

INSTRUCTIONS - DS-7699, AFFIDAVIT OF RELATIONSHIP (AOR) FOR MINORS WHO ARE NATIONALS OF EL SALVADOR, GUATEMALA, AND HONDURAS

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 a child/children abroad in order to assist the U.S. Government in determining whether that child/those children should be granted access to the United States under the U.S. Refugee Admissions Program (USRAP). The AOR itself is not an application on behalf of your child(ren) 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 child(ren) will be found qualified to apply for refugee admission or that they ultimately will be admitted to the United States. Additionally, 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 10 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-7699 provides a means for certain persons in the United States to claim a relationship with a child(ren) in Honduras, El Salvador, and Guatemala and to assist the U.S. Department of State in determining whether that child/those children should be granted access to the USRAP for family reunification purposes. Resettlement agency representatives, who assist persons with this form, are knowledgeable about who may file this form. This form also assists the U.S. Department of Homeland Security's U.S. Citizenship and Immigration Services (USCIS) to verify parent-child relationships during refugee case adjudication. The main purpose of the DS-7699 is for you (the Qualifying Parent) to provide biographical information about children overseas who may subsequently seek access to the USRAP for verification by the U.S. Government.

2. Who May File This Affidavit?

You may file the DS-7699 if you are at least 18 years of age and are in the United States in one of the following categories:

- a. Permanent Resident Status
- b. Temporary Protected Status Grantee
- c. Parolee
- d. Deferred Action for Childhood Arrivals (DACA) Recipient
- e. Deferred Action (non-DACA) Recipient
- f. Deferred Enforced Departure Recipient
- g. Withholding of Removal Grantee

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

Type A: Your unmarried child(ren) 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) who are nationals of El Salvador, Guatemala, or Honduras and currently residing in their country of nationality 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 Child.

Type B: Unmarried children under 21 years of age of the Qualifying Child may be included on the Qualifying Child's refugee application and may be admitted as derivative beneficiaries with the Qualifying Child as a refugee if otherwise admissible to the United States. These individuals would derive their refugee status from the Qualifying Child and do not have to independently establish a persecution claim. Please list them in Section II of the AOR as type B relatives.

Type C: On a case-by-case basis, the legal parent of a Qualifying Child may also be considered qualified to apply for admission in connection with a Qualifying Child if that individual:

1. lives in the same household as the Qualifying Child in the country of nationality;
- AND,
2. is part of the same economic unit as the Qualifying Child in the country of nationality;
- AND,
3. maintains a documented marriage to you (the Qualifying Parent), the filer of this form.

Please list them in Section II of the AOR as Type C relatives.

A biological parent cannot derive his/her refugee status from the Qualifying Child and therefore must independently establish that he/she qualifies as a refugee. If the legal parent has an unmarried child(ren) under 21 who is not your child and has not been legally adopted by you, you may also add them in Section II as a Type C relative.

Please note:

- The relationship between you and the parent of the Qualifying Child must have existed on the date you qualified under one of the aforementioned categories in the United States.
- Adopted Children: In order to be claimed on this AOR as Qualifying Child or as a type B relative in Section II, adopted children must have been in the legal custody of and resided with the adopting parent or parents for at least two years and been legally adopted before their 16th birthday.
- In all cases, in order for your children to be considered Qualifying Children, 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-7699 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 Resettlement Support Centers (RSCs) or by you to the U.S. Government will NOT be accepted.

5. What Additional Information Must Be Provided With the DS-7699?

You must attach a copy of the applicable document that provides proof of your eligibility. AORs submitted without such document(s) will NOT be accepted.

