

# B1/B2 DS-160 Sample for a Parent on a Family Trip (Brazil)

See how a fictional father from Brazil on a family holiday in Florida answered the DS-160, including his national ID number, his job and income, and his wife and son as travel companions. Know what the form asks before you start your own.

19 sections

181 responses

~35 min to fill

B1/B2 family holidays

 This is a fictional example for educational purposes, not an official or pre-approved application. Your DS-160 answers must reflect your own circumstances. Do not copy the sample answers unless they are independently true for you.

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11 responses

## Personal Information - Part 1

### Surnames

Enter all surnames as listed in your passport. If only one name is listed in your passport, enter that Surname.

Surname \*

OLIVEIRA

### Given Names

If your passport does not include a given name, please enter 'FNU' in Given Names.

Given Names \*

RAFAEL

### Full Name in Native Alphabet

If your passport does not include a given name, please enter 'FNU' in Given Names.

### Full Name in Native Alphabet \*

☒ NA Does Not Apply/Technology Not Available

### Other Names

Other names used include your maiden name, religious name, professional name, or any other names which you are known by or have been known by in the past.

### Have you ever used other names (i.e., maiden, religious, professional, alias, etc.)? \*

☐ Yes

☒ No

### Telecode

Telecodes are 4 digit code numbers that represent characters in some non-Roman alphabet names.

### Do you have a telecode that represents your name? \*

☐ Yes

☒ No

### Sex

Please select MALE or FEMALE

Sex \*

MALE



Marital Status \*

MARRIED



**Date of Birth**

If day or month is unknown, enter as shown in passport.

Date of Birth \*

26 NOV 1984



City of Birth \*

CAMPINAS

State/Province of Birth \*

SAO PAULO

☐

NA Does Not Apply

**Country/Region**

Select the name that is currently in use for the place where you were born.

Country/Region of Birth \*

BRAZIL



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6 responses

## Personal Information - Part 2

Country/Region of Origin (Nationality) \*

BRAZIL



Do you hold or have you held any nationality other than the one indicated above on nationality? \*

☐ Yes

☒ No

## Permanent Resident

Permanent resident means any individual who has been legally granted by a country/region permission to live and work without time limitation in that country/region.

Are you a permanent resident of a country/region other than your country/region of origin (nationality) indicated above? \*

☐ Yes

☒ No

## Identification Numbers

Your National ID Number is a unique number that your government provides. The U.S. Government provides unique numbers to those who seek employment (Social Security Number) or pay taxes (Taxpayer ID).

National Identification Number \*

39264017851

☐ NA Does Not Apply

U.S. Social Security Number \*

☒ NA Does Not Apply

U.S. Taxpayer ID Number \*

☒ NA Does Not Apply

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16 responses

## Purpose of Visa

Purpose of Visit

Purpose of Trip to the U.S. \*

TEMP. BUSINESS OR PLEASURE VISITOR (B)

Specify Visa \*

TEMP. VISITOR FOR BUSINESS/PLEASURE (B1/B2)



Have you made specific travel plans? \*

☒ Yes

☐ No

Provide a complete itinerary for your travel to the U.S.

### Travel Plans

If you are unsure of your Date of Arrival in U.S. or Date of Departure from U.S., please provide an estimate.

Arrival Date \*

29 JAN 2027



Arrival Flight (if known)

Arrival City in the USA \*

ORLANDO

---

Departure Date \*

12 FEB 2027



Departure Flight (if known)

---

Departure City from the USA \*

MIAMI

---

Locations you plan to visit in the USA:

Location \*

ORLANDO

---

Location \*

MIAMI

---

Address where you will stay in the U.S.

Address Line 1 \*

6677 SEA HARBOR DR

Address Line 2

City \*

ORLANDO

State \*

FLORIDA



Zip Code

32821

Person/Entity Paying for Your Trip \*

SELF



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8 responses

## Travel Companions

### Traveling with Others

You should answer Yes to this question if you are traveling with family, as part of an organized tour, or as part of a performing group or athletic team. You do not need to list individuals who are traveling with you for the purposes of employment with the same employer.

