U.S. DEPARTMENT OF STATE · DS-160 · CHILD TRAVELLING WITH PARENTS

Sample B1/B2 DS-160 Form for a Child (Brazil)

This is an example of a completed B1/B2 DS-160 for a 10-year-old from Brazil travelling with both parents, with his school, his parents' contact details and his father as preparer (~170 responses).

168 responses | **18** sections | **~25 min** to fill | **DS-160s for children**

These are completed examples — real questions with fictional answers, shown for reference. The applicant, the businesses and every detail are made up.

§1

11 responses

Personal Information - Part 1

Surnames

Enter all surnames as listed in your passport. If only one name is listed in your passport, enter that Surname.

Surname *

SILVA OLIVEIRA

Given Names

If your passport does not include a given name, please enter 'FNU' in Given Names.

Given Names *

LUCAS

Full Name in Native Alphabet

If your passport does not include a given name, please enter 'FNU' in Given Names.

Full Name in Native Alphabet *

- [x] NA Does Not Apply/Technology Not Available

Other Names

Other names used include your maiden name, religious name, professional name, or any other names which you are known by or have been known by in the past.

Have you ever used other names (i.e., maiden, religious, professional, alias, etc.)? *

- ( ) Yes
- (•) No

Telecode

Telecodes are 4 digit code numbers that represent characters in some non-Roman alphabet names.

Do you have a telecode that represents your name? *

- ○ Yes
- ◉ No

Sex

Please select MALE or FEMALE

Sex *

MALE

Marital Status *

SINGLE

Date of Birth

If day or month is unknown, enter as shown in passport.

Date of Birth *

22 JUL 2016

City of Birth *

CAMPINAS

State/Province of Birth *

SAO PAULO

- [ ] NA Does Not Apply

Country/Region

Select the name that is currently in use for the place where you were born.

Country/Region of Birth *

BRAZIL

§2

6 responses

Personal Information - Part 2

Country/Region of Origin (Nationality) *

BRAZIL

Do you hold or have you held any nationality other than the one indicated above on nationality? *

- ( ) Yes
- (•) No

Permanent Resident

Permanent resident means any individual who has been legally granted by a country/region permission to live and work without time limitation in that country/region.

Are you a permanent resident of a country/region other than your country/region of origin (nationality) indicated above? *

- ○ Yes
- ◉ No

Identification Numbers

Your National ID Number is a unique number that your government provides. The U.S. Government provides unique numbers to those who seek employment (Social Security Number) or pay taxes (Taxpayer ID).

National Identification Number *

48173205966

☐ NA Does Not Apply

U.S. Social Security Number *

☑ NA Does Not Apply

U.S. Taxpayer ID Number *

☑ NA Does Not Apply

Purpose of Visa

Purpose of Visit

Purpose of Trip to the U.S. *

TEMP. BUSINESS OR PLEASURE VISITOR (B)

Specify Visa *

TEMP. VISITOR FOR BUSINESS/PLEASURE (B1/B2)

Have you made specific travel plans? *

- (●) Yes
- ( ) No

Provide a complete itinerary for your travel to the U.S.

Travel Plans

If you are unsure of your Date of Arrival in U.S. or Date of Departure from U.S., please provide an estimate.

Arrival Date *

08 JAN 2027

Arrival Flight (if known)

Arrival City in the USA *

ORLANDO

Departure Date *

22 JAN 2027

Departure Flight (if known)

Departure City from the USA *

MIAMI

Locations you plan to visit in the USA:

Location *

ORLANDO

Location *

MIAMI

Address where you will stay in the U.S.

Address Line 1 *

6677 SEA HARBOR DR

Address Line 2

City *

ORLANDO

State *

FLORIDA

Zip Code

32821

Person/Entity Paying for Your Trip *

Other Person

Provide the following information:

Surnames of Person Paying for Trip *

OLIVEIRA

Given Names of Person Paying for Trip *

RAFAEL

Telephone Number *

5519955550143

Email Address *

RAFAEL.OLIVEIRA@EXAMPLE.COM

☐ NA Does Not Apply

Payer relationship to You *

Parent

Is the address of the party paying for your trip the same as your Home or Mailing Address? *

○ Yes

◉ No

Address of Person Paying

Street Address (Line 1) *

RUA DOUTOR GUILHERME DA SILVA 280, APTO 51

Street Address (Line 2) *Optional

CAMBUI

City *

CAMPINAS

State/Province *

SAO PAULO

☐ NA Does Not Apply

Postal Zone/ZIP Code *

13025-000

☐ NA Does Not Apply

Country/Region *

BRAZIL

§4

8 responses

Travel Companions

Traveling with Others

You should answer Yes to this question if you are traveling with family, as part of an organized tour, or as part of a performing group or athletic team. You do not need to list individuals who are traveling with you for the purposes of employment with the same employer.

