



SPONSOR & IMMEDIATE RELATIVE DATA FORM NEWLY-ARRIVED IMMIGRANTS

Date:

I. IMMIGRANT(S):	DOB	Alien Number
(1) Last name / First name / Middle name		
(2) Last name / First name / Middle name		
(3) Last name / First name / Middle name		
(4) Last name / First name / Middle name		
(5) Last name / First name / Middle name		
Address (Mailing)	Home Phone	Arrival Date
(Home)		

II. SPONSOR:		
Last name / First name / Middle name		
Relationship	Citizenship	Ethnicity
Address (Mailing)		
(Home)		
Home Phone Number	Occupation	
Name & Address of Employer		
Work Phone Number		

III. NEAREST RELATIVE ON GUAM (NOT SPONSOR) or FRIEND:		
Last name / First name / Middle name		
Relationship	Citizenship	Ethnicity
Address (Mailing)		
(Home)		
Home Phone Number	Occupation	
Name & Address of Employer		
Work Phone Number		

DRAW MAP of OWN RESIDENCE &/or SPONSOR'S RESIDENCE

Name: _____

Date: _____

Home Address: _____

STATEMENT OF SPONSOR

I, _____, of legal age, a citizen of the _____, and a resident of _____, hereby agree that I am responsible for bringing the immigrant patient, _____, whose visa I am sponsoring, to the Guam Public Health Communicable Disease Clinic regularly according to his/her clinic appointments. If I cannot personally bring him/her to the clinic, I will be responsible for effecting his/her clinic attendance. I will assist Public Health in every possible way to make him/her attend his/her Communicable Disease Clinic appointments.

Signature of Sponsor / Date

I, _____, of legal age, a citizen of the _____, hereby agree to attend regularly the clinics of Guam Public Health Communicable Disease Control in accordance with my scheduled appointments. I understand that if I do not comply with this, the Bureau of Communicable Disease Control staff has the right to call the Police Department to cause me to attend the clinic or be subject to deportation on repeated violation.

Signature of Immigrant Patient / Date