INSTRUCTIONS - DS-7656, AFFIDAVIT OF RELATIONSHIP (AOR)

NOTE: Read these instructions carefully. If you do not follow the instructions, the U.S. Department of State, or its designated representative, may return your AOR for clarification or correction. By completing this form you are claiming a relationship with family members overseas in order to assist the U.S. Government in determining whether those family members are qualified to apply for admission to the United States under the U.S. Refugee Admissions Program *(USRAP)*. The AOR itself is not an application on behalf of your family member for admission to the U.S. as a refugee under the USRAP or a petition for any immigration benefit under U.S. law. Completion of this AOR does not guarantee that your family members will be found qualified to apply for refugee admission or that they ultimately will be admitted to the United States. Additionally, the information listed in this AOR may be used and disclosed by the U.S. Department of State as described in the Privacy Act Statement on the AOR and in Part 9 of these instructions below.   The U.S. Government investigates claimed family relationships and verifies the validity of documents. Criminal prosecutions may be sought when family relationships are falsified to obtain immigration benefits.

1. Purpose of This Form

The DS-7656 provides a means for persons in the United States who were admitted as refugees or were granted asylum to claim a relationship with certain family members overseas and to assist the U.S. Department of State in determining whether those family members are qualified to apply for access to the USRAP for family reunification purposes. The specific family relationships and nationalities eligible for consideration under USRAP vary from year to year as outlined in the annual Presidential Report to Congress on Proposed Refugee Admissions. Resettlement agency representatives, who assist persons with this form, are knowledgeable about who may file an AOR in the current year. This form also assists the U.S. Department of Homeland Security's U.S. Citizenship and Immigration Services *(USCIS)* to verify family relationships during refugee case adjudication. The main purpose of the DS-7656 is for you (the Anchor Relative) to provide biographical information about relatives overseas who may subsequently seek access to the USRAP for verification by the U.S. Government. The information on this form may also be used by the U.S. Government to verify information provided by these individuals in relation to any other immigration benefit they may subsequently seek under U.S. law and other uses as described in the Privacy Act Statement on the AOR and in Part 9 of these instructions below.

2. Who May File This Affidavit?

You may file the DS-7656 if you are at least 18 years of age, have been admitted to the United States as a refugee or granted asylum in the United States no more than five years prior to the filing of this affidavit, and have a legal immigration status in the United States. This includes persons who were admitted as refugees or granted asylum and are now Lawful Permanent Residents (LPR), and in some circumstances, U.S. Citizens.

3. Who Is Qualified to Apply for Refugee Admission Based on this AOR?

Your spouse, and/or your unmarried child(ren) under 21 years of age, and/or your parents, may be qualified to apply for refugee admission to the United States under the USRAP. Please list them in Section II part A. of the AOR as the Qualifying Family Member.

Spouses and unmarried children under 21 years of age of Qualifying Family Members may be included on the Qualifying Family Member's refugee application and may be admitted as derivative beneficiaries with the Qualifying Family Member as a refugee if otherwise admissible to the United States. These individuals derive their refugee status from the Qualifying Family Member and do not have to independently establish a persecution claim. Please list them in Section II part B. of the AOR.

On a case-by-case basis, an individual may also be considered qualified to apply for admission in connection with a Qualifying Family Member if that individual:

1. lived in the same household as the Qualifying Family Member in the country of nationality or, if stateless, last habitual residence; AND,
2. was part of the same economic unit as the Qualifying Family Member in the country of nationality or, if stateless, last habitual residence; AND,
3. demonstrates exceptional and compelling humanitarian circumstances that justify his/her inclusion on the Qualifying Family Member's case.

These individuals cannot derive their refugee status from the Qualifying Family Member and therefore must independently establish that they qualify as a refugee. Please list them in Section II part C. of the AOR.

Please note:

- The relationship between you and the Qualifying Family Member must have existed on the date you were admitted to the United States as a refugee, or granted asylum in the United States, and must continue to exist.

- If a person who is listed on this form is a child who was conceived but not yet born on the date you were admitted to the United States as a refugee, or granted asylum in the United States, the relationship will be considered to exist as of the date you were admitted to the United States as a refugee, or granted asylum in the United States. The mother of any such child is not a Qualifying Family Member unless the mother was married to you when you were admitted to the United States as a refugee, or granted asylum in the United States.

 - The marriage creating a stepparent or stepchild relationship must have occurred before the child's 18th birthday in order for the stepparent or stepchild to be claimed in this AOR as a Qualifying Family Member.

