Embassy of the United States of America
Consular Section
San Salvador

Estimado solicitante,

A continuación encontrará una guía para que pueda llenar el formulario electronico DS-260 en el siguiente sitio de Internet: https://ceac.state.gov/iv. Por favor llene todos los campos completamente.

Contact Us

U.S. DEPARTMENT of STATE
CONSULAR ELECTRONIC APPLICATION CENTER

Immigrant Visa

Sign In

Sign In Failed

- The selected Case Number and Invoice Identification Number combination you entered does not match our records. Please try again or contact the National Visa Center for further assistance.

1. Select one of the following roles that best describes your relationship to the case: Principal Applicant, Attorney, Petitioner, or Third-party Agent.
2. Enter the NVC case number located in the instructions that you received from the National Visa Center (NVC).
3. Enter the NVC Invoice ID Number provided to you by the NVC. The information is located in the NVC instructions you received. If your case was not handled by the NVC (because the petition was filed at a U.S. Embassy or Consulate overseas), you will not have an NVC Invoice ID number. Enter the principal applicant's date of birth in YYYYMMDD format instead.
4. Click on the Sign In Button.

I am the

Seleccione su categoría

My NVC Case Number is

Escriba su número de caso

My Invoice ID Number is

Número recibido del Centro Nacional de Visas

Sign In

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U.S. DEPARTMENT of STATE
CONSULAR ELECTRONIC APPLICATION CENTER

IVAGENT | FEE | IVAPP

Immigrant Visa

Summary Information

DS-260 forms have not been submitted for all applicants accompanying the principal applicant to the United States. When completing a DS-260, please ensure that you have copies of the applicant's supporting documentation available (as listed on the Documents The Applicant Must Submit web page). You may need to refer to them when completing the application.

To complete the DS-260, please click on the View/Edit link below.

Please note that the DS-260 can only be completed after the applicant's Immigrant Visa Fee has been paid.

Statuses for Case Number: SNS2005699034

FEES

Affidavit of Support (AOS) Fees: Paid View

IV Application Processing Fees: Not Paid Pay

Number of IV Fees: 4 **Paid:** 0 **In Process:** 0 **Not Paid:** 4 **Not Applicable:** 0

IV AND ALIEN REGISTRATION (DS-260)

Application for Immigrant Visa and Alien Registration: Incomplete View/Edit

Number of Applications: 4 **Completed:** 3 **Incomplete:** 1 **Not Started:** 0 **Follow To Join:** 0

Haga click aquí para continuar.

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Online Immigrant Visa and Alien Registration Application (DS-260)

Application List for IV Case SNS

Su número de caso se verá reflejado aquí.

To view the completed IV Application, click on View.

Given Name	Surname	Relationship	Fee	Status	
		CHILD	NOT APPLICABLE	COMPLETED	View
		CHILD	NOT APPLICABLE	COMPLETED	View
		CHILD	NOT APPLICABLE	INCOMPLETE	Edit
		PRINCIPAL	NOT APPLICABLE	COMPLETED	View

Cancel

Su nombre aparecerá en la columna izquierda seguido por el tipo de relación con respecto a su peticionario. Únicamente podrá editar su formulario cuando el estado es "**Incomplete.**" Asegúrese de llenar el formulario cuidadosamente antes de firmarlo.

