B1/B2 DS-160 Sample for a Child (Brazil)

DS160.io
www.ds160.io
DS-160 form · Generated on November 13, 2026

See how a fictional 10-year-old from Brazil travelling with both parents answered the DS-160, including his school, who pays, and his father helping as the form's preparer. Know what the form asks before you start your child's.

This is a fictional example for educational purposes, not an official or pre-approved application. Your DS-160 answers must reflect your own circumstances. Do not copy the sample answers unless they are independently true for you.

Before you start: information you'll want ready

The form will ask for

- Your child's passport
- Your child's school name and address
- Both parents' full names and dates of birth
- The details of whoever pays for the trip
- The details of the parent filling in the form, as the preparer
- Where you will stay in the U.S.

Helpful to have nearby

- The names of everyone travelling with your child, to list as companions
- A recent photo of your child that meets the U.S. visa photo rules

Questions applicants commonly get stuck on

How this fictional applicant answered, why, and what to check for your own form. Answer for your own situation, which may differ.

18.1	Did anyone assist you in filling out this application?	Yes
	Preparer Details	
	Preparer's Surnames	OLIVEIRA
	Preparer's Given Names	RAFAEL
	Organization Name	*Not answered*
	Street Address (Line 1)	RUA DOUTOR GUILHERME DA SILVA 280, APTO 51
	Street Address (Line 2)	CAMBUI
	City	CAMPINAS
	State/Province	SAO PAULO
	Postal Zone/ZIP Code	13025-000
	Country/Region	BRAZIL
	Relationship To You	FATHER

Why Lucas is 10, so his father filled in the form for him and gives his own details as the preparer.
For your application If anyone helps fill in the form, answer Yes and give their details. If you fill it in yourself, answer No.
See the DS-160 for Rafael: B1/B2 DS-160 for a parent (Brazil)

10.1	Primary Occupation	STUDENT
	Present Employer or School Information	
	Present Employer or School Name	ESCOLA MONTE CLARO
	Present Employer or School Address	
	Street Address (Line 1)	AVENIDA JULIO DE MESQUITA 1150
	Street Address (Line 2)	CAMBUI
	City	CAMPINAS
	State/Province	SAO PAULO
	Postal Zone / ZIP Code	13025-062
	Country / Region	BRAZIL
	Phone Number	551935550120
	Start Date	March 7, 2022

Monthly Income in Local Currency (if employed)	*Does not apply*
Briefly describe your duties	PRIMARY SCHOOL STUDENT IN THE 5TH YEAR

Why Lucas is in primary school, so he chooses Student, names his school, and has no income to give.
For your application For a child at school, choose Student and give the school. Leave income as Does not apply if there is none.

8.1 *Contact Person or Organization in the United States*

Contact Person	*Do Not Know*
Organization Name	
Organization Name	SEA HARBOR RESORT

8.2 Relationship To You — OTHER

Why The family has no individual contact in the U.S., so they give the resort where they will stay instead.
For your application If you know nobody in the U.S., you can name an organisation, such as the hotel where you will stay.

6.3 *Phone*

Primary Phone Number	5519955550143
Secondary Phone Number	5519955550178
Work Phone Number	*Does not apply*

6.5 Email Address — RAFAEL.OLIVEIRA@EXAMPLE.COM

Why Lucas has no phone or email of his own, so his father's are given.
For your application A child can give a parent's phone and email, as long as they reach the family.

6.7 *Social Media*

Social Media Provider/Platform	*Link to Social Media Profile*
NONE	

Why Lucas has no social media accounts, so None is chosen.
For your application Choose None only if the applicant has no accounts. Otherwise list each platform and username used in the last five years.

4.1 Are there other persons traveling with you?	Yes
Are you traveling as part of a group or organization?	No

Provide the following information for each person traveling with you:

Surnames of the person traveling with you	*Given names of the person traveling with you*	*Relationship to you*
OLIVEIRA	RAFAEL	PARENT
SILVA OLIVEIRA	CAMILA	PARENT

Why Both parents travel with him, so they are listed as companions. Each parent fills in their own DS-160.
For your application List everyone travelling with your child. Each of them needs their own DS-160.