Acceptable Proof of Eligibility:

- a. Lawful Permanent Resident (LPR): Legible copy of both sides of Permanent Resident Card or any temporary proof of permanent residence status issued by the Department of Homeland Security's USCIS; copy of a 551 stamp in a passport; or legible copy of an Executive Office for Immigration Review (EOIR) order granting lawful permanent residence.
- b. Temporary Protected Status (TPS): I-797 Approval Notice for Form I-821; Employment Authorization Document (EAD) based on category (a)(12) or (c)(19) Temporary Protected Status; an EOIR order granting TPS; or an I-94 Arrival Departure Record noting TPS.
- c. Parole: Copy of I-94 Arrival/Departure Record noting that parole has been authorized for at least one year; or an EAD based on category (a)(4) or (c)(11).
- d. DACA: I-797 Approval Notice for Form I-821D Consideration for Deferred Action for Childhood Arrivals; or an EAD with category (c)(33) Deferred Action for Childhood Arrivals.
- e. Deferred Action (non-DACA): Order, notice or document (from ICE or USCIS) reflecting the exercise of deferred action (such as an I-797); or an EAD based on category (c)(14) Deferred Action.
- f. Deferred Enforced Departure: EAD based on category (a)(11) Deferred Enforced Departure (Extended Voluntary Departure) or other evidence that they were covered by the Executive Order establishing DED. NOTE: Currently only Liberia is covered by DED.
- g. Withholding of Removal: Copy of the EOIR order granting Withholding of Removal; or EAD based on category (a)(10) Withholding of Removal.

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

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

If you claimed a biological relationship, you and your biological children listed in Section II of the AOR will be required to provide a DNA sample at a later date to establish your biological relationship. By signing your name on the AOR, you are agreeing to provide the DNA sample 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 Children and their derivative beneficiaries. Please note that if you or your claimed family members fail to submit DNA evidence upon request, your family members' access to the USRAP may be terminated. 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 must pay all costs associated with DNA testing of both you and your biologically Qualifying Children, if you claimed a biological relationship. In addition, you will be expected to pay the costs of any additional testing between your biologically Qualifying Child(ren) and their derivative beneficiaries if requested. The U.S. Government will reimburse the cost of DNA testing if such tests confirm all claimed biological relationships, provided you fall into one of the categories listed in the point above (2. Who May File This Affidavit?).

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

The DS-7699 must be completed in English. The Resettlement Agency is instructed to complete this form using the 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, and date and sign each sheet.

Each section of the AOR must be fully completed. 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". You are responsible for providing detailed information to the best of your knowledge. If you do 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. If there is insufficient space in any section, please continue in Section IV or use supplemental sheets.

Contact information: The address of your child(ren) overseas abroad must be as complete as possible. Provide contact information for the child's guardian and other parent (if not the guardian). If the child's guardian is not their parent, please provide an explanation in the Comments of Section II.

Photo: Please upload a passport style photo for each Qualifying Child 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 .bmp or .tif format.

Names: Use a complete name each time a name is requested. Do not use initials. If the person has a patronymic, substitute the 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. If anyone uses an alias, provide that information in Section IV or on a supplemental sheet.

Ages and dates: Always give exact dates of birth and of significant events, like marriage, if they are known. If you can give best-estimated date please provide the best-estimated date and check the appropriate box. For all persons, where 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. All dates must comply with the following format: DD MMM YYYY (14 JAN 1965).

Relatives: Be sure to include all relatives not requested by the AOR form anywhere in the world, whether living, deceased or missing, in Section III. Use Section IV to explain any non-biological relationships, including adoptive or foster relationships. 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. Please use the relationship codes provided at the end of this document to indicate relationships between persons, as requested on this form.

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-7699.

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 child(ren), then their access to the USRAP, and that of their family members, may be terminated.

Misrepresenting your relationship to an individual(s) so that such individual(s) may gain access to the refugee program could make you inadmissible to the United States, make you ineligible for certain immigration benefits, and/or render you subject to removal.

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 Qualifying Parent 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 (including biological relatives) 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 child(ren)'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 60 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, PRM/A, 2025 E Street, NW Washington DC, 20520. OMB No. 1405-0206.