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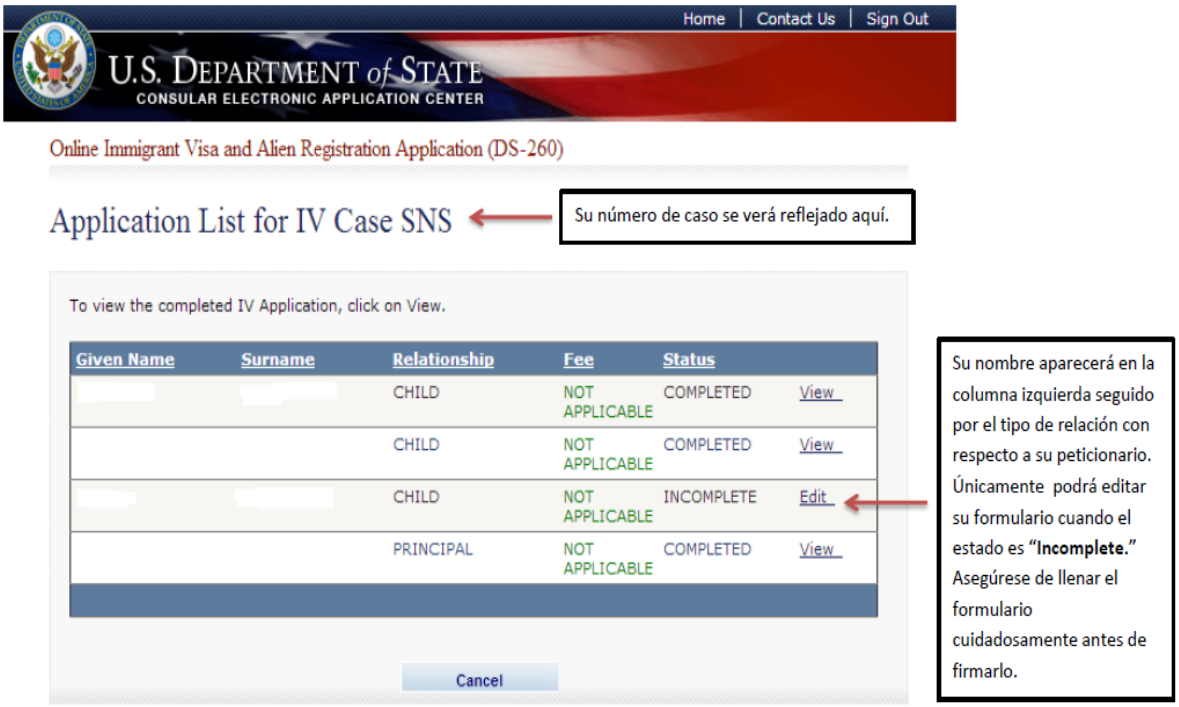
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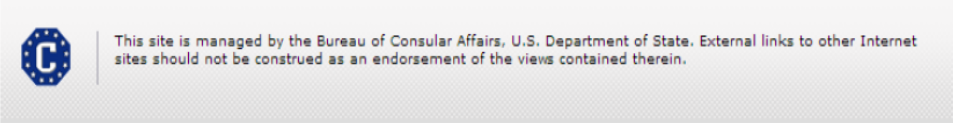
CONSULAR ELECTRONIC APPLICATION CENTER
Online Immigrant Visa and Alien Registration Application (DS-260)
Application List for IV Case SNS
Su número de caso se verá reflejado aquí.
To view the completed IV Application, click on View.
Given Name | Surname | Relationship | Fee | Status
CHILD | NOT APPLICABLE | COMPLETED | View
CHILD | NOT APPLICABLE | COMPLETED | View
CHILD | NOT APPLICABLE | INCOMPLETE | Edit
PRINCIPAL | NOT APPLICABLE | COMPLETED | View
Cancel
Su nombre aparecerá en la columna izquierda seguido por el tipo de relación con respecto a su peticionario. Únicamente podrá editar su formulario cuando el estado es "Incomplete." Asegúrese de llenar el formulario cuidadosamente antes de firmarlo.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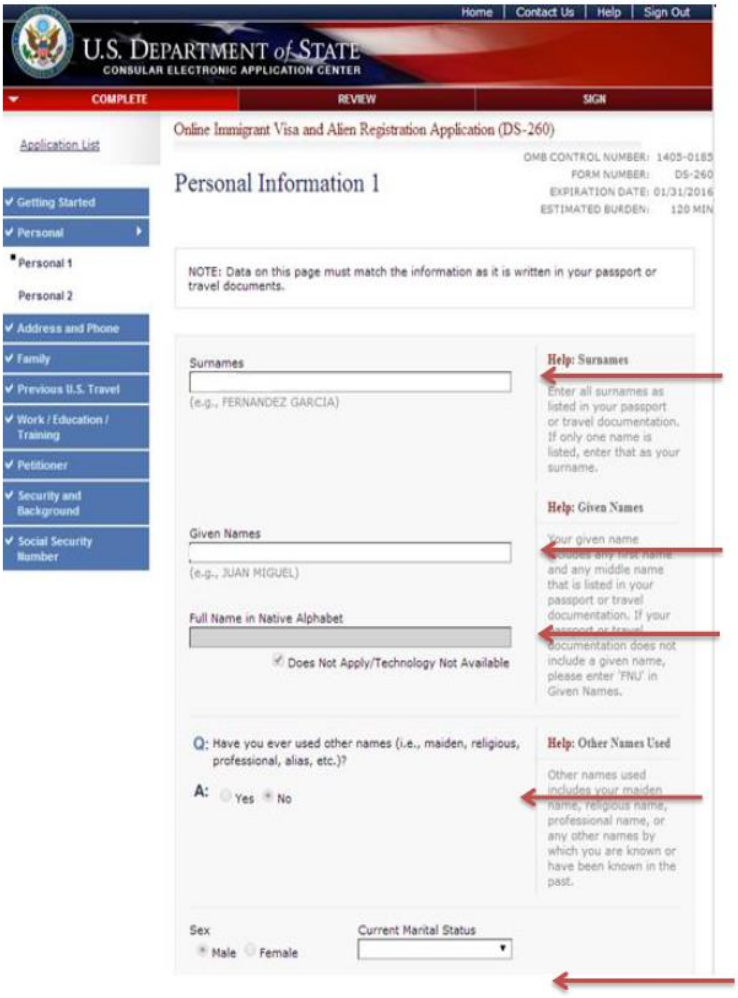


