



## Online Nonimmigrant Visa Application (DS-160)

Application - *Sensitive But Unclassified(SBU)*

**We do not need a printed copy** of your application at any point during your interview process. Only print this application if you want a copy for your own records. If you print your application, please keep it secure.

Photo Provided:



Confirmation Number:



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### Personal, Address, Phone, and Passport/Travel Document Information

|  |                                 |
|--|---------------------------------|
| Name Provided:   | SOLER GUILLEN, MARIA DEL CARMEN |
| Full Name in Native Language:  | MARIA DEL CARMEN SOLER GUILLEN  |
| Other Names Used:  | NO                              |
| Telecode Name Used:  | NO                              |
| Sex:   | FEMALE                          |
| Marital Status:  | SINGLE                          |
| Date of Birth:   | 14 JULY 1956                    |
| Place of Birth:  | ROSARIO, COMAYAGUA, HONDURAS    |
| Country/Region of Origin (Nationality):  | HONDURAS                        |
| Do you hold or have you held any nationality other than the one indicated above on nationality?                | NO                              |
| Are you a permanent resident of a country/region other than your country/region of origin (nationality) above? | NO                              |
| National Identification Number:  | 0303195600177                   |
| U.S. Social Security Number:   | DOES NOT APPLY                  |
| U.S. Taxpayer ID Number:   | DOES NOT APPLY                  |
| Home Address:  | BARRIO ABAJO                    |
| City:  | COMAYAGUA                       |
| State/Province:  | COMAYAGUA                       |
| Postal Zone/ZIP Code:  | 12101                           |
| Country/Region:  | HONDURAS                        |
| Same Mailing Address?  | YES                             |

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|   |                                 |
|---|---------------------------------|
| Primary Phone Number:                                   | 33345970                        |
| Secondary Phone Number:                                 | DOES NOT APPLY                  |
| Work Phone Number:                                      | DOES NOT APPLY                  |
| Do you have any additional phone numbers?               | NO                              |
| Email Address:  | carmensolerguillen.62@gmail.com |
| Do you have any additional email addresses?             | NO                              |
| Do you have a social media presence?                    |                                 |
| Social Media Platform: (1):                             | FACEBOOK                        |
| Social Media Identifier:                                | MARIA DEL CARMEN SOLER GUILLEN  |
| Do you have any additional social media presence?       | NO                              |
| Passport/Travel Document Type:                          | REGULAR                         |
| Passport/Travel Document Number:                        | F819055                         |
| Passport Book Number:                                   | F819055                         |
| Country/Authority that Issued Passport/Travel Document: | HONDURAS                        |
| City Where Issued:                                      | TEGUCIGALPA                     |
| State/Province Where Issued:                            | FRANCISCO MORAZAN               |
| Country/Region Where Issued:                            | HONDURAS                        |
| Issuance Date:  | 16 OCTOBER 2018                 |
| Expiration Date:  | 17 OCTOBER 2023                 |
| Have you ever lost a passport or had one stolen?        | NO                              |

**Travel Information**

The List of Purposes of Trip to the U.S.

|                                  |   |
|----------------------------------|---|
| Purpose of Trip to the U.S. (1): | TEMP. BUSINESS PLEASURE VISITOR (B)               |
| Specify:                         | BUSINESS & TOURISM (TEMPORARY VISITOR)<br>(B1/B2) |

|   |                       |
|---|-----------------------|
| Intended Date of Arrival:   | 01 NOVEMBER 2022      |
| Intended Length of Stay in U.S.:  | 1 MONTH(S)            |
| Address where you will stay in the U.S.:  | 5317 CASTLEWOOD DRIVE |
| Person/Entity Paying for Your Trip:   | SELF                  |
| Are there other persons traveling with you?   | NO                    |
| Have you ever been in the U.S.?   | NO                    |
| Have you ever been issued a U.S. visa?  | NO                    |
| 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                    |
| Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services?                                   | NO                    |