- Adopted Children: In order to be claimed on this AOR as Qualifying Family Members in Section II part A or as a relative in Section II part B, adopted children must have been in the legal custody of and resided with the adopting parent or parents for at least two years and:
    (1) been legally adopted before their 16th birthday, or
    (2) be the natural sibling of a child described in (1) directly above and been adopted themselves before their 18th birthday.

- In all cases, in order for your children/stepchildren/adopted children to be considered Qualifying Family Members they must be unmarried and under 21 years of age when the AOR is filed and continue to be unmarried at the time of admission to the U.S. at the port of entry.

4. Where Do You File This Form?

The DS-7656 is prepared by you with assistance from a local resettlement agency participating in the Department of State's Refugee Reception and Placement Program, and submitted to the U.S. Department of State by the agency's national headquarters office. *AORs submitted directly to overseas processing entities (OPEs) or by you to the U.S. Government will NOT be accepted.*

5. What Additional Information Must Be Provided With the DS-7656?

You must attach copies of documents that provide proof of your current legal immigration status in the United States. *AORs submitted without such document(s) will NOT be accepted.*

Acceptable Proof of Legal Status:

a. **Refugees and Asylees:** Legible copy of both sides of your I-94, or a copy of your asylum grant letter, or immigration judge grant decision

b. **Permanent Residents:** Legible copy of both sides of I-551 or I-151 *(Permanent Resident Card - Green Card)*, or any temporary proof of permanent resident status issued by the Department of Homeland Security's USCIS *(or documents that were formerly issued by the Immigration and Naturalization Service.)*

c. **U.S. Citizens:** Legible copy of your U.S. Passport or Naturalization Certificate *(Note: it is now legal to make a copy of this document for immigration purposes.)*

If you are filing for an adopted child, please provide a copy of the adoption papers, if available.

6. What Additional Information May Need to be Provided to Establish a Family Relationship?

You and your Qualifying Family Member(s) (parents, spouse, unmarried children under age 21) may be required to provide a DNA sample at a later date to establish your relationship. By signing your name on the AOR, you are agreeing to provide the DNA sample if and when requested by an official of the U.S. Government, or its designated representatives. Further, by signing the AOR you are expressing your understanding that DNA testing could be requested between your Qualifying Family Member(s) and their derivative beneficiaries. Please note that if you or your claimed family members fail to submit DNA evidence upon request, your family members may be considered ineligible for refugee resettlement.

An officer of USCIS will make the final determination regarding whether a bona fide relationship exists between you and your relative(s) at the time of the interview for refugee status.

7. Who will Pay the Costs of DNA Testing?

You and/or your Qualifying Family Member(s) must pay all costs associated with DNA testing of both you and your Qualifying Family Member(s). In addition, you and/or your Qualifying Family Member(s) will be expected to pay the costs of any additional testing between your Qualifying Family Member(s) and their derivative beneficiaries. The U.S. Government will reimburse the cost of DNA testing if such tests confirm claimed biological relationships.

8. What Are the General Instructions for Completing the AOR?

The DS-7656 must be completed in English. Please complete using Cerenade fill program. Handwritten applications will be returned. If you need extra space to complete any item, attach a separate continuation sheet. Indicate the item number, date and sign each sheet.

Answer all questions fully and accurately. If you do not know the answer to a question, please write "Unknown". If questions asked do not apply to you, please state "N/A", meaning Not Applicable. However, for all persons, if the Date of Birth is not known, please provide an estimate and check the box; if the City/Country of Birth is not known, please provide the best guess and then explain in Section IV.

Please use the relationship codes provided at the end of this document to indicate relationships between persons, as requested on this form.

Please upload a passport style photo for each Qualifying Family Member listed in Section II. Frame the photo as a front view of the applicant's full face, from the top of the head to the shoulders with eyes open. Upload the photo in a .bmp or .tif format.

You are responsible for providing detailed information to the best of your knowledge. If you do not have all the information required, BUT you can obtain the information needed, please wait to complete the AOR until all of the information is received.

Ages and other dates: Always give exact dates of birth and of significant events, like marriage, if they are known. If you can give a best-estimated date, please provide the best-estimated date and check the appropriate box.

Each Section of the AOR must be fully completed. The address of your relatives overseas must be as complete as possible. Provide the name of the refugee camp if applicable. Provide a phone number if it is known.

If a family member is deceased or the present location of the family member is unknown, please indicate, and give the date of death or last contact in the "Current or Last Known City/Country" column.

Be sure to include all relatives requested by the AOR form anywhere in the world, living, deceased or missing, in Section III. Use Section IV Additions/Explanations to explain any non-biological relationships, including adoptive or foster relationships.