Are there other persons traveling with you? *

- (●) Yes
- ( ) No

Are you traveling as part of a group or organization? *

- ( ) Yes
- (●) No

Provide the following information for each person traveling with you:

Surnames of the person traveling with you *

OLIVEIRA

Given names of the person traveling with you *

RAFAEL

Relationship to you *

Parent

Surnames of the person traveling with you *

SILVA OLIVEIRA

Given names of the person traveling with you *

CAMILA

Relationship to you *

Parent

§5

5 responses

Previous U.S. Travel History

Have you ever been in the U.S.? *

- ○ Yes
- ◉ No

Have you ever been issued a U.S. Visa? *

- ○ Yes
- ◉ No

Have you ever been refused a U.S. Visa, or been refused admission to the United States, or withdrawn your application for admission at the port of entry? *

- ○ Yes
- ◉ No

Have you ever been denied travel authorization by the Department of Homeland Security through the Electronic System for Travel Authorization (ESTA)? *

- ○ Yes
- ◉ No

Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services? *

- ○ Yes
- ◉ No

§6

16 responses

Address and Phone Details

Home Address

Street Address (Line 1) *

RUA DOUTOR GUILHERME DA SILVA 280, APTO 51

Street Address (Line 2)

CAMBUI

City *

CAMPINAS

State/Province *

SAO PAULO

☐ NA Does not apply

Postal Zone/ZIP Code *

13025-000

☐ NA Does not apply

Country/Region *

BRAZIL

Mailing Address

If your mailing address is different from your home address, please provide your mailing address.

Is your Mailing Address the same as your Home Address? *

◉ Yes

○ No

Phone

You must provide a primary phone number. The primary phone number should be the phone number at which you are most likely to be reached; this could be a land line or a cellular/mobile number. If you have an additional land line or a cellular/mobile number please list that as your secondary phone number.

Phone

Primary Phone Number *

5519955550143

Secondary Phone Number *

5519955550178

☐ NA Does not apply

Work Phone Number *

☑ NA Does not apply

Have you used any other phone numbers in the last five years? *

○ Yes

◉ No

Email Address

You must provide an email address. The email address you provide will be used for correspondence purposes. Provide an email address that is secure and to which you have reasonable access.

Email Address *

RAFAEL.OLIVEIRA@EXAMPLE.COM

Have you used any other email addresses in the last five years? *

- ○ Yes
- ◉ No

Social Media

Social Media Provider/Platform *

NONE

Link to Social Media Profile *

HTTPS://PLATFORM.COM/USERNAME

Do you wish to provide information about your presence on any other websites or applications you have used within the last five years to create or share content (photos, videos, status updates, etc.)? *

- ○ Yes
- ◉ No

§7

10 responses

Passport Information

Passport/Travel Document Type *

Regular

Passport/Travel Document Number

Enter the information on the travel document you will be using when traveling to the U.S. Your travel document should be a valid, unexpired passport or other valid, unexpired documentation that is sufficient to establish your identity and nationality.

Passport/Travel Document Number *

GA482915

Passport Book Number

The Passport Book Number is commonly called the inventory control number. You may or may not have a Passport Book Number on your passport. The location of the Passport Book Number on your passport may vary depending on the country that issued your passport. Please contact your passport issuing authority if you are unable to determine whether or not your passport contains a Passport Book Number.

Passport Book Number *

- [x] NA Does not apply

Country/Authority that Issued Passport/Travel Document *

BRAZIL

Where was the Passport/Travel Document Issued?

City *

CAMPINAS

State/Province *If shown on passport

SAO PAULO

Country/Region *

BRAZIL

Issuance Date *

14 APR 2025

Expiration Date

In most cases your passport/Travel Document must have at least six months of validity beyond the date of your visa application and/or your arrival in the United States.