HOW TO FILL OUT THIS FORM

SECTION I: INFORMATION ABOUT YOU, THE QUALIFYING PARENT

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 **e-mail address**.
- j. Provide your **date of arrival in the United States**: *dd mmm yyyy* (day, month, year; 14 JAN 1965)
- k. Indicate your **current status** in the U.S. using the drop down box.
- l. Provide the **date your current status was granted**: *dd mmm yyyy* (day, month, year; 14 JAN 1965)
- m. Your **nationality**.

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

This section is for the Qualifying Child(ren) 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 Child you are claiming. List any unmarried children of the Qualifying Child and any members of his or her household/economic unit on that page. You may use as many pages as necessary to include each Qualifying Child you are claiming. Please use the List of Relationship Codes to indicate the requested relationships in the "Relationship to Child" and "Relationship to Qualifying Child Listed Above" columns.

Line 1: Please provide the requested information only for an 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 and contact information for a guardian. If the guardian is not the other parent, provide other parent's contact information in the space provided.

Line 2-10: Please list from oldest to youngest, unmarried children under age 21 of the Qualifying Child 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 Child. If applicable, please also include the parent of the Qualifying Child named on Line 1, and his/her biological or legally adopted child who is not also the child of the Qualifying Parent and who meet the requirements listed in the instructions under number 3 on page 1. For these individuals, enter "C" in the box under "Type." 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 Qualifying Parent" columns.

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

(B) 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.

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 my biologically Qualifying Children may be requested to submit DNA evidence. I further understand that DNA testing could be suggested between my biologically Qualifying Child and his/her family member(s) and their derivative beneficiaries. I also understand that access to the USRAP for my family members may be terminated if I, or they, fail to submit DNA evidence upon request.

LIST OF RELATIONSHIP CODES

CODE	RELATIONSHIP	CODE	RELATIONSHIP
AB	ADOPTIVE BROTHER	GN	GREAT GRANDSON
AD	ADOPTED DAUGHTER	GU	GUARDIAN
AF	ADOPTIVE FATHER	HB	HALF BROTHER
AM	ADOPTIVE MOTHER	HS	HALF SISTER
AR	ADOPTIVE 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		



AFFIDAVIT OF RELATIONSHIP FOR MINORS WHO ARE NATIONALS OF EL SALVADOR, GUATEMALA, AND HONDURAS

Date Completed (dd mmm yyyy)	Case File ID Number (Alien Number)	Name of National Resettlement Agency Select	Affiliate ID Number
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IMPORTANT NOTICE: By completing this form you are claiming a relationship with children abroad in order to assist the U.S. Government in determining whether those children meets one of the eligibility requirements 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 children 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 children 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 THE QUALIFYING PARENT

(a) Your Name (Last, First, Middle)	(b) Your Date of Birth (dd mmm yyyy)
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(c) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	(d) Current Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er)
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(e) Current Spouse (Last, First, Middle)	(f) Your City/Country of Birth
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(g) Current U.S. Address
Street _____ City _____ State _____ ZIP _____

(h) Phone Number
Home _____ Work _____ Cellular _____

(i) E-mail Address	(j) Your Date of Arrival in the U.S. (dd mmm yyyy)
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(k) Your Current U.S. Immigration Status Select	(l) Date your current status was granted (dd mmm yyyy)
	(m) Your Nationality

Privacy Act Statement

AUTHORITIES: The information is sought pursuant to carry out the immigration laws contained in Title 8, United States Code, Section 1157.
PURPOSE: The information solicited on this form, including the agreement of the qualifying parent who claims a biological relationship to provide a DNA sample at a later date, will be used to assist in determining whether a child claimed on this form is qualified to apply for access to the U.S. Refugee Admissions Program (USRAP) for purposes of family reunification.
ROUTINE USES: The information on this form maybe shared with a) the U.S. Department of Homeland Security for purposes of determining whether your child(ren) are eligible for admission to the United States and for verifying information provided by the child(ren) 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. The information may also be made available to 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 to 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. More information on the Routine Uses for the system can be found in the System of Records Notice State-59, Refugee Case Records.
DISCLOSURE: Providing this information is voluntary. Failure to provide the information requested on this form may result in denied consideration for your relative's access to the USRAP for refugee resettlement.

