



U.S. Department of State  
**CLASS B NONIMMIGRANT VISA REFERRAL**

Applicant's Full Name ( <i>Last, First, MI</i> )	Date/Place of Birth ( <i>mm-dd-yyyy</i> )
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ACCOMPANYING RELATIVE(s)		
Full Name	Relationship	Date/Place of Birth ( <i>mm-dd-yyyy</i> )

Purpose of applicant's travel	Date of Travel ( <i>mm-dd-yyyy</i> )
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I request that the Nonimmigrant Visa Section extend to the above person(s) all appropriate courtesies. I am requesting this assistance for the following reasons:


_____ Name of Referring Officer	_____ Name of Approving Officer
_____ Title of Referring Officer	_____ Title of Approving Officer
_____ Signature	_____ Signature
Date Signed ( <i>mm-dd-yyyy</i> ) _____	Date Signed ( <i>mm-dd-yyyy</i> ) _____
Telephone Number: _____	Telephone Number: _____