



Embassy of the United States of America  
Banjul, The Gambia

**SUPPLEMENTAL FAMILY FORM**

**TO BE COMPLETED IF YOU ARE MARRIED, DIVORCED, AND/OR HAVE CHILDREN**

ALL DATES SHOULD BE DAY-MONTH-YEAR (dd-mm-yyyy). PLEASE CONTINUE ON REVERSE SIDE IF YOU NEED ADDITIONAL SPACE.

1. Applicant's Name \_\_\_\_\_

2. Marital Status     Married             Single (NEVER married)             Single (Divorced)             Widowed

3. For male applicants, how many wives do you currently have? \_\_\_\_\_

4. List all of your current spouse(s)

NAME	Date of Birth	Date of Marriage	Registered?	Current Residence (City)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. List all of your former spouse(s)

NAME	Date of Birth	Date of Divorce	Date of Death	Current Residence (City)

6. How many children do you have in total (include all biological and legally adopted children)? \_\_\_\_\_

7. List all of your children

NAME	Date of Birth	Place of Birth (Country)	Current Residence (City)

8. I CERTIFY THAT ALL OF THE INFORMATION I HAVE FURNISHED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE (dd-mm-yyyy) \_\_\_\_\_