsawa Law Office, 5-13-17 Nejo, Hachinohe-shi, Aomori-ken  
Telephone: 0178-46-1157  
Specialty: Civil and Criminal Law

❖ Nakamura, Tokusaburo (Translator Needed)  
Nakamura Law Office, 12-16, Nejo 5-chome, Hachinohe-shi, Aomori-ken  
Telephone: 0178-22-1718 Fax: 0178-22-1725  
Specialty: Civil and Criminal Law

❖ Ishibashi, Tadao (Fluent English)  
Ishibashi Law Office  
9<sup>th</sup> Floor Sumitomo Seimei Bldg, 1-2-20, Honcho, Aomori City 030  
Telephone: 0177-75-2130 Fax: 0177-75-2282  
Specialty: Criminal, Family, Estate, Commercial, Labor, Personal Injury, & Immigration law

### **U.S. EMBASSY/CONSULATE GENERAL**

(Passport, \*Visa, Immigration, Birth Registration, and Notary Services)

❖ U.S. Department of State  
U.S. Embassy Tokyo – Consular Section  
APO AP 96337-5004  
Telephone (DSN): 224-5000; Fax (DSN): 224-5856; or Commercial: 81-3-3224-5000  
Web Site: [usembassy.state.gov/tokyo](http://usembassy.state.gov/tokyo)  
\*Only the embassy can provide Immigrant Visas

❖ U.S. Consulate General – Sapporo  
Unit 45004, Box 276  
APO, AP 96337-0003  
Telephone: 011-641-1115; Fax: 011-643-1283

---

<sup>2</sup> DISCLAIMER - the 35<sup>th</sup> Fighter Wing Legal Office provides the name of these translators as a service to help U.S. servicemembers find translating services. No guarantee of services or official endorsement intended.

<sup>3</sup> DISCLAIMER - These attorneys were listed by the U.S. Consulate General's Office (Sapporo) and are not intended as an official endorsement of their services by the U.S. Consulate General or by the 35<sup>th</sup> FW Legal Office.



U. S. Department of State  
**MEDICAL EXAMINATION FOR  
 IMMIGRANT OR REFUGEE APPLICANT**  
 For use with TB Technical Instructions 1991 and the DS-3024

OMB No. 1405-0113  
 EXPIRATION DATE: 04/30/2012  
 ESTIMATED BURDEN: 10 minutes  
 (See Page 2 - Back of Form)

**Photo**

**Name** (Last, First, MI.) \_\_\_\_\_, \_\_\_\_\_  
**Birth Date** (mm-dd-yyyy) \_\_\_\_\_ **Sex:**  M  F  
**Birthplace** (City/Country) \_\_\_\_\_ / \_\_\_\_\_  
**Present Country of Residence** \_\_\_\_\_ **Prior Country** \_\_\_\_\_  
**U.S. Consul** (City/Country) \_\_\_\_\_ / \_\_\_\_\_  
**Passport Number** \_\_\_\_\_ **Alien (Case) Number** \_\_\_\_\_

**Date** (mm-dd-yyyy) of Medical Exam \_\_\_\_\_ **Date** (mm-dd-yyyy) of Prior Exam, if any \_\_\_\_\_  
**Date Exam Expires** (6 months from examination date, if Class A or TB condition exists, otherwise 12 months) (mm-dd-yyyy) \_\_\_\_\_  
**Exam Place** (City/Country) \_\_\_\_\_ / \_\_\_\_\_ **Panel Physician** \_\_\_\_\_  
**Radiology Services** \_\_\_\_\_ **Screening Site** (name) \_\_\_\_\_  
**Lab** (name for HIV/syphilis/TB) \_\_\_\_\_ / \_\_\_\_\_

**(1) Classification** (check all boxes that apply):

- No apparent defect, disease, or disability** (see Worksheets DS-3024, DS-3025 and DS-3026)
- Class A Conditions** (From Past Medical History and Physical Examination Worksheets)
- TB, active, infectious (Class A, from Chest X-Ray Worksheet)
  - Syphilis, untreated
  - Chancroid, untreated
  - Gonorrhea, untreated
  - Granuloma inguinale, untreated
  - Lymphogranuloma venereum, untreated
  - Human immunodeficiency virus (HIV)
  - Hansen's disease, untreated multibacillary
  - Addiction or abuse of specific\* substance without harmful behavior
  - Any physical or mental disorder (including other substance-related disorder) with harmful behavior or history of such behavior likely to recur
- \*amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics

