9 FAM APPENDIX K EXHIBIT II FORM DS-4035, NONIMMIGRANT VISA REFERRAL

(CT:VISA-956; 05-12-2008)
(Office of Origin: CA/VO/L/R)

U.S. Department of State

CLASS B NONIMMIGRANT VISA REFERRAL

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

ACCOMPANYING RELATIVE(S)

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

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
12-2005