Names: Use a complete name each time a name is requested. Do not use initials. If the person has a patronymic, substitute the patronymic for the middle name. If the middle name of the person has only one letter, or if there is any different naming structure, this should be clarified in Section IV Additions/Explanations. If anyone uses an alias, provide that information in Section IV or on a supplemental sheet.

All Dates on the AOR: All dates must comply with the following format: DD MMM YYYY *(14 JAN 1965)*.

If there is insufficient space in any Section, please continue in Section IV or use supplemental sheets.

No agency representative or other USRAP processing partner may solicit or accept money or any other favor in order to prepare, file, or process the DS-7656.

9. What Are the Penalties for Committing Fraud?

Title 8, United States Code, Section 1325, states that any person who knowingly enters into a marriage contract for the purpose of evading any provision of the immigration laws shall be imprisoned for not more than five years, or fined not more than $250,000, or both.

Title 18, United States Code, Section 1001, states that whoever willfully and knowingly falsifies a material fact, makes a false statement or makes use of a false document will be fined up to $10,000 or imprisoned up to five years, or both.

If it is determined that a genuine relationship does not exist between you and the person(s) you are claiming as your relative(s), then processing of their admission to the United States as a refugee(s), and that of their family members, may be terminated.

10. What Is Our Authority for Collecting This Information and How May We Use It?

The U.S. Department of State requests the information on this form, including the agreement of the anchor relative to provide a DNA sample at a later date, to carry out the immigration laws contained in Title 8, United States Code, Section 1157. The U.S. Department of State requests this information to assist in determining whether a family member claimed on this form is qualified to apply for access to the U.S. Refugee Admissions Program *(USRAP)* for purposes of family reunification. The information you provide may also be disclosed to a) the U.S. Department of Homeland Security for purposes of determining whether your relatives are eligible for admission to the United States and for verifying information provided by the family members listed on this form in any application they may make for admission to the United States under the USRAP or for any other immigration benefit under U.S. law; b) Members of Congress or other Federal, State, and local government agencies having statutory or other lawful authority, as needed for the formulation, amendment, administration, or enforcement of immigration, nationality, and other laws of the United States; and, c) international organizations and resettlement agency partners that work with the USRAP to enable them to coordinate and manage refugee processing overseas and resettlement in the United States. You do not have to complete this form and provide the requested information; however, if you refuse to give some or all of it, your relative's access to the USRAP for refugee resettlement consideration may be denied.

11. Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of State, A/GIS/DIR, Washington, DC 20520. OMB No. XXXX-XXXX.

HOW TO FILL OUT THIS FORM

SECTION I: INFORMATION ABOUT YOU, THE ANCHOR

This section is for information about you. You must be at least 18 years of age to file an AOR.

a. Enter your **full name**.

b. Enter your **date of birth**: *DD MMM YYYY (day, month, year; 14 JAN 1965)*.

c. Enter your **sex:** M or F.

d. Enter your **marital status**: single (S), married (M), divorced (D), separated (P), widow/widower (W).

e. Enter the **name of your current spouse**.

f. Provide your **city and country of birth**.

g. Provide your **current U.S. address**.

h. Provide your **home telephone number, work telephone number and cellular phone number**.

i. Provide your **email address**.

j. Provide your **date of arrival in the United States:** *DD MMM YYYY (date, month, year; 14 JAN 1965)*

k. Provide your **current U.S. citizenship/immigration status** and provide your **Certificate of Naturalization Number** *(if applicable)* and your current/former **Alien Registration Number *(A#)*.**

l. If you arrived as a refugee, provide information about **where you were processed** as a refugee *(if applicable)*, your **overseas case number** *(if known)* and the **name of the agency** that processed your case overseas *(if known)*. If not known, please write "unknown".

SECTION II: INFORMATION ABOUT QUALIFYING FAMILY MEMBERS SEEKING ACCESS TO THE USRAP

This section is for the Qualifying Family Members you are claiming a relationship with to support their access to the USRAP so they may apply for admission to the United States as a refugee. Other relatives should be listed in Section III.

Please use a separate page for each Qualifying Family Member you are claiming. List the Qualifying Family Member's dependents and any members of household/economic unit on that page. You may use as many pages as necessary to include each Qualifying Family Member you are claiming.. Please use the List of Relationship Codes to indicate the requested relationships in the "Relationship to Anchor" and "Relationship to Qualifying Family Member Listed Above" columns.

Line 1: Please provide the requested information only for a spouse, parent, or unmarried child under age 21. If the Date of Birth is not known, please estimate and check the box; if the City/Country of Birth is not known, please provide the best guess and then explain in Section IV. If the answer to other questions is not known, please write "unknown." If a question is not applicable, please write N/A.