Paperwork Reduction Act

Public reporting burden for this collection of information is estimated to average 60 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: U.S. Department of State, PRM/A, 2025 E Street, NW Washington DC, 20520. OMB No. 1405-0206.

Qualifying Parent Name (Last, First, Middle)	Case File ID Number	Date of Birth (dd mmm yyyy)
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SECTION II: INFORMATION ABOUT QUALIFYING CHILD SEEKING ACCESS TO THE USRAP

A. You may claim only unmarried children under age 21 as a Qualifying Child

1	Name			Sex	Date of Birth (dd mmm yyyy) If estimated, check box	City/Country of Birth	Nationality	Relationship to Qualifying Parent	Upload Photo
	Last	First	Middle						
					<input type="checkbox"/>			Select	

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CONTACT INFORMATION FOR THE QUALIFYING CHILD LISTED ABOVE

Street Address		City	State/Province	Postal Code	Country
Telephone Number		Cellular Phone Number		E-mail Address	

CONTACT INFORMATION FOR CHILD'S GUARDIAN

Name		Relationship To Child	Telephone Number	Cellular Phone Number	E-mail Address
Street Address		City	State/Province	Postal Code	Country

CONTACT INFORMATION FOR OTHER PARENT OF CHILD, IF NOT LISTED ABOVE

Name		Relationship To Child	Telephone Number	Cellular Phone Number	E-mail Address
Street Address		City	State/Province	Postal Code	Country

For each entry, choose type B. Derivative Children of Qualifying Child in Section II A of this page OR C. Parent of Qualifying Child and His/Her Unmarried Children Under 21

Type	Name			Sex	Date of Birth (dd mmm yyyy) If estimated, check box	City/Country of Birth	Nationality	Marital Status	Date of Marriage (dd mmm yyyy)	Relationship to Qualifying Parent	Relationship to Qualifying Child Listed Above	Upload Photo
	Last	First	Middle									
2					<input type="checkbox"/>							
3					<input type="checkbox"/>							
4					<input type="checkbox"/>							
5					<input type="checkbox"/>							
6					<input type="checkbox"/>							
7					<input type="checkbox"/>							
8					<input type="checkbox"/>							
9					<input type="checkbox"/>							
10					<input type="checkbox"/>							

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Comments

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

Qualifying Parent Name (<i>Last, First, Middle</i>)	Case File ID Number	Date of Birth (<i>dd mmm yyyy</i>)
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SECTION II A: INFORMATION ABOUT QUALIFYING CHILD SEEKING ACCESS TO THE USRAP

A. You may claim only unmarried children under age 21 as a Qualifying Child

1	Name			Sex	Date of Birth (<i>dd mmm yyyy</i>) If estimated, check box	City/Country of Birth	Nationality	Relationship to Qualifying Parent	Upload Photo
	<i>Last</i>	<i>First</i>	<i>Middle</i>						
					<input type="checkbox"/>			Select	

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CONTACT INFORMATION FOR THE QUALIFYING CHILD LISTED ABOVE

Street Address		City	State/Province	Postal Code	Country
Telephone Number		Cellular Phone Number		E-mail Address	

CONTACT INFORMATION FOR CHILD'S GUARDIAN

Name		Relationship to Child	Telephone Number	Cellular Phone Number	E-mail Address
Street Address		City	State/Province	Postal Code	Country

CONTACT INFORMATION FOR OTHER PARENT OF CHILD, IF NOT LISTED ABOVE

Name		Relationship to Child	Telephone Number	Cellular Phone Number	E-mail Address
Street Address		City	State/Province	Postal Code	Country

For each entry, choose type B. Derivative Children of Qualifying Child in Section II A of this page OR C. Parent of Qualifying Child and His/Her Unmarried Children Under 21