Are there other persons traveling with you? \*



Yes



No

Are you traveling as part of a group or organization? \*



Yes



No

Provide the following information for each person traveling with you:

Surnames of the person traveling with you \*

SILVA OLIVEIRA

Given names of the person traveling with you \*

CAMILA

Relationship to you \*

SPOUSE

Surnames of the person traveling with you \*

SILVA OLIVEIRA

Given names of the person traveling with you \*

LUCAS

Relationship to you \*

CHILD

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5 responses

**Previous U.S. Travel History**

Have you ever been in the U.S.? \*

☐ Yes

☒ No

---

Have you ever been issued a U.S. Visa? \*

☐ Yes

☒ No

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Have you ever been refused a U.S. Visa, or been refused admission to the United States, or withdrawn your application for admission at the port of entry? \*

☐ Yes

☒ No

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Have you ever been denied travel authorization by the Department of Homeland Security through the Electronic System for Travel Authorization (ESTA)? \*

☐ Yes

☒ No

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Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services? \*

☐ Yes

☒ No

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## Address and Phone Details

### Home Address

Street Address (Line 1) \*

RUA DOUTOR GUILHERME DA SILVA 280, APTO 51

Street Address (Line 2)

CAMBUI

City \*

CAMPINAS

State/Province \*

SAO PAULO

☐ NA Does not apply

---

Postal Zone/ZIP Code \*

13025-000

☐ NA Does not apply

---

Country/Region \*

BRAZIL



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## Mailing Address

If your mailing address is different from your home address, please provide your mailing address.

Is your Mailing Address the same as your Home Address? \*

☒ Yes

☐ No

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## Phone

You must provide a primary phone number. The primary phone number should be the phone number at which you are most likely to be reached; this could be a land line or a cellular/mobile number. If you have an additional land line or a cellular/mobile number please list that as your secondary phone number.

Phone

---

Primary Phone Number \*

5519955550143

Secondary Phone Number \*

☒ NA Does not apply

Work Phone Number \*

551935550174

☐ NA Does not apply

Have you used any other phone numbers in the last five years? \*

☐ Yes

☒ No

Email Address

You must provide an email address. The email address you provide will be used for correspondence purposes. Provide an email address that is secure and to which you have reasonable access.

Email Address \*

RAFAEL.OLIVEIRA@EXAMPLE.COM

Have you used any other email addresses in the last five years? \*

☐ Yes

☒ No

## Social Media

Social Media Provider/Platform \*

LINKEDIN



Link to Social Media Profile \*

HTTPS://WWW.LINKEDIN.COM/IN/RAFAEL-OLIVEIRA-CPS/

Do you wish to provide information about your presence on any other websites or applications you have used within the last five years to create or share content (photos, videos, status updates, etc.)? \*

☐ Yes

☒ No

Passport/Travel Document Type \*

REGULAR



### Passport/Travel Document Number

Enter the information on the travel document you will be using when traveling to the U.S. Your travel document should be a valid, unexpired passport or other valid, unexpired documentation that is sufficient to establish your identity and nationality.

Passport/Travel Document Number \*

GA482913

### Passport Book Number

The Passport Book Number is commonly called the inventory control number. You may or may not have a Passport Book Number on your passport. The location of the Passport Book Number on your passport may vary depending on the country that issued your passport. Please contact your passport issuing authority if you are unable to determine whether or not your passport contains a Passport Book Number.

Passport Book Number \*



NA Does not apply

Country/Authority that Issued Passport/Travel Document \*

BRAZIL



**Where was the Passport/Travel Document Issued?**

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**City \***

CAMPINAS

---

**State/Province \*If shown on passport**

SAO PAULO

---

**Country/Region \***

BRAZIL



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**Issuance Date \***

05 MAY 2025



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**Expiration Date**

In most cases your passport/Travel Document must have at least six months of validity beyond the date of your visa application and/or your arrival in the United States.

**Expiration Date \***

04 MAY 2035



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☐ NA No expiration

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Have you ever lost a passport or had one stolen? \*

☐ Yes

☒ No

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10 responses

## US Contact Information

### Contact Person or Organization in the United States

Your U.S. Point of Contact can be any individual in the U.S. who knows you and can verify, if necessary, your identity. If you do not personally know anyone in the U.S., you may enter the name of the store, company, or organization you plan to visit during your trip.

### Contact Person or Organization in the United States

---

#### Contact Person

Surnames \*

Given Names \*

☒ Do Not Know

Organization Name

Organization Name \*

SEA HARBOR RESORT

☐ Do Not Know

Relationship To You \*

OTHER

Address and Phone Number of Point of Contact

U.S. Street Address (Line 1) \*

6677 SEA HARBOR DR

U.S. Street Address (Line 2)

City \*

ORLANDO

State \*

FLORIDA

ZIP Code (if known)

32821

Phone Number \*

4075550188

Email Address \*

RESERVATIONS@EXAMPLE.COM

☐ NA Does not apply

Family Information

**Father's Full Name and Date of Birth**

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**Surnames \***

OLIVEIRA

☐ NA Do not know

---

**Given Names \***

JOSE CARLOS

☐ NA Do not know

---

**Date of Birth \***

12 JUL 1956



☐ NA Do not know

---

**Is your father in the U.S.? \***

☐ Yes

☒ No

---

### Mother's Full Name and Date of Birth

---

### Surnames \*

FERREIRA OLIVEIRA

☐ NA Do not know

---

### Given Names \*

MARIA APARECIDA

☐ NA Do not know

---

### Date of Birth \*

30 SEP 1959



☐ NA Do not know

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### Is your mother in the U.S.? \*

☐ Yes

☒ No

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### Immediate Relatives

Means fiancé/fiancée, spouse (husband/wife), child (son/daughter), or sibling (brother/sister).

Do you have any immediate relatives, not including parents, in the United States? \*

☐ Yes

☒ No

Do you have any other relatives in the United States? \*

☐ Yes

☒ No

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7 responses

## Spouse Information

Spouse's Surname (Including Maiden Name) \*

SILVA OLIVEIRA

Spouse's Given Name \*

CAMILA

Spouse's Date of Birth \*

07 APR 1987



Spouse's Country/Region of Origin \*

BRAZIL



Spouse's Place of Birth

City \*

CAMPINAS

☐

NA Do not know

Country \*

BRAZIL



Type of Address Where Spouse Lives \*

SAME AS HOME ADDRESS



§11

12 responses

Current Occupation

## Present Work/Education/Training Information

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Primary Occupation \*

ENGINEERING



## Present Employer or School Information

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Present Employer or School Name \*

VALE DO ATIBAIA ENGENHARIA LTDA

## Present Employer or School Address

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Street Address (Line 1) \*

AVENIDA JOSE DE SOUZA CAMPOS 900, SALA 72

Street Address (Line 2)

CAMBUI

City \*

CAMPINAS

State/Province \*

SAO PAULO

☐ NA Does not apply

Postal Zone / ZIP Code \*

13025-320

☐ NA Does not apply

Country / Region \*

BRAZIL



Phone Number \*

551935550174

Start Date \*

28 MAR 2016



Monthly Income in Local Currency (if employed) \*

19000

☐ NA Does not apply

Briefly describe your duties \*

CIVIL ENGINEER MANAGING RESIDENTIAL BUILDING PROJ

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## Previous Occupation

Were you previously employed? \*

☒ Yes

☐ No

Employer/Employment Information:

Employer Name \*

CONSTRUTORA SERRA AZUL LTDA

Employer Address

Employer Street Address (Line 1) \*

RUA BARAO DE JAGUARA 1200

Employer Street Address (Line 2)

CENTRO

City/Town \*

CAMPINAS

State/Province \*

SAO PAULO

☐ NA Does not apply

Postal Zone/ZIP Code \*

13015-002

☐ NA Does not apply

---

Country \*

BRAZIL



Employer Telephone Number \*

551935550131

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Job Title \*

SITE ENGINEER

---

Supervisor's Surname \*

MENDES

☐ NA Do not know

---

Supervisor's Given Names \*

PAULO

☐ NA Do not know

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Employment Date From \*

25 FEB 2008



Employment Date To \*

18 MAR 2016



Briefly describe your duties \*

SUPERVISED CONSTRUCTION SITES AND CHECKED THAT W

## Level of Education

You must answer Yes to this question if you have ever attended, for any length of time, a high school/secondary school (or its equivalent in your country) or college, university, graduate school, a doctoral program, or a vocational program.

Have you attended any educational institutions at a secondary level or above? \*

☒ Yes

☐ No

Provide the following information on the educational institution(s) you have attended.

Name of Institution \*

UNIVERSIDADE ESTADUAL DE CAMPINAS

## Address

---

Street Address (Line 1) \*

CIDADE UNIVERSITARIA ZEFERINO VAZ

---

Street Address (Line 2)

BARAO GERALDO

---

City \*

CAMPINAS

---

State/Province \*

SAO PAULO

☐ NA Does not apply

---

Postal Zone/ZIP Code \*

13083-970

☐ NA Does not apply

---

Country \*

BRAZIL



Course of Study \*

CIVIL ENGINEERING

Date of Attendance From \*

17 MAR 2003



Date of Attendance To \*

04 JAN 2008



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## Additional Occupation Details

Do you belong to a clan or tribe? \*

☐ Yes

☒ No

### Provide a List of Languages You Speak

Enter only one language per field. To add more languages, use the Add Another button below — do not list several languages in the same field.