Expiration Date *

13 APR 2030

☐ NA No expiration

Have you ever lost a passport or had one stolen? *

○ Yes

◉ No

§8

10 responses

US Contact Information

Contact Person or Organization in the United States

Your U.S. Point of Contact can be any individual in the U.S. who knows you and can verify, if necessary, your identity. If you do not personally know anyone in the U.S., you may enter the name of the store, company, or organization you plan to visit during your trip.

Contact Person or Organization in the United States

Contact Person

Surnames *

Given Names *

☑ Do Not Know

Organization Name

Organization Name *

SEA HARBOR RESORT

☐ Do Not Know

Relationship To You *

OTHER

Address and Phone Number of Point of Contact

U.S. Street Address (Line 1) *

6677 SEA HARBOR DR

U.S. Street Address (Line 2)

City *

ORLANDO

State *

FLORIDA

ZIP Code (if known)

32821

Phone Number *

4075550188

Email Address *

RESERVATIONS@EXAMPLE.COM

☐ NA Does not apply

§9

10 responses

Family Information

Father's Full Name and Date of Birth

Surnames *

OLIVEIRA

☐ NA Do not know

Given Names *

RAFAEL

☐ NA Do not know

Date of Birth *

05 NOV 1984

☐ NA Do not know

Is your father in the U.S.? *

○ Yes

◉ No

Mother's Full Name and Date of Birth

Surnames *

SILVA OLIVEIRA

☐ NA Do not know

Given Names *

CAMILA

☐ NA Do not know

Date of Birth *

17 MAR 1987

☐ NA Do not know

Is your mother in the U.S.? *

○ Yes

◉ No

Immediate Relatives

Means fiancé/fiancée, spouse (husband/wife), child (son/daughter), or sibling (brother/sister).

Do you have any immediate relatives, not including parents, in the United States? *

- ○ Yes
- ◉ No

Do you have any other relatives in the United States? *

- ○ Yes
- ◉ No

§10

12 responses

Current Occupation

Present Work/Education/Training Information

Primary Occupation *

STUDENT

Present Employer or School Information

Present Employer or School Name *

ESCOLA MONTE CLARO

Present Employer or School Address

Street Address (Line 1) *

AVENIDA JULIO DE MESQUITA 1150

Street Address (Line 2)

CAMBUI

City *

CAMPINAS

State/Province *

SAO PAULO

☐ NA Does not apply

Postal Zone / ZIP Code *

13025-062

☐ NA Does not apply

Country / Region *

BRAZIL

Phone Number *

551935550120

Start Date *

01 FEB 2022

Monthly Income in Local Currency (if employed) *

☑ NA Does not apply

Briefly describe your duties *

PRIMARY SCHOOL STUDENT IN THE 5TH YEAR

§11

2 responses

Previous Occupation

Were you previously employed? *

- ○ Yes
- ◉ No

Level of Education

You must answer Yes to this question if you have ever attended, for any length of time, a high school/secondary school (or its equivalent in your country) or college, university, graduate school, a doctoral program, or a vocational program.

Have you attended any educational institutions at a secondary level or above? *

- ○ Yes
- ◉ No

§12

8 responses

Additional Occupation Details

Do you belong to a clan or tribe? *

- ○ Yes
- ◉ No

Provide a List of Languages You Speak

Enter only one language per field. To add more languages, use the Add Another button below — do not list several languages in the same field.

Language Name *

PORTUGUESE

Have you traveled to any countries/regions within the last five years? *

- (●) Yes
- ( ) No

Provide a List of Countries/Regions Visited

Country/Region *

ARGENTINA

Have you belonged to, contributed to, or worked for any professional, social, or charitable organization? *

- ( ) Yes
- (●) No

Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experience? *

- ( ) Yes

- [x] No

Have you ever served in the military? *

- [ ] Yes
- [x] No

Have you ever served in, been a member of, or been involved with a paramilitary unit, vigilante unit, rebel group, guerrilla group, or insurgent organization? *

- [ ] Yes
- [x] No

§13

3 responses

Security Background - Part 1

Do you have a communicable disease of public health significance? (Communicable diseases of public significance include chancroid, gonorrhea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, active tuberculosis, and other diseases as determined by the Department of Health and Human Services.) *

- [ ] Yes
- [x] No

Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others? *

- ○ Yes
- ◉ No

Are you or have you ever been a drug abuser or addict? *

- ○ Yes
- ◉ No

§14

7 responses

Security Background - Part 2

Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action? *

- ○ Yes
- ◉ No

Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances? *

- ○ Yes

- [x] No

Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring prostitutes within the past 10 years? *

