



Department of Human Resources
University of Massachusetts Medical School
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Immigration Services

FAMILY DATA SHEET

Accompanying or Joining Family Members

To be completed by current and prospective students, researchers and faculty who have family members that need travel documents (Form DS-2019 or Form I-20) to obtain a visa stamp and/or enter the U.S. *Only spouses and children under age 21 are eligible for dependent visas.* Please type or print all information clearly to avoid delays in processing.

Information about UMMS appointee:

Name (as it appears in passport): _____
(Family/Last) _____ (Given/First) _____ (Middle) _____
Current Telephone: _____ E-mail: _____
U.S. Mailing Address: _____

UMMS Department: _____ UMMS Address*: _____ UMMS Phone Number*: _____
* complete if already at UMMS. If not leave blank

Family Information – all fields must be filled in for a visa document to be issued. Fields left blank will cause delays in issuing the visa document. Attach another page if needed.

	Family Member 1	Family Member 2	Family Member 3	Family Member 4	Family Member 5
Anticipated Travel Date					
Family/Last Name					
Given/First Name					
Middle Name (if applicable)					
Date of Birth	(Month/Day/Year)	Month/Day/Year)	(Month/Day/Year)	(Month/Day/Year)	(Month/Day/Year)
City of Birth					
Country of Birth					
Country of Citizenship					
Relationship to student or scholar					
Gender					
Country of Legal Permanent Residence					

Permanent Address outside the United States:
