

	U. S. Department of State REQUEST FOR TRANSFER OF VISA	ORIGINAL REGISTRATION DATE (mm-dd-yyyy)
	FULL NAME (Last, First, Middle) (Please Print)	DATE OF BIRTH (mm-dd-yyyy)
PLACE OF BIRTH (City, or Town, Province, Country)		
VISA RECORD TO BE TRANSFERRED		
FROM	TO	
<i>I hereby request at my own risk the transfer of my visa record and agree to assume full responsibility for any loss or other damage that may result from the transfer of any original or irreplaceable documents in my file.</i>		
DS-3098 04-2002	SIGNATURE: PRESENT ADDRESS: PHONE AND FAX NUMBER: EMAIL ADDRESS:	