Language Name \*

PORTUGUESE

Language Name \*

ENGLISH

Language Name \*

SPANISH

Have you traveled to any countries/regions within the last five years? \*

☒ Yes

☐ No

### Provide a List of Countries/Regions Visited

Country/Region \*

ARGENTINA



Country/Region \*

CHILE



Have you belonged to, contributed to, or worked for any professional, social, or charitable organization? \*

☐ Yes

☒ No

Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experience? \*

☐ Yes

☒ No

Have you ever served in the military? \*

☐ Yes

☒ No

Have you ever served in, been a member of, or been involved with a paramilitary unit, vigilante unit, rebel group, guerrilla group, or insurgent organization? \*

☐ Yes

☒ No

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3 responses

## Security Background - Part 1

Do you have a communicable disease of public health significance? (Communicable diseases of public significance include chancroid, gonorrhea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, active tuberculosis, and other diseases as determined by the Department of Health and Human Services.) \*

☐ Yes

☒ No

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Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others? \*

☐ Yes

☒ No

---

Are you or have you ever been a drug abuser or addict? \*

☐ Yes

☒ No

---

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7 responses

## Security Background - Part 2

Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action? \*

☐ Yes

☒ No

---

Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances? \*

☐ Yes

☒ No

---

Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring prostitutes within the past 10 years? \*

☐ Yes

☒ No

---

Have you ever been involved in, or do you seek to engage in, money laundering? \*

☐ Yes

☒ No

---

Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States? \*

☐ Yes

☒ No

---

Have you ever knowingly aided, abetted, assisted or colluded with an individual who has committed, or conspired to commit a severe human trafficking offense in the United States or outside the United States? \*

☐ Yes

☒ No

---

Are you the spouse, son, or daughter of an individual who has committed or conspired to commit a human trafficking offense in the United States or outside the United States and have you within the last five years, knowingly benefited from the trafficking activities? \*

☐ Yes

☒ No

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12 responses

### Security Background - Part 3

Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States? \*

☐ Yes

☒ No

---

Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities? \*

☐ Yes

☒ No

---

Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations? \*

☐ Yes

☒ No

---

Are you a member or representative of a terrorist organization? \*

☐ Yes

☒ No

---

Are you the spouse, son, or daughter of an individual who has engaged in terrorist activity, including providing financial assistance or other support to terrorists or terrorist organizations, in the last five years? \*

☐ Yes

☒ No

---

Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide? \*

☐ Yes

☒ No

---

Have you ever committed, ordered, incited, assisted, or otherwise participated in torture? \*

☐ Yes

☒ No

---

Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence? \*

☐ Yes

☒ No

---

Have you ever engaged in the recruitment or the use of child soldiers? \*

☐ Yes

☒ No

---

Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom? \*

☐ Yes

☒ No

---

Have you ever been directly involved in the establishment or enforcement of population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free will?

\*

☐ Yes

☒ No

---

Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue? \*

☐ Yes

☒ No

---

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## Security Background - Part 4

Have you ever been the subject of a removal or deportation hearing? \*

☐ Yes

☒ No

---

Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration benefit by fraud or willful misrepresentation or other unlawful means? \*

☐ Yes

☒ No

---

Have you failed to attend a hearing on removability or inadmissibility within the last five years? \*

☐ Yes

☒ No

---

Have you ever been unlawfully present, overstayed the amount of time granted by an immigration official or otherwise violated the terms of a U.S. visa? \*

☐ Yes

☒ No

---

Have you ever been removed or deported from any country? \*

☐ Yes

☒ No

---

## Security Background - Part 5

Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court? \*

☐ Yes

☒ No

---

Have you voted in the United States in violation of any law or regulation? \*

☐ Yes

☒ No

---

Have you ever renounced United States citizenship for the purposes of avoiding taxation? \*

☐ Yes

☒ No

---

Are you a former exchange visitor (J) who has not yet fulfilled the two-year foreign residence requirement? \*

☐ Yes

☒ No

---

Have you attended a public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school? \*

☐ Yes

☒ No

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1 responses

## Preparer of Application

### Preparer of Application

If someone other than you completed this application, provide their details here. You must still electronically sign the application yourself.

Did anyone assist you in filling out this application?

☐ Yes

☒ No

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## Already submitted your DS-160?

Found a mistake, or did something change? Check whether you need a new one. It takes about a minute and it's free.

[Do I need a new DS-160? →](#)