Type	Name			Sex	Date of Birth (<i>dd mmm yyyy</i>) If estimated, check box	City/Country of Birth	Nationality	Marital Status	Date of Marriage (<i>dd mmm yyyy</i>)	Relationship to Qualifying Parent	Relationship to Qualifying Child Listed Above	Upload Photo
	<i>Last</i>	<i>First</i>	<i>Middle</i>									
2					<input type="checkbox"/>							
3					<input type="checkbox"/>							
4					<input type="checkbox"/>							
5					<input type="checkbox"/>							
6					<input type="checkbox"/>							
7					<input type="checkbox"/>							
8					<input type="checkbox"/>							
9					<input type="checkbox"/>							
10					<input type="checkbox"/>							

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Comments

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

Qualifying Parent Name (Last, First, Middle)	Case File ID Number	Date of Birth (dd mmm yyyy)
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SECTION II B: INFORMATION ABOUT QUALIFYING CHILD SEEKING ACCESS TO THE USRAP

A. You may claim only unmarried children under age 21 as a Qualifying Child

1	Name			Sex	Date of Birth (dd mmm yyyy) If estimated, check box	City/Country of Birth	Nationality	Relationship to Qualifying Parent	Upload Photo
	Last	First	Middle						
					<input type="checkbox"/>			Select	

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CONTACT INFORMATION FOR THE QUALIFYING CHILD LISTED ABOVE

Street Address	City	State/Province	Postal Code	Country
Telephone Number	Cellular Phone Number	E-mail Address		

CONTACT INFORMATION FOR CHILD'S GUARDIAN

Name	Relationship to Child	Telephone Number	Cellular Phone Number	E-mail Address
Street Address	City	State/Province	Postal Code	Country

CONTACT INFORMATION FOR OTHER PARENT OF CHILD, IF NOT LISTED ABOVE

Name	Relationship to Child	Telephone Number	Cellular Phone Number	E-mail Address
Street Address	City	State/Province	Postal Code	Country

For each entry, choose type B. Derivative Children of Qualifying Child in Section II A of this page OR C. Parent of Qualifying Child and His/Her Unmarried Children Under 21

Type	Last	First	Middle	Sex	Date of Birth (dd mmm yyyy) If estimated, check box	City/Country of Birth	Nationality	Marital Status	Date of Marriage (dd mmm yyyy)	Relationship to Qualifying Parent	Relationship to Qualifying Child Listed Above	Upload Photo
2					<input type="checkbox"/>							
3					<input type="checkbox"/>							
4					<input type="checkbox"/>							
5					<input type="checkbox"/>							
6					<input type="checkbox"/>							
7					<input type="checkbox"/>							
8					<input type="checkbox"/>							
9					<input type="checkbox"/>							
10					<input type="checkbox"/>							

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Comments

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

Qualifying Parent Name (<i>Last, First, Middle</i>)	Case File ID Number	Date of Birth (<i>dd mmm yyyy</i>)
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SECTION II C: INFORMATION ABOUT QUALIFYING CHILD SEEKING ACCESS TO THE USRAP

A. You may claim only unmarried children under age 21 as a Qualifying Child

	Name <i>Last First Middle</i>	Sex	Date of Birth (<i>dd mmm yyyy</i>) If estimated, check box	City/Country of Birth	Nationality	Relationship to Qualifying Parent	Upload Photo
1			<input type="checkbox"/>			Select	

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CONTACT INFORMATION FOR THE QUALIFYING CHILD LISTED ABOVE

Street Address	City	State/Province	Postal Code	Country
Telephone Number	Cellular Phone Number	E-mail Address		

CONTACT INFORMATION FOR CHILD'S GUARDIAN

Name	Relationship to Child	Telephone Number	Cellular Phone Number	E-mail Address
Street Address	City	State/Province	Postal Code	Country