- Class B Conditions** (From Past Medical History and Physical Examination Worksheets)
- TB, active, noninfectious (Class B1, from Chest X-Ray Worksheet)  
 Treatment:  None  Partial  Completed
  - TB, inactive (Class B2, from Chest X-Ray Worksheet)  
 Treatment:  None  Partial  Completed  
 See Section 4 on page 2 for TB treatment details
  - Syphilis (with residual deficit), treated within the last year
  - Other sexually transmitted infections, treated within last year
  - Current pregnancy, number of weeks pregnant \_\_\_\_\_
  - Other (specify or give details on checked conditions from worksheets) \_\_\_\_\_
  - Hansen's disease, treated multibacillary  
 Treatment:  Partial  Completed
  - Hansen's disease, paucibacillary  
 Treatment:  None  Partial  Completed
  - Sustained, full remission of addiction or abuse of specific\* substances
  - Any physical or mental disorder (excluding addiction or abuse of specific\* substance but including other substance-related disorder) without harmful behavior or history of such behavior unlikely to recur
- \*amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, sedative-hypnotics, and anxiolytics

**(2) Laboratory Findings** (check all boxes that apply):

**Syphilis:**  **Not done**

	Test name	Date(s) run (mm-dd-yyyy)	Negative	Positive	Titer 1	Notes
Screening			<input type="checkbox"/>	<input type="checkbox"/>		
Confirmatory			<input type="checkbox"/>	<input type="checkbox"/>		
Treated	If treated, therapy:				Date(s) treatment given (3 doses for penicillin)	
<input type="checkbox"/> Yes	<input type="checkbox"/> Benzathine penicillin, 2.4 MU IM					
<input type="checkbox"/> No	<input type="checkbox"/> Other (therapy, dose):E					

**HIV:**  **Not done**

	Test name	Date(s) run (mm-dd-yyyy)	Negative	Positive	Indeterminate	Notes
Screening			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confirmatory			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**(3) Immunizations (See Vaccination Form, check all boxes that apply) Not required for refugee applicants.**

- Vaccine history complete  Vaccine history incomplete, requesting waiver (*indicate type below*)  
 Incomplete vaccine history, no waiver requested  Blanket waiver  Individual waiver

I certify that I understand the purpose of the medical examination and I authorize the required tests to be completed.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Panel Physician Signature

\_\_\_\_\_  
Date (mm-dd-yyyy)

**(4) Tuberculosis Treatment Regimen**

**(Fill out if applicant has taken in the past, or is now taking TB medication. If drug doses or dates not known or not available, mark "unknown".)**

Check if therapy currently prescribed (*if current, don't mark "End Date"*)

<u>Medication</u>	<u>Dose/Interval</u> <i>(i.e., mg/day)</i>	<u>Start Date</u> <i>(mm-dd-yyyy)</i>	<u>End Date</u> <i>(mm-dd-yyyy)</i>
<input type="checkbox"/> Isonaizid (INH)	_____	_____	_____
<input type="checkbox"/> Rifampin	_____	_____	_____
<input type="checkbox"/> Pyrazinamide	_____	_____	_____
<input type="checkbox"/> Ethambutol	_____	_____	_____
<input type="checkbox"/> Streptomycin	_____	_____	_____
<input type="checkbox"/> Other, specify	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant's pre-treatment weight (kg) \_\_\_\_\_ Date (mm-dd-yyyy) \_\_\_\_\_

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES**

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

**CONFIDENTIALITY STATEMENT**

**AUTHORITIES:** The information asked for on this form is requested pursuant to Section 212(a) and 221(d) and as required by Section 222 of the Immigration and Nationality Act. Section 222(f) provides that the records of the Department of States and of diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permits to enter the United States shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of such records may be made available to a court provided the court certifies that the information contained in such records is needed in a case pending before the court.

**PURPOSE:** The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of your case.

**ROUTINE USES:** If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue a social security number. The information provided may also be released to federal agencies for law enforcement, counterterrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws.



## **PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES**

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

### **CONFIDENTIALITY STATEMENT**

**AUTHORITIES** The information asked for on this form is requested pursuant to Section 212(a) and 221(d) and as required by Section 222 of the Immigration and Nationality Act. Section 222(f) provides that the records of the Department of States and of diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permits to enter the United States shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of such records may be made available to a court provided the court certifies that the information contained in such records is needed in a case pending before the court.

**PURPOSE** The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa.

Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of your case.

**ROUTINE USES** If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue a social security number. The information provided may also be released to federal agencies for law enforcement, counterterrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws.



