

U.S. Department of State Bureau of Population, Refugees and Migration SPECIAL IMMIGRANT VISA BIODATA FORM

Special immigrant visa applicants who q must complete this form for each family Center at NVCSIV@state.gov.	ualify for and request resettlement assist member and submit it via email as a sca	ance from th nned attachr	e Department of State nent to the National Visa	
A. CASE INFORMATION (To be completed by NVC)				
NVC Case Number	Assigned Post	Post POC Information		
B. CASE MEMBER				
1. Case Size (Yourself plus family members traveling with you)	2. Are you the principal applicant <i>(PA)</i> ?	3. If not, what is your relationship to the PA? (Husband, wife, son, daughter)		
4. Name as it Appears on your Passport (Last, First, Middle)			5. Sex	
6. Marital Status	7. Date of Birth (mm-dd-yyyy)	8. Place of Birth (City, Country)		
9. Nationality	10. Ethnicity	11. Religion		
12. Physical Address				
13. Phone Number(s)				
14. E-mail				
15. Last Occupation/Skill				
16. Education Level/Field of Study				
17. Native Language				
18. Other Language(s)				
19. English Speaking Ability <i>(Good,</i> Some, None)	20. Health Issues (Condition, Treatment	, Pregnancy	, Urgency, Comments)	

C. CROSS REFERENCE				
21. Do you have other immediate family members being processed on their own special immigrant visas?				
22. If yes, do you wish to be resettled in the same city in the United States? If yes, please provide family member's name, relationship to you and special immigrant visa case number.				
D. U.S. TIES				
23. Do you have family members or friends already residing in the United States? If yes, please provide family information below. It may be possible to be resettled near them.				
24. U.S. Relative's Name (Last, First, Middle)		25. Birth Date (mm-dd-yyyy) (If known)		
26. Address		. Phone Number		
28. Relationship to You	29. E-mail Address	mail Address		
E. COMMENTS	I			
CONFIDENTIALITY STATEMENT AND PAPERWORK REL	DUCTION ACT STAT	FMENT		
CONFIDENTIALITY STATEMENT AND PAPERWORK REDUCTION ACT STATEMENT				
The information asked for on this form is requested in accordance with Section 222(f) of the Immigration and Nationality Act, and is considered confidential. The information provided herein shall only be shared with State Department personnel, officers of other federal agencies including the Department of Health and Human Services and the Department of Homeland Security, and resettlement agency employees on a need to know basis. The U.S. Department of State uses the facts you provide on this form to facilitate the provision of Resettlement and Placement benefits and to assist in determining the location in the United States in which you will be resettled.				
Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: DOS/PRM, Office of Admissions, 2025 E Street, NW Washington, DC 20522-0908.				
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