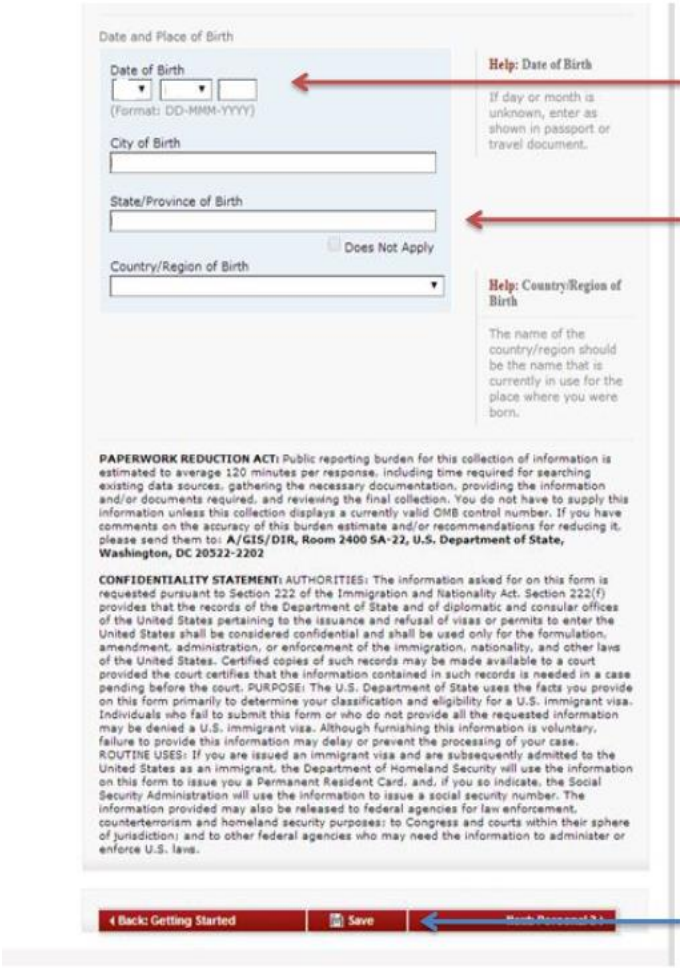
Recuerde escribir sus apellidos como aparecen en su pasaporte.

Sus nombres principales también deben ir escritos de acuerdo a su pasaporte.

Escriba su nombre completo en esta casilla cuando contenga la letra **'ñ'** en uno de sus nombres.

Si ha utilizado otros nombres, por favor conteste sí y escríbalos. Si ahora utiliza su nombre de casada, escriba en esta casilla su nombre de soltera.