CONTACT INFORMATION FOR OTHER PARENT OF CHILD, IF NOT LISTED ABOVE

Name	Relationship to Child	Telephone Number	Cellular Phone Number	E-mail Address
Street Address	City	State/Province	Postal Code	Country

For each entry, choose type B. Derivative Children of Qualifying Child in Section II A of this page OR C. Parent of Qualifying Child and His/Her Unmarried Children Under 21

Type	Name <i>Last First Middle</i>	Sex	Date of Birth (<i>dd mmm yyyy</i>) If estimated, check box	City/Country of Birth	Nationality	Marital Status	Date of Marriage (<i>dd mmm yyyy</i>)	Relationship to Qualifying Parent	Relationship to Qualifying Child Listed Above	Upload Photo
2			<input type="checkbox"/>							
3			<input type="checkbox"/>							
4			<input type="checkbox"/>							
5			<input type="checkbox"/>							
6			<input type="checkbox"/>							
7			<input type="checkbox"/>							
8			<input type="checkbox"/>							
9			<input type="checkbox"/>							
10			<input type="checkbox"/>							

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Comments

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

Qualifying Parent Name (Last, First, Middle)	Case File ID Number	Date of Birth (dd mmm yyyy)
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SECTION II D: INFORMATION ABOUT QUALIFYING CHILD SEEKING ACCESS TO THE USRAP

A. You may claim only unmarried children under age 21 as a Qualifying Child

1	Name			Sex	Date of Birth (dd mmm yyyy) If estimated, check box	City/Country of Birth	Nationality	Relationship to Qualifying Parent	Upload Photo
	Last	First	Middle						
					<input type="checkbox"/>			Select	

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CONTACT INFORMATION FOR THE QUALIFYING CHILD LISTED ABOVE

Street Address		City	State/Province	Postal Code	Country
Telephone Number		Cellular Phone Number		E-mail Address	

CONTACT INFORMATION FOR CHILD'S GUARDIAN

Name		Relationship to Child	Telephone Number	Cellular Phone Number	E-mail Address
Street Address		City	State/Province	Postal Code	Country

CONTACT INFORMATION FOR OTHER PARENT OF CHILD, IF NOT LISTED ABOVE

Name		Relationship to Child	Telephone Number	Cellular Phone Number	E-mail Address
Street Address		City	State/Province	Postal Code	Country

For each entry, choose type B. Derivative Children of Qualifying Child in Section II A of this page OR C. Parent of Qualifying Child and His/Her Unmarried Children Under 21

Type	Last	First	Middle	Sex	Date of Birth (dd mmm yyyy) If estimated, check box	City/Country of Birth	Nationality	Marital Status	Date of Marriage (dd mmm yyyy)	Relationship to Qualifying Parent	Relationship to Qualifying Child Listed Above	Upload Photo
2					<input type="checkbox"/>							
3					<input type="checkbox"/>							
4					<input type="checkbox"/>							
5					<input type="checkbox"/>							
6					<input type="checkbox"/>							
7					<input type="checkbox"/>							
8					<input type="checkbox"/>							
9					<input type="checkbox"/>							
10					<input type="checkbox"/>							

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Comments

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

Qualifying Parent Name (Last, First, Middle)	Case File ID Number	Date of Birth (dd mmm yyyy)
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SECTION II E: INFORMATION ABOUT QUALIFYING CHILD SEEKING ACCESS TO THE USRAP

A. You may claim only unmarried children under age 21 as a Qualifying Child

1	Name			Sex	Date of Birth (dd mmm yyyy) If estimated, check box	City/Country of Birth	Nationality	Relationship to Qualifying Parent	Upload Photo
	Last	First	Middle						
					<input type="checkbox"/>			Select	

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CONTACT INFORMATION FOR THE QUALIFYING CHILD LISTED ABOVE

Street Address		City	State/Province	Postal Code	Country
Telephone Number		Cellular Phone Number		E-mail Address	