Please provide the contact information for the person listed on Line 1 where requested.

Line 2-20: Please list from oldest to youngest, the spouse and/or unmarried children under age 21 of the qualifying family member named on line 1 who wish to be considered for resettlement at this time. Please enter "B" in the box under "Type" to specify that this person is a derivative of the qualifying family member. If applicable, please also include individuals who were part of the same household/economic unit of the qualifying family member named on Line 1, and explain the exceptional and compelling circumstances justifying the inclusion in the AOR in the Comments box. For these individuals, enter "C" in the box under "Type" to specify that this person is a member of the same economic unit as the qualifying family member named on line 1. If the Date of Birth is not known, please estimate and check the box; if the City/County of Birth is not known, please provide the best guess and then explain in Section IV.

SECTION III: INFORMATION ABOUT ALL OF YOUR RELATIVES *NOT* PREVIOUSLY PROVIDED IN SECTION II

This section is for all your relatives anywhere in the world, whether living, deceased or missing, that were **NOT** previously listed in Section II. Please remember that these relatives are not being considered for access to the USRAP.

Please use the **List of Relationship Codes** to indicate the requested relationships in the "Relationship to Anchor" columns.

(A) Please provide information about your biological parents that was *NOT* previously provided in Section II.

(B) Please provide information about **all** your adopted parents, stepparents, or foster parents that was *NOT* previously provided in Section II

(C) Please provide information about your spouse and **all** previous spouses that was *NOT* previously provided in Section II.

(D) Please provide information about **all** your children (including biological, adopted, step and foster children) from oldest to youngest that was *NOT* previously provided in Section II.

(E) Please provide information about **all** your brothers and sisters (including biological, adopted, step and foster brothers and sisters) from oldest to youngest that was *NOT* previously provided in Section II.

SECTION IV: ADDITIONS/EXPLANATIONS

Please use this section to elaborate on any extended or non-traditional relationships that may require further explanation *(including adopted, half, and step relatives)*, any unusual name patterns, **any aliases**, or any unusual circumstances that you wish to address. Please also use this section as a continuation page for any other sections that had insufficient space.

SECTION V: SIGNATURES

Please read the certification and then sign your name, print your name, and fill in the date. You will be asked to provide valid identification to the resettlement agency representative who assisted you to fill out this form. The resettlement agency representative will then sign the form, print his/her name, date the form, and provide the affiliate name, address and telephone number.

By Submitting this Affidavit of Relationship I understand that I and Qualifying Family Members (parents, spouse, unmarried children under age 21) may be requested to submit DNA evidence at such time as it may be requested. I further understand that DNA testing could be suggested between my Qualifying Family Member(s) and their derivative beneficiaries. I also understand that my family members may not be considered qualified to apply for refugee resettlement if I, or they, fail to submit DNA evidence upon request.

LIST OF RELATIONSHIP CODES

CODE	RELATIONSHIP	CODE	RELATIONSHIP
AB	ADOPTED BROTHER	GN	GREAT GRANDSON
AD	ADOPTED DAUGHTER	GU	GUARDIAN
AF	ADOPTED FATHER	HB	HALF BROTHER
AM	ADOPTED MOTHER	HS	HALF SISTER
AR	ADOPTED SISTER	HU	HUSBAND
AS	ADOPTED SON	MC	COUSIN (MALE)
AU	AUNT	MR	RELATIVE BY MARRIAGE
BH	HUSBAND'S BROTHER	MW	MINOR WIFE
BR	BROTHER (BIOLOGICAL)	MO	MOTHER (BIOLOGICAL)
DA	DAUGHTER (BIOLOGICAL)	MI	MOTHER-IN-LAW
DI	DAUGHTER-IN-LAW	NE	NEPHEW
DR	DISTANT RELATIVE	NI	NIECE
EH	EX-HUSBAND	NF	UNION WITH FEMALE
EW	EX-WIFE	NM	UNION WITH MALE
FA	FATHER (BIOLOGICAL)	SI	SISTER (BIOLOGICAL)
FI	FATHER-IN-LAW	SO	SON (BIOLOGICAL)
FC	COUSIN (FEMALE)	SL	SON-IN-LAW
FN	FIANCE(E)	SB	STEP BROTHER
FB	FOSTER BROTHER	SD	STEP DAUGHTER
FD	FOSTER DAUGHTER	SF	STEP FATHER
FF	FOSTER FATHER	SM	STEP MOTHER
FM	FOSTER MOTHER	SS	STEP SISTER
FT	FOSTER SISTER	SN	STEP SON
FS	FOSTER SON	UK	UNKNOWN RELATIONSHIP
FR	FRIEND	UM	UNACCOMPANIED MINOR
GD	GRANDDAUGHTER	UN	UNCLE
GF	GRANDFATHER	UR	UNRELATED
GM	GRANDMOTHER	US	HUSBAND'S SISTER
GS	GRANDSON	WB	WIFE'S BROTHER
GR	GREAT GRANDDAUGHTER	WI	WIFE
GH	GREAT GRANDFATHER	WS	WIFE'S SISTER
GG	GREAT GRANDMOTHER		

