

# Request for a DS-2019 for J-2 dependents

J-2 dependents are defined as a spouse or an unmarried minor child (under 21 years of age) of a J-1 student or scholar.

To invite your spouse or children to join you here in the U.S. **please submit this completed form along with evidence of financial support** (bank statement, sponsor letter, etc.) for yourself and your dependent(s). Students may go to the Yearly Budgets at <http://www.k-state.edu/iss/current/J-1.html> to see the amount of money that will be needed. Scholars and Professors can get this information at <http://www.kstate.edu/iss/j-1/infofordepts.html>. ISSS will prepare new DS-2019s for you and your dependents. Once your dependent(s) arrive in the U.S., please bring their travel documents to ISSS so that we can make copies for our files.

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

WID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(For students only)

Email Address: \_\_\_\_\_

The names **MUST** be listed **EXACTLY** as they appear in your dependent's passport.

|   |   |
|---|---|
| <p>1. Dependent's Personal Information:</p> <p>Family Name: _____</p> <p>Given Name: _____</p> <p>Relationship: <input type="checkbox"/> Spouse      <input type="checkbox"/> Child</p> <p><input type="checkbox"/> Male      <input type="checkbox"/> Female</p> <p>Date of Birth(mm/dd/yyyy): _____</p> <p>City of Birth: _____</p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p> <p>Country of Permanent Residence _____</p> | <p>2. Dependent's Personal Information:</p> <p>Family Name: _____</p> <p>Given Name: _____</p> <p>Relationship: <input type="checkbox"/> Spouse      <input type="checkbox"/> Child</p> <p><input type="checkbox"/> Male      <input type="checkbox"/> Female</p> <p>Date of Birth(mm/dd/yyyy): _____</p> <p>City of Birth: _____</p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p> <p>Country of Permanent Residence _____</p> |
| <p>3. Dependent's Personal Information:</p> <p>Family Name: _____</p> <p>Given Name: _____</p> <p>Relationship: <input type="checkbox"/> Spouse      <input type="checkbox"/> Child</p> <p><input type="checkbox"/> Male      <input type="checkbox"/> Female</p> <p>Date of Birth(mm/dd/yyyy): _____</p> <p>City of Birth: _____</p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p> <p>Country of Permanent Residence _____</p> | <p>4. Dependent's Personal Information:</p> <p>Family Name: _____</p> <p>Given Name: _____</p> <p>Relationship: <input type="checkbox"/> Spouse      <input type="checkbox"/> Child</p> <p><input type="checkbox"/> Male      <input type="checkbox"/> Female</p> <p>Date of Birth(mm/dd/yyyy): _____</p> <p>City of Birth: _____</p> <p>Country of Birth: _____</p> <p>Country of Citizenship: _____</p> <p>Country of Permanent Residence _____</p> |

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