U.S. Department of State

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. Witholding 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 with the RPC 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 child(ren) 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 completed this form.
- 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 with the RPC 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 child(ren) 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 biological Qualifying Child(ren), if you claimed a biological relationship. In addition, you will be expected to pay the costs of any additional testing between your biological 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) abroad must be as complete as possible - at minimum, a phone number is required. 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 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 unknown, 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 this, 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.

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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 for access to the U.S. Refugee Admissions Program (USRAP) for the 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.
- I. Provide the date your current status was granted: dd mmm yyyy (day, month, year; 14 JAN 1965)
- m. Your nationality.

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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.

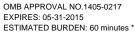
By submitting this Affidavit of Relationship I understand that I and my biological Qualifying Child(ren) may be requested to submit DNA evidence. I further understand that DNA testing could be suggested between my biological Qualifying Child(ren) and his/her family member(s) and their derivative beneficiaries. I also understand that acess to the USRAP for my family members may be terminated if I, or they, fail to submit DNA evidence upon request.

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IST OF RELA	TIONSHIP CODES		
CODE	RELATIONSHIP	CODE	RELATIONSHIP
AB	ADOPTIVE BROTHER	GN	GREAT GRANDSON
AD	ADOPTED DAUGHTER	GU	GUARDIAN
AF	ADOPTIVE FATHER	НВ	HALF BROTHER
AM	ADOPTIVE MOTHER	HS	HALF SISTER
AR	ADOPTIVE SISTER	HU	HUSBAND
AS	ADOPTED SON	МС	COUSIN (MALE)
AU	AUNT	MR	RELATIVE BY MARRIAGE
ВН	HUSBAND'S BROTHER	MW	MINOR WIFE
BR	BROTHER (BIOLOGICAL)	МО	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		

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U.S. Department of State





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

Date Completed (dd mmm yyyy)	Case File ID Number <i>(Alien Number)</i>) Name of N	ational Resettlement Agency	Affiliate ID Number
			Select	
determining whether those child Admissions Program. The AOR Admissions Program or a petitio found qualified to apply for refug AOR may be used and disclose	mpleting this form you are claiming a rate meets one of the eligibility require itself is not an application on behalf or on for any immigration benefit under U. gee admission or that they ultimately with by the U.S. Department of State as of verifies the validity of documents. Cr	ments to apply f your children f S. law. Comple vill be admitted to described in the	for admission to the United S for admission to the U.S. as a etion of this AOR does not gu to the United States. Additio e Privacy Act statement belov	States under the U.S. Refugee a refugee under the U.S. Refugee uarantee that your children will be nally, the information listed in this w. The U.S. Government investigates
SECTION I: INFORMATION	ON ABOUT YOU, THE THE Q	UALIFYING	PARENT	
(a) Your Name (Last, First, Midd	tle)			(b) Your Date of Birth (dd mmm yyyy)
(c) Sex	(d) Current Marital Status		•	
Male Female		Married	Divorced	Separated Widow(er)
(e) Current Spouse (Last, First,	Middle)		(f) Your City/Country of Bir	th
(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 mm	т уууу)
(k) Your Current U.S. Immigration	on Status	(I) Date your	current status was granted (d	dd mmm yyyy)
-		(m) Your Nation	onality	
	Select			
Privacy Act Statement	_	•		
PURPOSE: The information sol DNA sample at a later date, will Refugee Admissions Program (URPOUTINE USES: The information your child(ren) are eligible for an application they may make for a may also be made available to Mas needed for the formulation, a international organizations and roverseas and resettlement in the State-59, Refugee Case Record	formation is voluntary. Failure to provi	ement of the quality action. the U.S. Depart verifying informance USRAP or four I, State, and located with the USRA with the USRA he Routine Use	alifying parent who claims a ned on this form is qualified to the ment of Homeland Security for any other immigration beneficial government agencies have ation, nationality, and other later to enable them to coordings for the system can be four	biological relationship to provide a o apply for access to the U.S. for purposes of determining whether n) listed on this form in any listed on this form in any listed the U.S. law. The information ring statutory or other lawful authority, laws of the United States and to late and manage refugee processing and in the System of Records Notice
Paperwork Reduction Act				
data sources, gathering the nece not have to supply this information	collection of information is estimated to essary documentation, providing the ir ion unless this collection displays a cu- nendations for reducing it, please send	nformation and/ rrently valid OM	or documents required, and B control number. If you ha	reviewing the final collection. You do ve comments on the accuracy of this

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20520. OMB No. 1405-0206.

