# U.S. DOS Form usdos-visa-ds-4035

U.S. Department of State

# CLASS B NONIMMIGRANT VISA REFERRAL

| Applicant's Full Name *(Last, First, MI)* | Date/Place of Birth *(mm-dd-yyyy)* |
|---|---|
| | |

ACCOMPANYING RELATIVE(s)

| Full Name | Relationship | Date/Place of Birth *(mm-dd-yyyy)* |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| Purpose of applicant's travel | Date of Travel *(mm-dd-yyyy)* |
|---|---|
| | |

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 *(mm-dd-yyyy)* | Date Signed *(mm-dd-yyyy)* |
| Telephone Number: | Telephone Number: |

**DS-4035**
**12-2003**