



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:	CACERES RIVERA, MARY GABRIELA
Full Name in Native Language:	MARY GABRIELA CACERES RIVERA
Other Names Used:	NO
Telecode Name Used:	NO
Sex:	FEMALE
Marital Status:	LEGALLY SEPARATED
Date of Birth:	05 APRIL 1990
Place of Birth:	LA PAZ, LA PAZ, 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:	1201199000250
U.S. Social Security Number:	DOES NOT APPLY
U.S. Taxpayer ID Number:	DOES NOT APPLY
Home Address:	BARRIO SAN ANTONIO
City:	LA PAZ
State/Province:	LA PAZ
Postal Zone/ZIP Code:	15101
Country/Region:	HONDURAS
Same Mailing Address?	YES
Primary Phone Number:	88200732
Secondary Phone Number:	DOES NOT APPLY
Work Phone Number:	DOES NOT APPLY
Do you have any additional phone numbers?	NO
Email Address:	gcaceresrivera@gmail.com
Do you have any additional email addresses?	NO
Do you have a social media presence?	

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Social Media Platform: (1):	FACEBOOK
Social Media Identifier:	MARY GABRIELA CACERES RIVERA
Do you have any additional social media presence?	NO
Passport/Travel Document Type:	REGULAR
Passport/Travel Document Number:	E0188217
Passport Book Number:	E0188217
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:	29 JUNE 2022
Expiration Date:	29 JUNE 2032
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) (B1/B2)
Have you made specific travel plans?	NO
Intended Date of Arrival:	01 NOVEMBER 2022
Intended Length of Stay in U.S.:	20 DAY(S)
Address where you will stay in the U.S.:	1223 11TH STREET NW
City, State, Postal/Zip Code:	WASHINGTON DC, WASHINGTON 20001
Person/Entity Paying for Your Trip:	SELF
Are there other persons traveling with you?	YES
Are you traveling as part of a group or organization?	YES
Name of the Group:	FAMILIAR VACATION
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.:	DO NOT KNOW
Organization Name in the U.S.:	DUO HOUSING HOSTEL
Relationship to You:	OTHER
U.S. Contact Address:	1223 11TH STREET NW WASHINGTON DC, WASHINGTON 20001
Phone Number:	2028082195
Email Address:	DOES NOT APPLY

Family Information

Father's Surnames:	CACERES MEDINA
Father's Given Names:	JOSE RENATO
Father's Date of Birth:	DO NOT KNOW
Is your father in the U.S.?	NO
Mother's Surnames:	RIVERA VASQUEZ
Mother's Given Names:	PERLA MARINA

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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.?	NO
Do you have any other relatives in the United States?	NO
Spouse's Full Name:	FLORES INESTROZA, SELIM ARMANDO
Spouse's Date of Birth:	02 OCTOBER 1985
Spouse's Country/Region of Origin (Nationality):	HONDURAS
Spouse's City of Birth:	LA PAZ
Spouse's Country/Region of Birth:	HONDURAS
Spouse's Address:	SAME AS HOME ADDRESS

Work/Education/Training Information

Primary Occupation:	GOVERNMENT
Present Employer or School Name:	HOSPITAL MILITAR
Address:	COLONIA COLOMBIA
City:	SAN PEDRO SULA
State/Province:	CORTES
Postal Zone/Zip Code:	21101
Country/Region:	HONDURAS
Work Phone Number:	25523015
Monthly Salary in Local Currency (if employed):	DOES NOT APPLY
Briefly Describe your Duties:	LICENCIADA EN ENFERMERIA PARA LAS FUERZAS ARMADAS, ATENCION HOSPITALARIA, ATENCION DE EMER GENCIAS MEDICAS ETC
Were you previously employed?	YES
Employer Name (1):	CLINICA MATERNO INFANTIL

Employer Address:

DOS
CUADRAS
ABAJO
DEL
PARQUE
CENTRAL

City:	AGUANQUETERIQUE
State/Province:	LA PAZ
Postal Zone/Zip Code:	15101
Country/Region:	HONDURAS
Telephone Number:	4569875
Job Title:	JEFA DE SALA
Supervisor's Surname:	DO NOT KNOW
Supervisor's Given Name:	DO NOT KNOW
Employment Date From:	JULY 2015
Employment Date To:	AUGUST 2015
Briefly describe your duties:	JEFA DE SALA, ATENCION HOSPITA LARIA, ATENCION A LA MUJER EN GENERAL.

Have you attended any educational institutions at a secondary level or above?	YES
Name of Institution (1):	UNIVERSIDAD DE OCCIDENTE
Address of Institution:	HOSPITAL SALUD INTEGRAL 2 C. AL OESTE MEDIA CUADRA AL SUR
City:	MANAGUA
State/Province:	MANAGUA

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Postal Zone/ZIP Code:	32568
Country/Region:	NICARAGUA
Course of Study:	MAESTRIA EN URGENCIAS Y EMERGENCIAS MEDICAS
Date of Attendance From:	JANUARY 2019
Date of Attendance To:	24 JULY 2022
Do you belong to a clan or tribe?	NO
Provide a List of Languages You Speak:	
Language Name (1):	SPANISH
Have you traveled to any countries/regions within the last five years?	YES
Provide a List of Countries/Regions Visited	
Country/Region (1):	NICARAGUA
Have you belonged to, contributed to, or worked for any professional, social, or charitable organization?	NO
Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experience?	NO
Have you ever served in the military?	NO
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

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 organizations?	NO
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

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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 25-Jul-2022 04:49:45 (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.