CONTACT INFORMATION FOR CHILD'S GUARDIAN

Name		Relationship to Child	Telephone Number	Cellular Phone Number	E-mail Address
Street Address		City	State/Province	Postal Code	Country

CONTACT INFORMATION FOR OTHER PARENT OF CHILD, IF NOT LISTED ABOVE

Name		Relationship to Child	Telephone Number	Cellular Phone Number	E-mail Address
Street Address		City	State/Province	Postal Code	Country

For each entry, choose type B. Derivative Children of Qualifying Child in Section II A of this page OR C. Parent of Qualifying Child and His/Her Unmarried Children Under 21

Type	Name			Sex	Date of Birth (dd mmm yyyy) If estimated, check box	City/Country of Birth	Nationality	Marital Status	Date of Marriage (dd mmm yyyy)	Relationship to Qualifying Parent	Relationship to Qualifying Child Listed Above	Upload Photo
	Last	First	Middle									
2					<input type="checkbox"/>							
3					<input type="checkbox"/>							
4					<input type="checkbox"/>							
5					<input type="checkbox"/>							
6					<input type="checkbox"/>							
7					<input type="checkbox"/>							
8					<input type="checkbox"/>							
9					<input type="checkbox"/>							
10					<input type="checkbox"/>							

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Comments

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

Qualifying Parent Name (Last, First, Middle)	Case File ID Number	Date of Birth (dd mmm yyyy)
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SECTION III: INFORMATION ABOUT ALL OF YOUR RELATIVE(S) NOT PREVIOUSLY PROVIDED IN SECTION II

In this section please provide information about your current and former spouses and children (including biological, adopted, step and foster children); 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) SPOUSES (CURRENT AND FORMER)

	Name			Date of Birth (dd mmm yyyy) If estimated, check box	City/Country of Birth	Marital Status (Select One)	Date/Place 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
	Last	First	Middle							
1				<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
2				<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
3				<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
4				<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
5				<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
6				<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

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

	Name			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 Qualifying Parent
	Last	First	Middle							
1					<input type="checkbox"/>					
2					<input type="checkbox"/>					
3					<input type="checkbox"/>					
4					<input type="checkbox"/>					
5					<input type="checkbox"/>					
6					<input type="checkbox"/>					
7					<input type="checkbox"/>					
8					<input type="checkbox"/>					
9					<input type="checkbox"/>					
10					<input type="checkbox"/>					
11					<input type="checkbox"/>					
12					<input type="checkbox"/>					
13					<input type="checkbox"/>					
14					<input type="checkbox"/>					
15					<input type="checkbox"/>					

Qualifying Parent Name (Last, First, Middle)	Case File ID Number	Date of Birth (dd mmm yyyy)
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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 to the best of my knowledge. I understand that the information listed in this Affidavit of Relationship 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 certain biologically Qualifying Children (*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 it is 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 biologically Qualifying Family Members I am claiming on this form. I further understand that DNA testing may be requested between my biologically Qualifying Children 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)
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NAME AND SIGNATURE OF PERSON WHO ASSISTED IN PREPARING THIS FORM

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

Signature	Print Full Name	Date (dd mmm yyyy)
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Affiliate Name and Address	Phone Number
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Qualifying Parent Name (Last, First, Middle)

Case File ID Number

Date of Birth (dd mmm yyyy)

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IMAGES - Section II

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

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IMAGES - Section II A

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

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IMAGES - Section II B

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

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IMAGES - Section II C

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

Qualifying Parent Name (Last, First, Middle)

Case File ID Number

Date of Birth (dd mmm yyyy)

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IMAGES - Section II D

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

Qualifying Parent Name (Last, First, Middle)

Case File ID Number

Date of Birth (dd mmm yyyy)

IMAGES - Section II E

QUALIFYING FAMILY MEMBER

Name
DOB Rel To Anch Select

Name
DOB Rel To QFM

Name
DOB Rel To QFM

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DOB Rel To QFM

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DOB Rel To QFM

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DOB Rel To QFM

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