U.S. Department of State
AFFIDAVIT OF RELATIONSHIP

Date Filed *(dd mmm yyyy)*	Case File ID Number *(Alien Number)*	Name of National Resettlement Agency	Affiliate ID Number

IMPORTANT NOTICE: *By completing this form you are claiming a relationship with family members overseas in order to assist the U.S. Government in determining whether those family members are qualified to apply for admission to the United States under the U.S. Refugee Admissions Program. The AOR itself is not an application on behalf of your family members for admission to the U.S. as a refugee under the U.S. Refugee Admissions Program or a petition for any immigration benefit under U.S. law. Completion of this AOR does not guarantee that your family members will be found qualified to apply for refugee admission or that they ultimately will be admitted to the United States. Additionally, the information listed in this AOR may be used and disclosed by the U.S. Department of State as described in the Privacy Act statement below. The U.S. Government investigates claimed family relationships and verifies the validity of documents. Criminal prosecutions may be sought when family relationships are falsified to obtain immigration benefits.*

SECTION I: INFORMATION ABOUT YOU, THE ANCHOR

(a) Your Name *(Last, First, Middle)*

(b) Your Date of Birth *(dd mmm yyyy)*

(c) Sex
☐ Male ☐ Female

(d) Current Marital Status
☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widow*(er)*

(e) Current Spouse

(f) Your City/Country of Birth

(g) Current U.S. Address

Street _____ City _____ State ____ ZIP _____

(h) Phone Number

Home _____ Work _____ Cellular _____

(i) Email Address

(j) Your Date of Arrival in the U.S. *(dd mmm yyyy)*

(k) Your Current U.S. Immigration Status *(Check One)*

☐ U.S. Citizen - Certificate Number:_____

☐ Permanent Resident

☐ Asylee

☐ Refugee

☐ Other *(Please explain)* _____

(l) If you arrived as a refugee, please complete the following:

Your Country of Processing _____

Your Overseas Case Number, if known _____

Agency that processed your case overseas, if known _____

Anchor Name *(Last, First, Middle)*	Case File ID Number	Date of Birth *(dd mmm yyyy)*

SECTION II: INFORMATION ABOUT QUALIFYING FAMILY MEMBERS SEEKING ACCESS TO THE USRAP

A. You may claim only parents, spouse, and unmarried children under age 21 as a Qualifying Family Member

	Name Last / First / Middle			Sex	Date of Birth *(dd mmm yyyy)* If estimated, check box	City/Country of Birth	Nationality	Marital Status	Date/Place of Current Marriage *(dd mmm yyyy)*	Date/Place of Termination of Previous Marriage *(dd mmm yyyy)*	Relationship to Anchor	Upload Photo
1					☐							

MAILING ADDRESS OF THE QUALIFYING FAMILY MEMBER LISTED ABOVE

Street Address	City	State/Province	Postal Code	Country

Telephone Number	Cellular Phone Number	Email Address

ALTERNATE CONTACT ADDRESS OF THE QUALIFYING FAMILY MEMBER LISTED ABOVE

Street Address	City	State/Province	Postal Code	Country

Telephone Number	Cellular Phone Number	Email Address

For each entry, choose **B. Derivative of Qualifying Family Member in Section II A of this page**   OR   **C. Members of the Same Economic Unit**

Type		Name Last / First / Middle			Sex	Date of Birth *(dd mmm yyyy)* If estimated, check box	City/Country of Birth	Nationality	Marital Status	Relationship to Anchor	Relationship to Qualifying Family Member Listed Above	Upload Photo
	2					☐						
	3					☐						
	4					☐						
	5					☐						
	6					☐						
	7					☐						
	8					☐						
	9					☐						
	10					☐						
	11					☐						
	12					☐						
	13					☐						
	14					☐						
	15					☐						
	16					☐						
	17					☐						
	18					☐						
	19					☐						
	20					☐						

Comments

ADD ADDITIONAL PAGES AS NEEDED FOR EACH ADDITIONAL QUALIFYING FAMILY MEMBER YOU ARE CLAIMING.

