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RELIGIOUS

VISA

R-1

Religious Visas

1. Contract for employment detail description of job offered, title of position, schedule, salary, minimum requirements to perform job offered.
2. Evidence that the organization is exempt from taxation as described in section 501 (c)(3) of the Internal Revenue Code of 1986. Please submit a copy of the letter from the Internal Revenue Service which states that the organization qualifies as an organization exempt from taxation as described in section 501(c)(3) of the Internal Revenue Code of 1986 as it relates to religious organizations.
3. Church records: Articles of incorporation, certificates, licenses, etc.
4. Evidence that the organization can pay the salary offered: church's financial statements, bank statements for the past six months, evidence of ownership of property, lease agreements, photographs of the church (including sign), stationary of the church, etc.
5. Letter from the authorized official of the religious organization in the United States attesting to the alien's membership in the religious denomination and explaining, in detail, the person's religious work and all employment during the past 2 years. The letter should include a statement of affiliation with all denomination from the church abroad and the denomination in the United States; and give the dates that this alien has been a member of that denomination.
6. Alien's certificates of religious instruction and / or baptism.
7. Submit documentary evidence of the alien's employment for the two years preceding filing of this petition. (Income tax returns; W-2, wage and tax statement; letters from the employers on the letterhead paper giving title of position, dates employed, duties, hours, pay, etc.).
8. Please submit a letter from the authorized official of the religious headquarters in the United States which states that the organization for which the alien has worked for the past two years is also affiliated with the denomination in the United States; and give the dates that this alien has been a member of that denomination.
9. Please submit a copy of the alien's post secondary school transcripts & certificates.
10. Any document containing foreign language submitted to the Service shall be accompanied by a full English language translation which the translator has certified as complete and accurate, and by the translator's certification that he or she is competent to translate from the foreign language into English.
11. Please submit a copy of the alien's foreign language birth certificate.
12. Submit **documentary evidence** to show how Church is funded.

13. Please explain the duty described as ,
“Provide service planned to restore patient
to optimum social and health adjustment
within the patient’s capacity”. Exactly what
service is the alien to provide? Religious
instruction to the elderly? And will the alien
perform the service herself, or help find
someone to provide/perform the service.

14. What is the duty described as ,
“Counsel patient individually, in family, or
in other small groups”. Please clarify what
type of counseling the alien is to provide.

15. Submit evidence of the alien’s
current U.S. immigration status (copy of
front and back of I-94, Departure Record).

R-1 QUESTIONNAIRE

A. INFORMATION ON THE EMPLOYER/ APPLICANT

1. NAME OF THE COMPANY.
2. ADDRESS.
3. DATE FOUNDED.
4. TELEPHONE NUMBER.
5. FAX NUMBER.
6. IF EMPLOYEE IS GOING TO WORK IN A DIFFERENT ADDRESS, PLEASE INDICATE THE ADDRESS.
7. IRS #
8. TOTAL NUMBER OF EMPLOYEES.
9. ANNUAL GROSS INCOME.
10. ANNUAL NET INCOME.
11. DESCRIBE THE TYPE OF BUSINESS.
12. NAME AND OCCUPATION OF PERSON THAT WILL SIGN THE VISA APPLICATION.
13. HAS AN APPLICATION EVER BEEN SUBMITTED TO IMMIGRATION FOR THIS APPLICANT?
NO() YES() (IF YES, EXPLAIN WHAT TYPE OF APPLICATION)

B. INFORMATION ON THE POSITION OFFERED

1. POSITION OFFERED:
2. DESCRIPTION OF THE DUTIES IN THE POSITION OFFERED.
3. TOTAL OF HOURS PER WEEK.
4. WEEKLY SALARY.
5. IF ANY OTHER TYPE OF COMPENSATION WERE RECEIVED, PLEASE EXPLAIN.
6. IF COMPENSATION WERE RECEIVED, WHICH WOULD BE THE VALUE IN DOLLARS?
7. HOW LONG WILL YOU NEED THE SERVICES OF THIS EMPLOYEE?

C. INFORMATION ON EMPLOYEE

1. FULL NAME:

LAST NAME	NAME	SECOND NAME
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2. ADDRESS.
3. CITY AND COUNTRY OF BIRTH.
4. DATE OF BIRTH.
5. COUNTRY OF CITIZENSHIP.
6. WHAT IS YOUR PROFESSION?
7. HOW MANY YEARS EXPERIENCE IN YOUR PROFESSION?
8. DO YOU HAVE UNIVERSITY LEVEL? YES () NO ()
HOW MANY YEARS DID YOU STUDY IN THE UNIVERSITY?
WHAT DID YOU STUDY?
9. IF YOU HAVE SOCIAL SECURITY INDICATE THE NUMBER.:
10. IF YOU HAVE AN IMMIGRANT NUMBER (A#), INDICATE THE NUMBER:

11. ADDRESS IN THE UNITED STATES:

12. SEX -- MASCULINE () FEMININE ()

13. MARITAL STATUS --
MARRIED () DIVORCED () WIDOWED () SINGLE ()

IF MARRIED, NAME OF YOUR SPOUSE:

SPOUSE'S PROFESSION:

DO YOU HAVE SON(S)/ DAUGHTER(S)? YES() NO ()

FULL NAME:
DATE OF BIRTH:
COUNTRY OF BIRTH:
COUNTRY OF CITIZENSHIP:

FULL NAME:
DATE OF BIRTH:
COUNTRY OF BIRTH:
COUNTRY OF CITIZENSHIP:

FULL NAME:
DATE OF BIRTH:
COUNTRY OF BIRTH:
COUNTRY OF CITIZENSHIP:

FULL NAME:
DATE OF BIRTH:
COUNTRY OF BIRTH:
COUNTRY OF CITIZENSHIP:

14. DATES WHICH YOU WERE IN THE UNITED STATES IN THE LAST 6 YEARS AND
TYPE(S) OF VISA(S)

FROM:	UNTILL:	TYPE OF VISA:
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