Common questions about this example

Does my child need their own DS-160?
Yes. Every applicant, children included, needs their own DS-160 and confirmation number.
Official source travel.state.gov

Who fills in and signs a child's DS-160?
A parent can fill it in and is named on the preparer page, as Lucas's father is here. Check the official DS-160 FAQs for how a child's application is signed.
Official source travel.state.gov

What do I enter for my child's occupation?
Choose Student and give the school's name and address. A child with no income leaves monthly income as Does not apply.

Can I use my own phone and email for my child?
Yes, if they are how to reach your child, as Lucas's father does in this example.

The completed DS-160, question by question

1 Personal Information - Part 1

1.1	Surname	SILVA OLIVEIRA
1.2	Given Names	LUCAS
1.3	Full Name in Native Alphabet	*Does Not Apply/Technology Not Available*
1.4	Have you ever used other names (i.e., maiden, religious, professional, alias, etc.)?	No
1.5	Do you have a telecode that represents your name?	No
1.6	Sex	MALE
1.7	Marital Status	SINGLE
1.8	Date of Birth	August 25, 2016
1.9	City of Birth	CAMPINAS
1.10	State/Province of Birth	SAO PAULO
1.11	Country/Region of Birth	BRAZIL

2 Personal Information - Part 2

2.1	Country/Region of Origin (Nationality)	BRAZIL
2.2	Do you hold or have you held any nationality other than the one indicated above on nationality?	No
2.3	Are you a permanent resident of a country/region other than your country/region of origin (nationality) indicated above?	No
2.4	National Identification Number	48173205966
2.5	U.S. Social Security Number	*Does Not Apply*
2.6	U.S. Taxpayer ID Number	*Does Not Apply*

3 Purpose of Visa

3.1	*Purpose of Visit*	
	Purpose of Trip to the U.S.	TEMP. BUSINESS OR PLEASURE VISITOR (B)
	Specify Visa	TEMP. VISITOR FOR BUSINESS/PLEASURE (B1/B2)
3.2	Have you made specific travel plans?	Yes
	Provide a complete itinerary for your travel to the U.S.	
	Arrival Date	February 11, 2027
	Arrival Flight (if known)	*Not answered*
	Arrival City in the USA	ORLANDO
	Departure Date	February 25, 2027
	Departure Flight (if known)	*Not answered*
	Departure City from the USA	MIAMI

Locations you plan to visit in the USA:

Location
ORLANDO
MIAMI

3.3 *Address where you will stay in the U.S.*

Address Line 1	6677 SEA HARBOR DR
Address Line 2	*Not answered*
City	ORLANDO
State	FLORIDA
Zip Code	32821
Person/Entity Paying for Your Trip	OTHER PERSON
Provide the following information:	
Surnames of Person Paying for Trip	OLIVEIRA
Given Names of Person Paying for Trip	RAFAEL
Telephone Number	5519955550143
Email Address	RAFAEL.OLIVEIRA@EXAMPLE.COM
Payer relationship to You	PARENT
Is the address of the party paying for your trip the same as your Home or Mailing Address?	No
Address of Person Paying	
Street Address (Line 1)	RUA DOUTOR GUILHERME DA SILVA 280, APTO 51
Street Address (Line 2) *Optional	CAMBUI
City	CAMPINAS
State/Province	SAO PAULO
Postal Zone/ZIP Code	13025-000
Country/Region	BRAZIL

4 Travel Companions

4.1	Are there other persons traveling with you?	Yes
	Are you traveling as part of a group or organization?	No

Provide the following information for each person traveling with you:

Surnames of the person traveling with you	*Given names of the person traveling with you*	*Relationship to you*
OLIVEIRA	RAFAEL	PARENT
SILVA OLIVEIRA	CAMILA	PARENT