Anchor Name *(Last, First, Middle)*	Case File ID Number	Date of Birth *(dd mmm yyyy)*

SECTION II A: INFORMATION ABOUT QUALIFYING FAMILY MEMBERS SEEKING ACCESS TO THE USRAP

A. You may claim only parents, spouse, and unmarried children under age 21 as a Qualifying Family Member

	Name — Last, First, Middle	Sex	Date of Birth *(dd mmm yyyy)* If estimated, check box	City/Country of Birth	Nationality	Marital Status	Date/Place of Current Marriage *(dd mmm yyyy)*	Date/Place of Termination of Previous Marriage *(dd mmm yyyy)*	Relationship to Anchor	Upload Photo
1			☐							

MAILING ADDRESS OF THE QUALIFYING FAMILY MEMBER LISTED ABOVE

Street Address	City	State/Province	Postal Code	Country

Telephone Number	Cellular Phone Number	Email Address

ALTERNATE CONTACT ADDRESS OF THE QUALIFYING FAMILY MEMBER LISTED ABOVE

Street Address	City	State/Province	Postal Code	Country

Telephone Number	Cellular Phone Number	Email Address

For each entry, choose **B. Derivative of Qualifying Family Member in Section II A of this page**   OR   **C. Members of the Same Economic Unit**

Type		Name — Last, First, Middle	Sex	Date of Birth *(dd mmm yyyy)* If estimated, check box	City/Country of Birth	Nationality	Marital Status	Relationship to Anchor	Relationship to Qualifying Family Member Listed Above	Upload Photo
	2			☐						
	3			☐						
	4			☐						
	5			☐						
	6			☐						
	7			☐						
	8			☐						
	9			☐						
	10			☐						
	11			☐						
	12			☐						
	13			☐						
	14			☐						
	15			☐						
	16			☐						
	17			☐						
	18			☐						
	19			☐						
	20			☐						

Comments

ADD ADDITIONAL PAGES AS NEEDED FOR EACH ADDITIONAL QUALIFYING FAMILY MEMBER YOU ARE CLAIMING.

Anchor Name *(Last, First, Middle)*	Case File ID Number	Date of Birth *(dd mmm yyyy)*

SECTION II B: INFORMATION ABOUT QUALIFYING FAMILY MEMBERS SEEKING ACCESS TO THE USRAP

A. You may claim only parents, spouse, and unmarried children under age 21 as a Qualifying Family Member

	Name			Sex	Date of Birth *(dd mmm yyyy)* If estimated, check box	City/Country of Birth	Nationality	Marital Status	Date/Place of Current Marriage *(dd mmm yyyy)*	Date/Place of Termination of Previous Marriage *(dd mmm yyyy)*	Relationship to Anchor	Upload Photo
	Last	*First*	*Middle*									
1					☐							

MAILING ADDRESS OF THE QUALIFYING FAMILY MEMBER LISTED ABOVE

Street Address	City	State/Province	Postal Code	Country

Telephone Number	Cellular Phone Number	Email Address

ALTERNATE CONTACT ADDRESS OF THE QUALIFYING FAMILY MEMBER LISTED ABOVE

Street Address	City	State/Province	Postal Code	Country

Telephone Number	Cellular Phone Number	Email Address

For each entry, choose **B. Derivative of Qualifying Family Member in Section II A of this page** OR **C. Members of the Same Economic Unit**

Type		Name			Sex	Date of Birth *(dd mmm yyyy)* If estimated, check box	City/Country of Birth	Nationality	Marital Status	Relationship to Anchor	Relationship to Qualifying Family Member Listed Above	Upload Photo
		Last	*First*	*Middle*								
	2					☐						
	3					☐						
	4					☐						
	5					☐						
	6					☐						
	7					☐						
	8					☐						
	9					☐						
	10					☐						
	11					☐						
	12					☐						
	13					☐						
	14					☐						
	15					☐						
	16					☐						
	17					☐						
	18					☐						
	19					☐						
	20					☐						

Comments

ADD ADDITIONAL PAGES AS NEEDED FOR EACH ADDITIONAL QUALIFYING FAMILY MEMBER YOU ARE CLAIMING.