- [ ] Yes
- [x] No

Have you ever been involved in, or do you seek to engage in, money laundering? *

- [ ] Yes
- [x] No

Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States? *

- [ ] Yes
- [x] No

Have you ever knowingly aided, abetted, assisted or colluded with an individual who has committed, or conspired to commit a severe human trafficking offense in the United States or outside the United States? *

- ○ Yes
- ◉ No

Are you the spouse, son, or daughter of an individual who has committed or conspired to commit a human trafficking offense in the United States or outside the United States and have you within the last five years, knowingly benefited from the trafficking activities? *

- ○ Yes
- ◉ No

§15

12 responses

Security Background - Part 3

Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States? *

- ○ Yes
- ◉ No

Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities? *

- ○ Yes
- ◉ No

Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations? *

- ○ Yes
- ◉ No

Are you a member or representative of a terrorist organization? *

- ○ Yes
- ◉ No

Are you the spouse, son, or daughter of an individual who has engaged in terrorist activity, including providing financial assistance or other support to terrorists or terrorist organizations, in the last five years? *

- ○ Yes
- ◉ No

Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide? *

- ○ Yes
- ◉ No

Have you ever committed, ordered, incited, assisted, or otherwise participated in torture? *

- ○ Yes
- ◉ No

Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence? *

- ○ Yes
- ◉ No

Have you ever engaged in the recruitment or the use of child soldiers? *

- ○ Yes
- ◉ No

Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom? *

- ○ Yes
- ◉ No

Have you ever been directly involved in the establishment or enforcement of population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free will? *

- ○ Yes
- ◉ No

Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue? *

- ○ Yes
- ◉ No

§16

5 responses

Security Background - Part 4

Have you ever been the subject of a removal or deportation hearing? *

- ○ Yes
- ◉ No

Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration benefit by fraud or willful misrepresentation or other unlawful means? *

- ○ Yes
- ◉ No

Have you failed to attend a hearing on removability or inadmissibility within the last five years? *

- ○ Yes
- ◉ No

Have you ever been unlawfully present, overstayed the amount of time granted by an immigration official or otherwise violated the terms of a U.S. visa? *

- ○ Yes
- ◉ No

Have you ever been removed or deported from any country? *

- ○ Yes
- ◉ No

§17

5 responses

Security Background - Part 5

Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court? *

- ○ Yes
- ◉ No

Have you voted in the United States in violation of any law or regulation? *

- ○ Yes
- ◉ No

Have you ever renounced United States citizenship for the purposes of avoiding taxation? *

- ○ Yes
- ◉ No

Are you a former exchange visitor (J) who has not yet fulfilled the two-year foreign residence requirement? *

- ○ Yes
- ◉ No

Have you attended a public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school? *

- ○ Yes
- ◉ No

§18

10 responses

Preparer of Application

Preparer of Application

If someone other than you completed this application, provide their details here. You must still electronically sign the application yourself.

Did anyone assist you in filling out this application?

- [x] Yes
- [ ] No

Preparer Details

Preparer's Surnames

OLIVEIRA

- [ ] NA Does Not Apply

Preparer's Given Names

RAFAEL

- [ ] NA Does Not Apply

Organization Name

- [ ] NA Does Not Apply

Street Address (Line 1)

RUA DOUTOR GUILHERME DA SILVA 280, APTO 51

Street Address (Line 2)

CAMBUI

City

CAMPINAS

State/Province

SAO PAULO

☐ NA Does Not Apply

Postal Zone/ZIP Code

13025-000

☐ NA Does Not Apply

Country/Region

BRAZIL

Relationship To You

FATHER

Watch DS160.io fill in this sample on the official DS-160 site

It loads into a free DS160.io account as a demo with a fictional applicant, and is filled in page by page on the official DS-160 site. The run stops before signing, so nothing is submitted.

Try it free

Rather not fill it in by hand?

You've seen how long a DS-160 is. Answer the questions once, in plain language, and we file it on the official site for you, with no timeouts and no lost progress. Filing is free.

Start your DS-160 for free →

Already submitted your DS-160?

Found a mistake, or did something change? Check whether you need a new one. It takes about a minute and it's free.

Do I need a new DS-160? →