

FILL IN CAPITAL LETTERS

PAYMENT RECEIPT NO: _____

Applicant Details

Kindly tick the appropriate checkbox

Prefix: Mr. Mrs. Ms. Mx. Miss Dr. Prof.

First Name: _____

Middle Name: _____

Last Name: _____

Kindly tick the appropriate checkbox

Gender: Male Female

Date of Birth: ____/____/____

Day / Month / Year

City: _____

City where you were born

Country: _____

Country where you were born

Country: _____

Country of eligibility for the DV Program

Passport Number (Optional): _____

E.g. G689065

Country: _____

Country of passport issuance

Applicant Address

Street Address: _____

House Number / Apartment/ Suite etc. _____

City: _____

Region / State / Province: _____

Zip Code / Postal code: _____

Country: _____

Email Address: _____

Telephone: _____

AMERICAN DV LOTTERY 2025 APPLICATION FORM



Kindly tick the appropriate checkbox

- Level of Education:**
- | | |
|--|---|
| <input type="checkbox"/> Primary School Only | <input type="checkbox"/> Some High School High School |
| <input type="checkbox"/> No Diploma | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> Vocational School | <input type="checkbox"/> Some University Courses Some |
| <input type="checkbox"/> University Degree | <input type="checkbox"/> Graduate Level Courses |
| <input type="checkbox"/> Doctorate | |

Kindly tick the appropriate checkbox

- Marital Status:** Single Married Divorced

Kindly tick the appropriate checkbox

- Do you have any children?** Yes No Am with child

Number of Children: _____

Spouse's Details

Kindly tick the appropriate checkbox

Prefix: Mr. Mrs. Ms. Mx. Miss Dr. Prof.

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____ Place of Birth: _____

Street Address: _____

House Number / Apartment/ Suite etc. _____

City: _____

Region / State / Province: _____

Zip Code / Postal code: _____

Country: _____

Country: _____

Email Address: _____

Telephone: _____

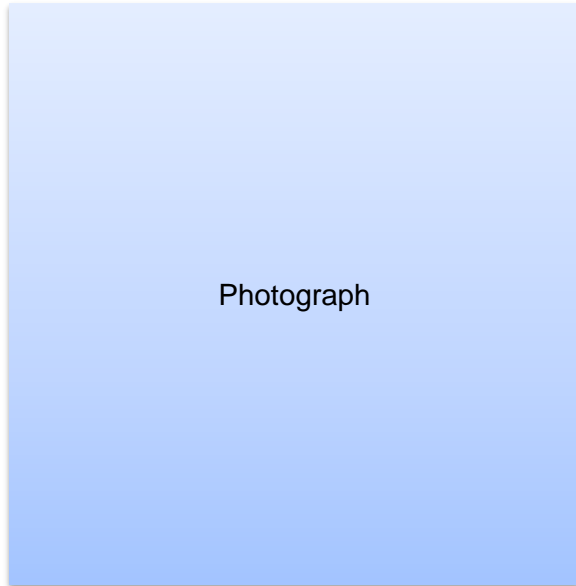
American Passport Size Photograph:
<https://tsg.phototool.state.gov/photo>
(Photo Tool Validator)

Passport Size Photograph

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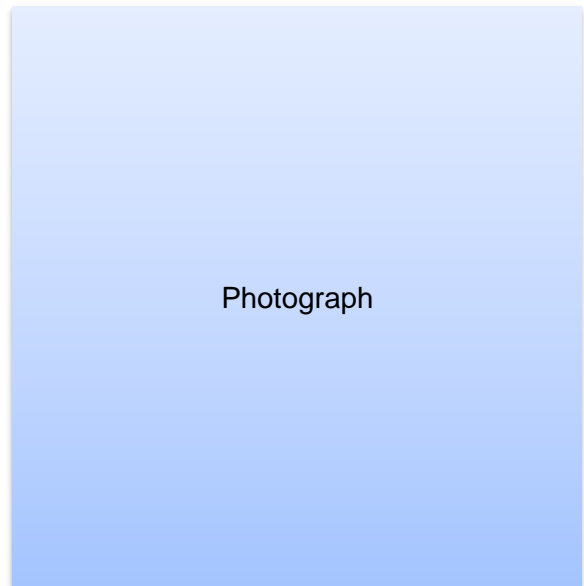


Provide an American Passport Size Photograph for Each Child (HARDCOPY)



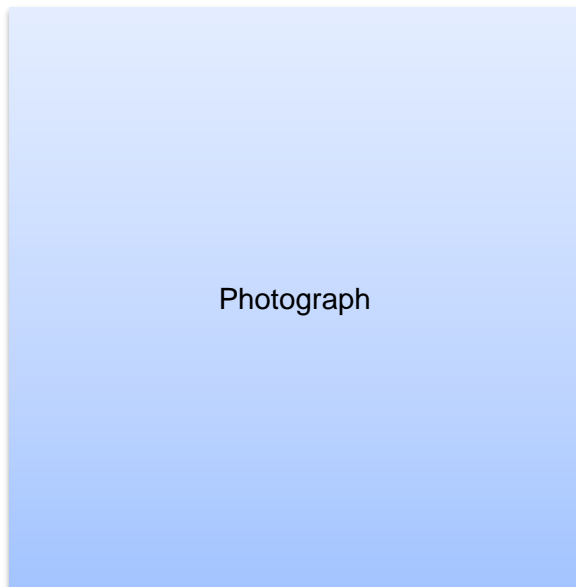
Photograph

Full Name



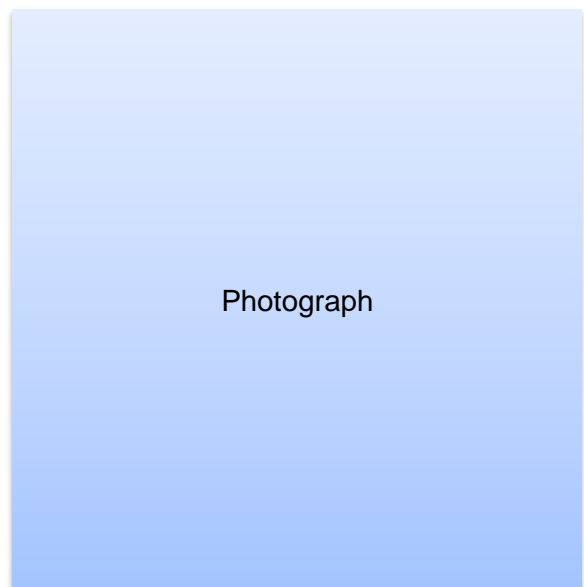
Photograph

Full Name



Photograph

Full Name



Photograph

Full Name

<https://tsg.phototool.state.gov/photo>

Telephone: 020 348 9884 / 030 290 3276

Email Address: info@gemstoneconsult.com

Child / Children Details:

First Child

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Place of Birth: _____

Country: _____

Second Child

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Place of Birth: _____

Country: _____

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Child / Children Details:

Third Child

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Place of Birth: _____

Country: _____

Fourth Child

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

Place of Birth: _____

Country: _____