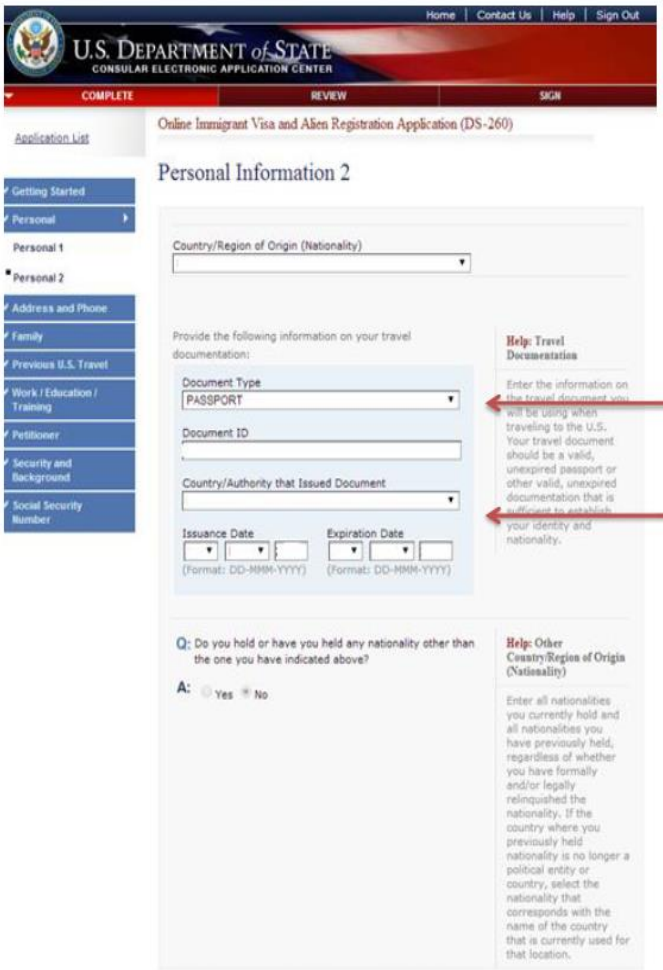
Seleccione su estado civil según corresponda.



Escriba su fecha de nacimiento según su pasaporte.

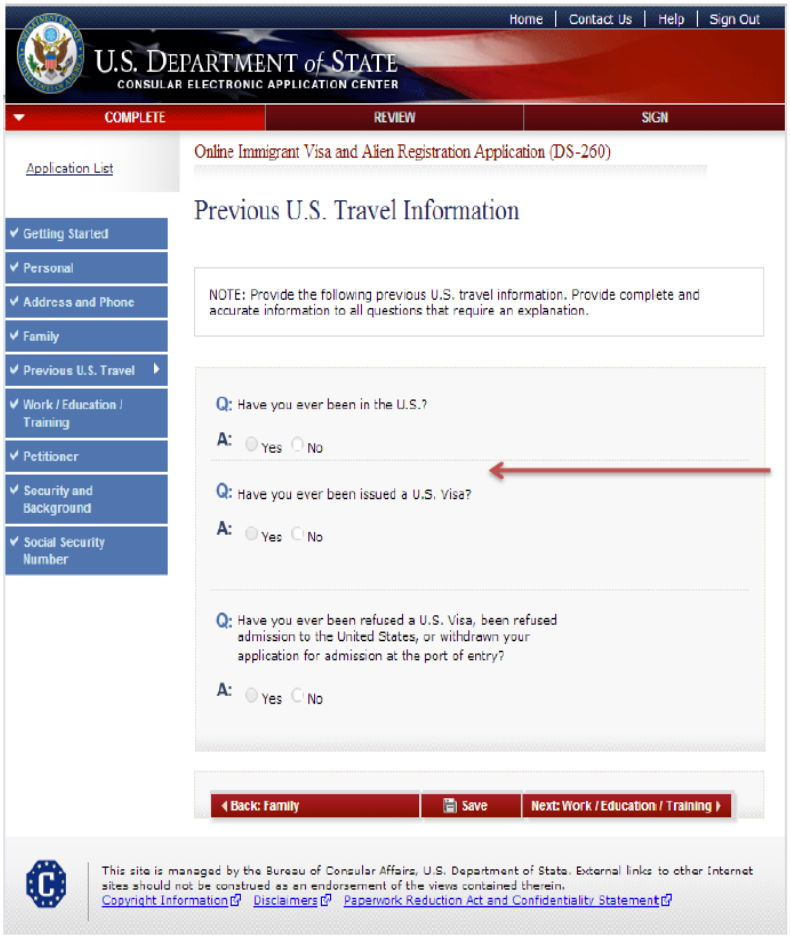
Escriba la ciudad, el departamento y el país donde nació según su pasaporte.