5 Previous U.S. Travel History

5.1	Have you ever been in the U.S.?	No
5.2	Have you ever been issued a U.S. Visa?	No
5.3	Have you ever been refused a U.S. Visa, or been refused admission to the United States, or withdrawn your application for admission at the port of entry?	No
5.4	Have you ever been denied travel authorization by the Department of Homeland Security through the Electronic System for Travel Authorization (ESTA)?	No

5.5	Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services?	No

6 Address and Phone Details

6.1	*Home Address*	
	Street Address (Line 1)	RUA DOUTOR GUILHERME DA SILVA 280, APTO 51
	Street Address (Line 2)	CAMBUI
	City	CAMPINAS
	State/Province	SAO PAULO
	Postal Zone/ZIP Code	13025-000
	Country/Region	BRAZIL
6.2	Is your Mailing Address the same as your Home Address?	Yes
6.3	*Phone*	
	Primary Phone Number	5519955550143
	Secondary Phone Number	5519955550178
	Work Phone Number	*Does not apply*
6.4	Have you used any other phone numbers in the last five years?	No
6.5	Email Address	RAFAEL.OLIVEIRA@EXAMPLE.COM
6.6	Have you used any other email addresses in the last five years?	No

6.7 *Social Media*

Social Media Provider/Platform	*Link to Social Media Profile*
NONE	

6.8	Do you wish to provide information about your presence on any other websites or applications you have used within the last five years to create or share content (photos, videos, status updates, etc.)?	No

7 Passport Information

7.1	Passport/Travel Document Type	REGULAR
7.2	Passport/Travel Document Number	GA482915
7.3	Passport Book Number	*Does not apply*
7.4	Country/Authority that Issued Passport/ Travel Document	BRAZIL
7.5	*Where was the Passport/Travel Document Issued?*	
	City	CAMPINAS
	State/Province *If shown on passport	SAO PAULO
	Country/Region	BRAZIL
	Issuance Date	May 18, 2025
	Expiration Date	May 17, 2030
7.6	Have you ever lost a passport or had one stolen?	No

8 US Contact Information

8.1	*Contact Person or Organization in the United States*	
	Contact Person	*Do Not Know*
	Organization Name	
	Organization Name	SEA HARBOR RESORT
8.2	Relationship To You	OTHER
8.3	*Address and Phone Number of Point of Contact*	
	U.S. Street Address (Line 1)	6677 SEA HARBOR DR
	U.S. Street Address (Line 2)	*Not answered*
	City	ORLANDO
	State	FLORIDA
	ZIP Code (if known)	32821
	Phone Number	4075550188
	Email Address	RESERVATIONS@EXAMPLE.COM

9 Family Information

9.1	*Father's Full Name and Date of Birth*	
	Surnames	OLIVEIRA
	Given Names	RAFAEL
	Date of Birth	December 9, 1984
	Is your father in the U.S.?	No
9.2	*Mother's Full Name and Date of Birth*	
	Surnames	SILVA OLIVEIRA
	Given Names	CAMILA
	Date of Birth	April 20, 1987
	Is your mother in the U.S.?	No
9.3	Do you have any immediate relatives, not including parents, in the United States?	No
	Do you have any other relatives in the United States?	No

10 Current Occupation

10.1	Primary Occupation	STUDENT
	Present Employer or School Information	
	Present Employer or School Name	ESCOLA MONTE CLARO
	Present Employer or School Address	
	Street Address (Line 1)	AVENIDA JULIO DE MESQUITA 1150
	Street Address (Line 2)	CAMBUI
	City	CAMPINAS
	State/Province	SAO PAULO
	Postal Zone / ZIP Code	13025-062
	Country / Region	BRAZIL
	Phone Number	551935550120
	Start Date	March 7, 2022
	Monthly Income in Local Currency (if employed)	*Does not apply*
	Briefly describe your duties	PRIMARY SCHOOL STUDENT IN THE 5TH YEAR

