

**UNITED STATES OF AMERICA**

**STATE OF** \_\_\_\_\_ )

**COUNTY OF** \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, do hereby depose and state:

1. I was born on \_\_\_\_\_ at \_\_\_\_\_  
(Date of birth) (City/state) (Country)

and I am the bearer of \_\_\_\_\_, issued on \_\_\_\_\_  
(ID type and number) (Date of issue)

by \_\_\_\_\_, which expires on \_\_\_\_\_  
(Issuing authority) (Date of expiration)

2. My Thai address is \_\_\_\_\_

and my U.S. address is \_\_\_\_\_

3. My mother's name is \_\_\_\_\_

My father's name is \_\_\_\_\_

4. I'm presently employed by \_\_\_\_\_  
(Name of employer)

5. My occupation is \_\_\_\_\_ and my income is \$US \_\_\_\_\_ per month.

6. I am \_\_\_\_\_, qualified and eligible to marry a  
(Single, divorced or widowed)

\_\_\_\_\_ citizen according to Thai law.  
(Nationality)

7. I \_\_\_\_\_ have dependents or support other persons.  
(Do/do not)

8. Names and addresses of two references in the USA:

1. _____	2. _____
_____	_____
_____	_____

9. Under penalty of perjury, I assume full and complete responsibility for the veracity of the claims herein.

\_\_\_\_\_  
Signature

*Subscribed and sworn to before me by* \_\_\_\_\_  
*on this* \_\_\_\_\_ *day of* \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Notary Public*