



J-2 Application Form			
Applicant Information			
Full name of dependent (as in passport): Last name:			
First name:		Middle name:	
Gender: male female			
Email:		Phone number:	
Date of birth: (month/day/year)		Country code:	city code:
City of birth:		Country of Citizenship:	
Country of birth:		Country of Legal Residence:	
Relationship to main J-1 applicant: Spouse Daughter Son			
Supporting Documentation			
Please explain below how you plan to support yourself financially while in the United States:			
Documents included with application:			
Copy of passport	Bank statement	Marriage certificate(spouse)	Birth certificate(child)
Payment information			
J-2 dependent fees are 549 € / £ 479 for the first month and 50 € / £ 45 for every following month (including insurance) paid by:		Myself	J-1 applicant
Payment per Wire Tranfer		Payment via Credit Card	
Type of card: Visa MasterCard		Name on Credit card:	
Credit card number:		Expiration date: (month/day/year)	
Signatures			
I affirm that the information provided on this form is correct. I have kept a copy of this application and I understand that Intrax does not guarantee that a visa will be approved.			
Signature of main J-1 applicant:			Date: (month/day/year)
Signature of dependent (or guardian):			Date: (month/day/year)

Please complete this form **digitally** using the provided fields and then print for signatures. Any missing fields will delay the application process. A DS-2019 Form will be issued with the same program duration as the main J-1 applicant.

Please send the form back to us: Email: info@intraxinternships.eu or Fax: +49 - 30 - 84 39 39 769