**U.S. Contact Information**

|                                  |                               |
|----------------------------------|-------------------------------|
| Contact Person Name in the U.S.: | MENDOZA SOLER, PERLA PATRICIA |
| Organization Name in the U.S.:   | DO NOT KNOW                   |
| Relationship to You:             | RELATIVE                      |

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U.S. Contact Address: 5317 CASTLEWOOD DRIVE  
WILSON, FLORIDA 27893

Phone Number: 9842972380

Email Address: DOES NOT APPLY

### Family Information

Father's Surnames: SOLER MADRID

Father's Given Names: FELIPE

Father's Date of Birth: DO NOT KNOW

Is your father in the U.S.? NO

Mother's Surnames: GUILLEN CASTELLANOS

Mother's Given Names: JULIA

Mother's Date of Birth: DO NOT KNOW

Is your mother in the U.S.? NO

Do you have any immediate relatives, not including parents in the U.S.? YES

Relative Name (1): MENDOZA SOLER, PERLA PATRICIA

Relationship to you: CHILD

Status: OTHER/I DON'T KNOW

### Work/Education/Training Information

Primary Occupation: RETIRED

Were you previously employed? NO

### Security and Background Information

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 others diseases as determined by the Department of Health and Human Services.) NO

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

Are you or have you ever been a drug abuser or addict? NO

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

Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances? NO

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

Have you ever been involved in, or do you seek to engage in, money laundering? NO

Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States? NO

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

Have you 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

Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States? NO

Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities? NO

Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist

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organizations?

|   |    |
|---|----|
| Are you a member or representative of a terrorist organization?   | NO |
| 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 |
| Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide?   | NO |
| Have you ever committed, ordered, incited, assisted, or otherwise participated in torture?  | NO |
| Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence?   | NO |
| Have you ever engaged in the recruitment or the use of the child soldiers?  | NO |
| 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 |
| Have you ever been directly involved in the establishment or enforcement of the 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 |
| Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue?  | NO |
| 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 |
| Have you ever been removed or deported from any country?  | NO |
| 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 |
| Have you voted in the United States in violation of any law or regulation?  | NO |
| Have you ever renounced United States citizenship for the purpose of avoiding taxation?   | NO |

### Location Information

Location where you will be submitting your application

Current Location: TEGUCIGALPA, HONDURAS

### Preparer of Application

Did anyone assist you in filling out this application? YES

Preparer Names: DOES NOT APPLY

Organization Name: USA SOLUTIONS

Street Address: BARRIO SAN FRANCISCO, ESQUINA OPUESTA AL  
BANCO POPULAR

City: COMAYAGUA

State/Province: COMAYAGUA

Postal Zone/ZIP Code: 12101

Country/Region: HONDURAS

Relationship to You: AGENT

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You electronically signed your application on 29-Jun-2022 02:15:25 (GMT-05:00). You were required to electronically sign your application yourself, unless otherwise exempt by regulation, even if the application was prepared by someone other than yourself. Your electronic signature certifies that you have read and understood the questions in this application and that your answers are true and correct to the best of your knowledge and belief. The submission of an application containing any false or misleading statements may result in the permanent refusal of a visa or the denial of entry into the United States. All declarations made in this application are unsworn declarations made under penalty of perjury. (28 U.S.C. 1746).

You certified that you understand that you are required to submit your visa to the United States Immigration Officer at the port where you apply to enter the United States, and that possession of the visa does not entitle you to enter the United States if, upon your arrival, you are found to be inadmissible under U.S. immigration laws. You certified that you understand that any willfully false or misleading statement or willful concealment of a material fact made by you within the application may subject you to permanent

exclusion from the United States and, if you are admitted to the United States, may subject you to criminal prosecution and/or deportation.

The information that you have provided in your application and other information submitted with your application may be accessible to other government agencies having statutory or other lawful authority to use such information, including for law enforcement and immigration law enforcement purposes. If fingerprints are collected as part of your application process, they may be used for the purpose of comparing them to other fingerprints in the FBI's Next Generation Identification (NGI) fingerprint system or its successor systems (including civil, criminal, and latent fingerprint repositories). The photograph that you provide with your application may be used for employment verification or other U.S. law purposes.