Anchor Name *(Last, First, Middle)*	Case File ID Number	Date of Birth *(dd mmm yyyy)*

SECTION II C: INFORMATION ABOUT QUALIFYING FAMILY MEMBERS SEEKING ACCESS TO THE USRAP

A. You may claim only parents, spouse, and unmarried children under age 21 as a Qualifying Family Member

	Name			Sex	Date of Birth *(dd mmm yyyy)* If estimated, check box	City/Country of Birth	Nationality	Marital Status	Date/Place of Current Marriage *(dd mmm yyyy)*	Date/Place of Termination of Previous Marriage *(dd mmm yyyy)*	Relationship to Anchor	Upload Photo
	Last	*First*	*Middle*									
1					☐							

MAILING ADDRESS OF THE QUALIFYING FAMILY MEMBER LISTED ABOVE

Street Address	City	State/Province	Postal Code	Country

Telephone Number	Cellular Phone Number	Email Address

ALTERNATE CONTACT ADDRESS OF THE QUALIFYING FAMILY MEMBER LISTED ABOVE

Street Address	City	State/Province	Postal Code	Country

Telephone Number	Cellular Phone Number	Email Address

For each entry, choose **B. Derivative of Qualifying Family Member in Section II A of this page**   OR   **C. Members of the Same Economic Unit**

Type		Name			Sex	Date of Birth *(dd mmm yyyy)* If estimated, check box	City/Country of Birth	Nationality	Marital Status	Relationship to Anchor	Relationship to Qualifying Family Member Listed Above	Upload Photo
		Last	*First*	*Middle*								
	2					☐						
	3					☐						
	4					☐						
	5					☐						
	6					☐						
	7					☐						
	8					☐						
	9					☐						
	10					☐						
	11					☐						
	12					☐						
	13					☐						
	14					☐						
	15					☐						
	16					☐						
	17					☐						
	18					☐						
	19					☐						
	20					☐						

Comments

ADD ADDITIONAL PAGES AS NEEDED FOR EACH ADDITIONAL QUALIFYING FAMILY MEMBER YOU ARE CLAIMING.

Anchor Name *(Last, First, Middle)*	Case File ID Number	Date of Birth *(dd mmm yyyy)*

SECTION III: INFORMATION ABOUT ALL OF YOUR RELATIVE(S) *NOT* PREVIOUSLY PROVIDED IN SECTION II

In this section please provide information about your parents; adopted parents/stepparents/foster parents; current and former spouses; children (including biological, adopted, step and foster children); and, brothers and sisters (including biological, adopted, step and foster brothers and sisters) if you have NOT previously provided this information under Section II. Please list whether living (L), deceased (D), or unknown (U). If the relative is deceased, please indicate the date of death in the Current or Last Known City/Country column.

(A) PARENTS

	Name Last First Middle	Date of Birth *(dd mmm yyyy)* If estimated, check box	City/Country of Birth	Marital Status	Place of Marriage	Date of Marriage *(dd mmm yyyy)* If estimated, check box	Date of Marriage Termination *(dd mmm yyyy)* If estimated, check box	Current or Last Known City/Country	L, D, U
Father		☐				☐	☐		
Mother		☐				☐	☐		

(B) ADOPTED PARENTS/STEPPARENTS/FOSTER PARENTS

	Name Last First Middle	Date of Birth *(dd mmm yyyy)* If estimated, check box	City/Country of Birth	Marital Status	Place of Marriage	Date of Marriage *(dd mmm yyyy)* If estimated, check box	Date of Marriage Termination *(dd mmm yyyy)* If estimated, check box	Current or Last Known City/Country	L, D, U	Relationship to Anchor
1		☐				☐	☐			
2		☐				☐	☐			
3		☐				☐	☐			
4		☐				☐	☐			
5		☐				☐	☐			
6		☐				☐	☐			
7		☐				☐	☐			
8		☐				☐	☐			

(C) SPOUSES (CURRENT AND FORMER)

	Name Last First Middle	Date of Birth *(dd mmm yyyy)* If estimated, check box	City/Country of Birth	Status *(Select One)*	Place of Marriage	Date of Marriage *(dd mmm yyyy)* If estimated, check box	Date of Marriage Termination *(dd mmm yyyy)* If estimated, check box	Current or Last Known City/Country	L, D, U
1		☐				☐	☐		
2		☐				☐	☐		
3		☐				☐	☐		
4		☐				☐	☐		
5		☐				☐	☐		
6		☐				☐	☐		

Anchor Name *(Last, First, Middle)*	Case File ID Number	Date of Birth *(dd mmm yyyy)*

SECTION III: INFORMATION ABOUT ALL OF YOUR RELATIVES *NOT* PREVIOUSLY PROVIDED IN SECTION II *(Continued)*

In this section please provide information for your parents and stepparents; current and former spouses; children; and, brothers and sisters if you have not previously provided this information under Section II. Please list whether living (L), deceased (D), or unknown (U). If the relative is deceased, please indicate the date of death in the Current or Last Known City/Country column.
For children and brothers/sisters, please list from oldest to youngest.

