

Make sure the address is complete and correct. We will use this address for future mailings



MNL2002665085 \*\*\*

U.S. Department of State  
**CHOICE OF AGENT AND ADDRESS**  
For Immigrant Visa Applicants

MARIA ROSARIO KABILING PO

*Maria Rosario Kabling Po*

Print or type your full name

Check one box only to the left of the statement that is your choice.

- I appoint:** \_\_\_\_\_  
**as my agent or attorney to receive mail about my application. Mail from the U.S. Department of State concerning my immigrant visa application should be sent to:**

\_\_\_\_\_  
Name of the person who will act as your agent or attorney for receipt of mail

\_\_\_\_\_  
Street address (where my agent or attorney will receive mail about my application)

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Country

- I do not appoint an agent or an attorney to receive mail about my application. Mail from the U.S. Department of State concerning my immigrant visa application should be sent to me at:**

\_\_\_\_\_  
Street address (include "in care of" if needed)

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Country

- I have already legally immigrated to the U.S. and do not need to apply for an immigrant visa. I received my Green Card through the \_\_\_\_\_ (city) BCIS office. My A# is \_\_\_\_\_.**
- I no longer wish to apply for an immigrant visa.**

**As proof of your choice, sign and date this document:**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

**PAPERWORK REDUCTION ACT**

Public reporting burden for this collection of information is estimated to average 30 minutes per response. Persons are not required to provide this information in the absence of a valid OMB approval number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/RPS/DIR) Washington, DC 20520-1849.