# VACCINATION DOCUMENTATION WORKSHEET

For Use with DS-2053 or DS-2054

To Be Completed by Panel Physician Only

OMB No. 1405-0113  
EXPIRATION DATE: 04/30/2012  
ESTIMATED BURDEN: 30 minutes  
(See Page 2 of 2)

Name (Last, First, MI.)		Exam Date (mm-dd-yyyy)	<b>REQUIRED FOR U.S. IMMIGRANT VISA APPLICANTS</b>  <b>NOT REQUIRED FOR REFUGEE APPLICANTS</b>  <b>NOTE FOR PANEL PHYSICIANS:</b> For refugee applicants, please complete only if reliable vaccination documents are available.
Birth Date (mm-dd-yyyy)	Alien (Case) Number		

## 1. Immunization Record

Vaccine	Vaccine History Transferred From a Written Record (List Chronologically from Left to Right)				Vaccine Given by Panel Physician (mm-dd-yyyy)	Completed Series (✓ if Completed, Write "VH" if Varicella History, or write Date of Lab Test if Immune)	Blanket Waiver(s) To Be Requested If Vaccination Not Medically Appropriate, Check Suitable Box(es) Below					
	Date Received (mm-dd-yyyy)	Date Received (mm-dd-yyyy)	Date Received (mm-dd-yyyy)	Date Received (mm-dd-yyyy)			Not Age Appropriate	Insufficient Time Interval	Contra-indicated	Not Routinely Available	Not Fall (Flu) Season	
Specify (check) vaccine: <input type="checkbox"/> DT <input type="checkbox"/> DTP <input type="checkbox"/> DTaP												
Specify (check) vaccine: <input type="checkbox"/> Td <input type="checkbox"/> Tdap												
Specify (check) vaccine: <input type="checkbox"/> Polio -OPV <input type="checkbox"/> IPV												
Specify (check) vaccine: <input type="checkbox"/> MMR (Measles-Mumps-Rubella) <input type="checkbox"/> Rubella Specify (check) vaccine: <input type="checkbox"/> Measles <input type="checkbox"/> Measles - Rubella Specify (check) vaccine: <input type="checkbox"/> Mumps <input type="checkbox"/> Mumps - Rubella												
Rotavirus												
Hib												
Hepatitis A												
Hepatitis B												
Meningococcal												
Human papillomavirus												
Varicella												
Zoster												
Pneumococcal												
Influenza												

## 2. Results

- Vaccine History Incomplete
- Applicant may be eligible for blanket waiver(s) because vaccination(s) not medically appropriate (as Indicated Above).
- Applicant will request an individual waiver based on religious or moral convictions.
- Vaccine history complete for each vaccine, all requirements met (Documented Above).
- Applicant does not meet vaccination requirements for one or more vaccines and no waiver is requested.

3. Panel Physician (Name) \_\_\_\_\_

Panel Physician (Signature) \_\_\_\_\_

Date (mm-dd-yyyy) \_\_\_\_\_

## PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

### CONFIDENTIALITY STATEMENT:

**AUTHORITIES:** The information asked for on this form is requested pursuant to Section 212(a) and 221(d) and as required by Section 222 of the Immigration and Nationality Act. Section 222(f) provides that the records of the Department of States and of diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permits to enter the United States shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of such records may be made available to a court provided the court certifies that the information contained in such records is needed in a case pending before the court.

**PURPOSE:** The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of your case.

**ROUTINE USES:** If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue a social security number. The information provided may also be released to federal agencies for law enforcement, counterterrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws.



**3. Additional Testing Needed Prior to Approving Medical Clearance**

No Yes

Physical examination or laboratory results contradict medical history

Referral prior to departure If yes, provide results \_\_\_\_\_

\_\_\_\_\_

Referral prior to departure If yes, provide results \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Follow-up Needed After Arrival**

No  Yes, within 1 week  Yes, within 1 month  Yes, within 6 months

For continuing medication, list type, dose, and frequency (*Exception: For TB medications, use Part 4 of DS-2053 or DS-2054 form*) \_\_\_\_\_

\_\_\_\_\_

For continuing other treatment, specify \_\_\_\_\_

\_\_\_\_\_

**5. Remarks** (*Describe any abnormal history, abnormal findings, and resulting interventions*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAPERWORK REDUCTION ACT AND PRIVACY ACT NOTICES**

Public reporting burden for this collection of information is estimated to average 35 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202

**CONFIDENTIALITY STATEMENT**

AUTHORITIES The information asked for on this form is requested pursuant to Section 212(a) and 221(d) and as required by Section 222 of the Immigration and Nationality Act. Section 222(f) provides that the records of the Department of States and of diplomatic and consular offices of the United States pertaining to the issuance and refusal of visas or permits to enter the United States shall be considered confidential and shall be used only for the formulation, amendment, administration, or enforcement of the immigration, nationality, and other laws of the United States. Certified copies of such records may be made available to a court provided the court certifies that the information contained in such records is needed in a case pending before the court.

PURPOSE The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. Although furnishing this information is voluntary, failure to provide this information may delay or prevent the processing of your case.

ROUTINE USES If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue a social security number. The information provided may also be released to federal agencies for law enforcement, counterterrorism and homeland security purposes; to Congress and courts within their sphere of jurisdiction; and to other federal agencies who may need the information to administer or enforce U.S. laws.