11 Previous Occupation

11.1	Were you previously employed?	No

11.2	Have you attended any educational institutions at a secondary level or above?	No

12 Additional Occupation Details

12.1	Do you belong to a clan or tribe?	No
12.2	*Provide a List of Languages You Speak*	

Language Name
PORTUGUESE

12.3	Have you traveled to any countries/ regions within the last five years? *Provide a List of Countries/Regions Visited*	Yes

Country/Region
ARGENTINA

12.4	Have you belonged to, contributed to, or worked for any professional, social, or charitable organization?	No
12.5	Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experience?	No
12.6	Have you ever served in the military?	No
12.7	Have you ever served in, been a member of, or been involved with a paramilitary unit, vigilante unit, rebel group, guerrilla group, or insurgent organization?	No

13 Security Background - Part 1

13.1	Do you have a communicable disease of public health significance? (Communicable diseases of public significance include chancroid, gonorrhea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, active tuberculosis, and other diseases as determined by the Department of Health and Human Services.)	No
13.2	Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others?	No
13.3	Are you or have you ever been a drug abuser or addict?	No

14 Security Background - Part 2

14.1	Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action?	No

14.2	Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances?	No
14.3	Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring prostitutes within the past 10 years?	No
14.4	Have you ever been involved in, or do you seek to engage in, money laundering?	No
14.5	Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States?	No
14.6	Have you ever knowingly aided, abetted, assisted or colluded with an individual who has committed, or conspired to commit a severe human trafficking offense in the United States or outside the United States?	No
14.7	Are you the spouse, son, or daughter of an individual who has committed or conspired to commit a human trafficking offense in the United States or outside the United States and have you within the last five years, knowingly benefited from the trafficking activities?	No

15 Security Background - Part 3

15.1	Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States?	No
15.2	Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities?	No
15.3	Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations?	No
15.4	Are you a member or representative of a terrorist organization?	No
15.5	Are you the spouse, son, or daughter of an individual who has engaged in terrorist activity, including providing financial assistance or other support to terrorists or terrorist organizations, in the last five years?	No
15.6	Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide?	No

15.7	Have you ever committed, ordered, incited, assisted, or otherwise participated in torture?	No
15.8	Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence?	No
15.9	Have you ever engaged in the recruitment or the use of child soldiers?	No
15.10	Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom?	No
15.11	Have you ever been directly involved in the establishment or enforcement of population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free will?	No
15.12	Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue?	No

16 Security Background - Part 4

16.1	Have you ever been the subject of a removal or deportation hearing?	No
16.2	Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration benefit by fraud or willful misrepresentation or other unlawful means?	No
16.3	Have you failed to attend a hearing on removability or inadmissibility within the last five years?	No
16.4	Have you ever been unlawfully present, overstayed the amount of time granted by an immigration official or otherwise violated the terms of a U.S. visa?	No
16.5	Have you ever been removed or deported from any country?	No

17 Security Background - Part 5

17.1	Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court?	No
17.2	Have you voted in the United States in violation of any law or regulation?	No
17.3	Have you ever renounced United States citizenship for the purposes of avoiding taxation?	No

17.4	Are you a former exchange visitor (J) who has not yet fulfilled the two-year foreign residence requirement?	No
17.5	Have you attended a public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school?	No

18 Preparer of Application

18.1	Did anyone assist you in filling out this application?	Yes
	Preparer Details	
	Preparer's Surnames	OLIVEIRA
	Preparer's Given Names	RAFAEL
	Organization Name	*Not answered*
	Street Address (Line 1)	RUA DOUTOR GUILHERME DA SILVA 280, APTO 51
	Street Address (Line 2)	CAMBUI
	City	CAMPINAS
	State/Province	SAO PAULO
	Postal Zone/ZIP Code	13025-000
	Country/Region	BRAZIL
	Relationship To You	FATHER

Ready to fill in your own?

Answer the questions in plain language and save as you go. DS160.io then fills in your DS-160 on the official site for you. Filing is free for individuals.

Start my DS-160 for free
www.ds160.io/individuals

Preparing DS-160s for clients? See DS160.io for immigration firms
www.ds160.io/immigration-firms