University of Illinois
International Student and Scholar Services
400 Student Services Building, MC-306
610 East John Street, Champaign, IL 61820
Telephone: 217-333-1303 Fax: 217-244-0530

REQUEST FOR FAMILY DUPLICATE DS-2019

Date: _____

Your name: _____
Family name First name

Your DS-2019 number (upper right corner of DS-2019 form): N _____

Your DS-2019 Form(s) will be available "approximately" two-weeks from date of request)
We will send you an e- mail when your document is ready. E-mail address: _____

I am requesting a DS-2019 for each dependent listed below.

Children must be under 21 years of age to qualify for J-2 status.

Name Relationship to me Date of Birth

1. _____
Family, First Middle (Husband, wife, child) Male/Female (Month/Day/Year)

_____
City and Country of Birth Country of Citizenship Country of Legal Permanent Residence

Name Relationship to me Date of Birth

2. _____
Family, First Middle (Husband, wife, child) Male/Female (Month/Day/Year)

_____
City and Country of Birth Country of Citizenship Country of Legal Permanent Residence

Name Relationship to me Date of Birth

3. _____
Family, First Middle (Husband, wife, child) Male/Female (Month/Day/Year)

_____
City and Country of Birth Country of Citizenship Country of Legal Permanent Residence

Name Relationship to me Date of Birth

4. _____
Family, First Middle (Husband, wife, child) Male/Female (Month/Day/Year)

_____
City and Country of Birth Country of Citizenship Country of Legal Permanent Residence

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OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Verified: ☐ **Family Information;** ☐ **Funding;** ☐ **Insurance**

Revised 8/5/08