Recuerde siempre guardar toda la información.



Seleccione la opción Pasaporte como tipo de documento.

En las siguientes casillas, escriba el número de su pasaporte vigente. Seguido por el país y la fecha de expedición y la fecha de expiración del mismo.



Si usted ha visitado los Estados Unidos antes, por favor, responda correctamente a cada una de estas preguntas.

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U.S. DEPARTMENT of STATE
CONSULAR ELECTRONIC APPLICATION CENTER

COMPLETE | REVIEW | SIGN

Application List

Online Immigrant Visa and Alien Registration Application (DS-260)

- Getting Started
- Personal
- Address and Phone
- Family
- Previous U.S. Travel
- Work / Education / Training
- Petitioner
- Security and Background
  - Medical and Health
  - Criminal
  - Security 1
  - Security 2
  - Immigration Law Violations 1
  - Miscellaneous 1
  - Miscellaneous 2
- Social Security Number

Security and Background: Medical and Health Information

NOTE: Provide the following security and background information. Provide complete and accurate information to all questions that require an explanation. A visa may not be issued to persons who are within specific categories defined by law as inadmissible to the United States (except when a waiver is obtained in advance). Are any of the following applicable to you? A YES answer does not automatically signify ineligibility for a visa. **Please note that should you answer Yes to any of the following questions, you may be requested to provide documentation to support your explanation.**

Q: Do you have a communicable disease of public health significance such as tuberculosis (TB)?

A: Yes No

Q: Do you have documentation to establish that you have received vaccinations in accordance with U.S. law?

A: Yes No

Q: 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?

A: Yes No

Q: Are you or have you ever been a drug abuser or addict?

A: Yes No

Back: Petitioner | Save | Next: Criminal

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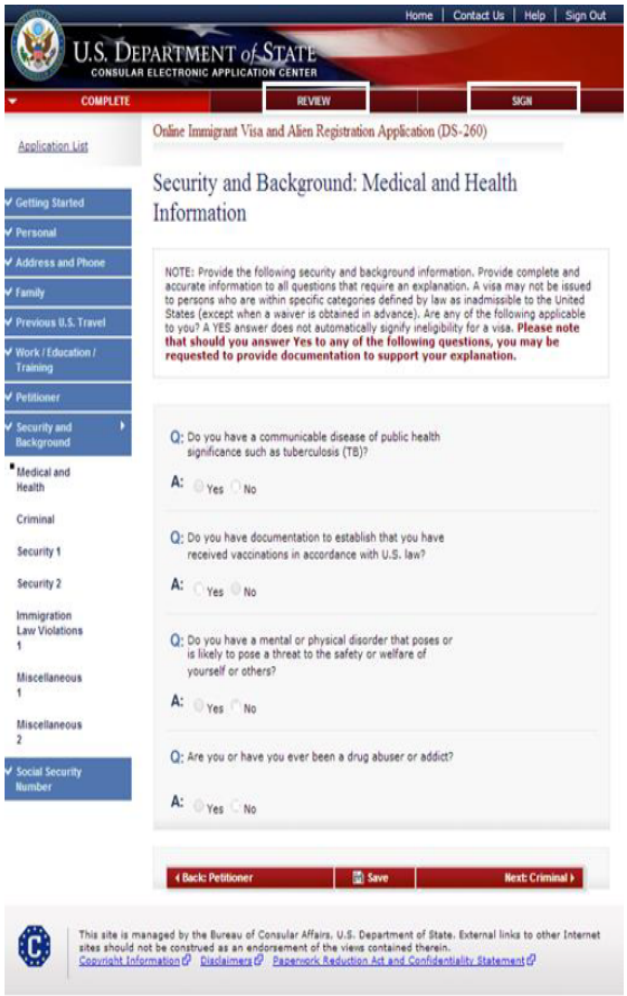
La sección "Security and Background" contiene 7 apartados diferentes con diversas preguntas. Por favor, revise cuidadosamente cada uno de los apartados y asegúrese de contestar las preguntas correctamente.



ATENCION

Una vez que haya finalizado todas las secciones del formulario, puede hacer click en el botón **"Review"** que se encuentra en la parte superior. Revise nuevamente toda la información y corrija si es necesario. Finalmente, haga click en **"Sign"** para firmar el formulario. De esta manera toda la información quedará registrada en nuestro sistema.