



**FAMILY STATUS JUSTIFICATIONS**

**PRINCIPAL'S NAME:** \_\_\_\_\_

**PRINCIPAL'S TITLE/POSITION:** \_\_\_\_\_

**MISSION:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**DEPENDENT'S NAME** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **VISA STATUS** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**RESIDENCE ADDRESS:** \_\_\_\_\_

**MARRIED: YES / NO** \_\_\_\_\_ **EMPLOYED: YES/NO** \_\_\_\_\_

If **YES**, where and how many hours weekly \_\_\_\_\_

Please check appropriate reason and provide information in remarks area.

\_\_\_\_ **STUDENTS** (Full-Time 21 to 23 years old): Include in remarks area name and address of school. Attach course schedule or certified statement from Registrar showing period of enrollment, number of credit hours and anticipated graduation date.

\_\_\_\_ **MENTALLY / PHYSICALLY HANDICAPPED:** Include in remarks area name and address of attending doctor. if appropriate. Attach doctor's certificate issued within last 6 months with nature and expected duration of illness. If no doctor's certificate, include in remarks area nature and expected duration of illness.

\_\_\_\_ **OTHER DEPENDENCY:** Include in remarks area detailed reason(s) for dependence. Attach copy of supporting documents, e.g., guardianship papers, government travel orders, etc.

**REMARKS:** (If more space is needed, use back side of form.)

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

**EMBASSY SEAL**

\_\_\_\_\_  
**Signature of Authorizing Official      Date**

**PROTOCOL USE ONLY:**

**ACCEPTED:** \_\_\_\_\_ **DENIED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REMARKS** \_\_\_\_\_

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

\_\_\_\_\_  
**Signature of Protocol Officer      Date**