(D) CHILDREN *(Biological, Adopted, Step and Foster Children) (PLEASE LIST OLDEST TO YOUNGEST)*

	Name Last	Name First	Name Middle	Sex	Date of Birth *(dd mmm yyyy)* If estimated, check box	City/Country of Birth	Marital Status	Current or Last Known City/Country	L, D, U	Relationship to Anchor
1					☐					
2					☐					
3					☐					
4					☐					
5					☐					
6					☐					
7					☐					
8					☐					
9					☐					
10					☐					
11					☐					
12					☐					
13					☐					
14					☐					
15					☐					

(E) BROTHERS AND SISTERS *(Biological, Adopted, Step and Foster Brothers/Sisters) (PLEASE LIST OLDEST TO YOUNGEST)*

	Name Last	Name First	Name Middle	Sex	Date of Birth *(dd mmm yyyy)* If estimated, check box	City/Country of Birth	Marital Status	Current or Last Known City/Country	L, D, U	Relationship to Anchor
1					☐					
2					☐					
3					☐					
4					☐					
5					☐					
6					☐					
7					☐					
8					☐					
9					☐					
10					☐					
11					☐					
12					☐					
13					☐					
14					☐					
15					☐					

Anchor Name *(Last, First, Middle)*	Case File ID Number	Date of Birth *(dd mmm yyyy)*

SECTION IV: ADDITIONS/EXPLANATIONS

Identify for which section, number and name the information is being provided.

SECTION V: SIGNATURES

I certify, under penalty of perjury under the laws of the United States of America, that all of the foregoing information given in this affidavit is true and correct. I understand that the information listed in this AOR may be used by the U.S. Department of State or the U.S. Department of Homeland Security in the manner described in the Privacy Act statement.

By submitting this Affidavit of Relationship I understand that I and Qualifying Family Members (parents, spouse, unmarried children under age 21) may be requested to submit DNA evidence to verify our claimed family relationships. I agree that I will submit DNA evidence at such time as it may be requested, and I agree to pay all necessary fees associated with that expense and the expenses associated with the submittal of DNA evidence by any of the Qualifying Family Members I am claiming on this form. I further understand that DNA testing could be requested between my Qualifying Family Member(s) and their derivative beneficiaries at no expense to the U.S. Government. I also understand that my family members may not be considered qualified to apply for refugee resettlement if I, or they, fail to submit DNA evidence upon request.

Your Signature	Print Name	Date *(dd mmm yyyy)*

NAME AND SIGNATURE OF PERSON WHO ASSISTED IN PREPARING THIS FORM

I affirm that I assisted the anchor listed above in completing this form and that the anchor listed above provided valid identification issued by a U.S. federal or state agency.

Signature	Print Full Name	Date *(dd mmm yyyy)*

Affiliate Name and Address	Phone Number

Anchor Name *(Last, First, Middle)*	Case File ID Number	Date of Birth *(dd mmm yyyy)*

IMAGES - Section II

QUALIFYING FAMILY MEMBER			
Name	Name	Name	Name
DOB Rel To Anch	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM
Name	Name	Name	Name
DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM
Name	Name	Name	Name
DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM
Name	Name	Name	Name
DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM
Name	Name	Name	Name
DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM

DS-7656

Anchor Name *(Last, First, Middle)*	Case File ID Number	Date of Birth *(dd mmm yyyy)*

IMAGES - Section II A

QUALIFYING FAMILY MEMBER			
Name	Name	Name	Name
DOB Rel To Anch	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM
Name	Name	Name	Name
DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM
Name	Name	Name	Name
DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM
Name	Name	Name	Name
DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM
Name	Name	Name	Name
DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM

DS-7656

Anchor Name *(Last, First, Middle)*	Case File ID Number	Date of Birth *(dd mmm yyyy)*

IMAGES - Section II B

QUALIFYING FAMILY MEMBER			
Name	Name	Name	Name
DOB Rel To Anch	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM
Name	Name	Name	Name
DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM
Name	Name	Name	Name
DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM
Name	Name	Name	Name
DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM
Name	Name	Name	Name
DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM

DS-7656

IMAGES - Section II C

QUALIFYING FAMILY MEMBER			
Name	Name	Name	Name
DOB Rel To Anch	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM
Name	Name	Name	Name
DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM
Name	Name	Name	Name
DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM
Name	Name	Name	Name
DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM
Name	Name	Name	Name
DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM	DOB Rel To QFM

Photo Page 4 of 4

DS-7656