Telephone Number CONTACT INFORMATION FOR THE QUALIFYING CHILD LISTED ABOVE Street Address City State/Province Street Address City State/Province E-mail Address CONTACT INFORMATION FOR CHILD'S GUARDIAN Name Relationship To Child Telephone Number Cellular Phone Number Cellular Phone Number Cellular Phone Number Cellular Phone Number E-mail Address Street Address City State/Province Postal Code Country 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 Contract 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 Country Country Country Country Country Address Street Address City State/Province Postal Code Country Country Country Address Street Address City Name Relationship To Child Telephone Number Relationship To Child Telephone Number Cellular Phone Numb	A. You may claim only unmarried children under age 21 as a Qualifying Child. Last Name	A. You may claim only unmarried children under age 21 as a Qualifying Child Last Name First Name Middle Name Sex Children mynyyy Children mynyy Children myny Children myn Children	Qualifying Parent Name (Last, First, Middle)				Case File ID I	vumber		Date of B	Birth (dd mm	m yyyy)
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_	Qualifying Parent I	, .	· ,				se File ID N	lumber		Date of E	Birth ((dd mmi	т уууу)
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١	. You may claim	only unmarrie	ea chilaren und	er age 21	as a Qualifying	<u>Chila</u>				Date of Bi	irth		
		Last Name			First Name		Middle	Name	Sex	(dd mmm y If estimate check bo	ed, ox	Currently	Married?
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		City/Country of B	Birth		Nat	tionality		Relationship to		ing Parent		Upload Ph	noto
	ONITACT INFOR	MATION FOR	THE OHALIEVII	VIC CLIII D	LICTED ABOVE			S	elect				
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_		_											
OI	r each entry, choos	se type B. Derivat	tive Children of Qu	alifying Child	I in Section II A of this Date of Birth		Parent of Qu		Date of				
		Name		Sex	(dd mmm 1000)	City/Country of Birth	Nationali	ty Marital Status	Marriage (dd mmr yyyy)	Relations to Qualify Parent	ing to Ch	Qualifying ild Listed Above	Upload Photo
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Q	ualifying Parent N	ame (<i>Last, First,</i>	iviiaaie)				Case F	ile ID Numbe	r	Date of	Birth	(dd mn	nm yyyy)
S	ECTION III: INF	ORMATION A	BOUT	ALL OF	YOUR R	ELAT	VE(S) NOT P	REVIO	USLY PRO	VIDED	IN SECTION	H		
pr	this section please peviously provided thie eath in the Current or	s information under	r Sectior	n II. Please	and former s list whether	spouses r living (L	and children (incl), deceased (D), o	uding biol or unknov	logical, adopted vn (U). If the re	l, step ar lative is	d foster children deceased, please); if you e indica	t have Nate the d	IOT ate of
(A) SPOUSES (CURR	ENT AND FORME	R)											
		Name			Date of I (dd mmm If estima check I	yyyy) ated,	City/Country of Birth	Marital Status (Select One)	Date/Place of Ma (dd mmm yy) If estimated check box	/y) ,	Date of Marriage Termination (dd mmm yyyy) If estimated, check box	Kr	nt or Last nown Country	L, D, U
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(_	CHILDREN (BIO	ilogical, Adopted,	, этер а	inu roster	Crinarerij	(PLEA	Date of Birth	1 10 1	OUNGEST)					1.0. 1.
	Last	Name First		Mida	dle	Sex	(dd mmm yyyy) If estimated, check box	С	ity/Country of Birth	Marital Status	Current or La: Known City/Cou	ntry	L, R D, to	elationship Qualifying Parent
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Qualifying Parent Name (Last, First, Middle)		Case File ID Number	Date of Birth (dd mmm yyyy)
SECTION IV: ADDITIONS/EXPLANATIONS			
SECTION IV: ADDITIONS/EXPLANATIONS Identify for which section, number and name the information is being pro	ovided.		
SECTION V: SIGNATURES			
I certify, under penalty of perjury under the laws of the United States of correct to the best of my knowledge. I understand that the information li State or the U.S. Department of Homeland Security in the manner described by submitting this Affidavit of Relationship I understand that I and certain requested to submit DNA evidence to verify our claimed family relations I agree to pay all necessary fees associated with that expense and the biologically Qualifying Family Members I am claiming on this form. I fur Qualifying Children and their derivative beneficiaries at no expense to the considered qualified to apply for refugee resettlement if I, or they, fail to	sted in this Affi ribed in the Pri in biologically (ships. I agree the expenses asso ther understanthe U.S. Govern	idavit of Relationship may be used ivacy Act statement. Qualifying Children (unmarried child that I will submit DNA evidence at sociated with the submittal of DNA end that DNA testing may be requestiment. I also understand that my force.	by the U.S. Department of dren under age 21) may be such time it is requested, and vidence by any of the ted between my biologically
Your Signature	Print Name		Date (dd mmm yyyy)
NAME AND SIGNATURE OF PERSON WHO ASSISTED IN PREPARI	NG THIS FOR	M	· ·
I affirm that I assisted the Qualifying Parent listed above in completing t identification issued by a U.S. federal or state agency.	his form and th	nat the Qualifying Parent listed abo	ve provided valid
Signature	Print Full Nar	ne	Date (dd mmm yyyy)
Affiliate Name and Address			Phone Number

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Section II

Name

DOB

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Rel To QFM

Name

DOB

Name

DOB

Rel To QFM

Rel To QFM

Name

DOB

Rel To QFM

Section II A

	ifying Parent Name (Last, Firs	t, ivildale)			Case File ID Number		Date of Birth (dd mmm yyyy)
IMAC	GES - Section II A						
QI	UALIFYING FAMILY MEMBER						
				_			
Name		Name		Name		Name	
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				4			
Name		Name		Name		Name	,
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Name	e	Name		Name		Name	
DOB		DOB	Rel To QFM	DOB	Rel To QFM	DOB	Rel To QFM
						i	
Name		Name		Name		Name	
DOB		DOB	Rel To QFM	DOB	Rel To QFM	DOB	Rel To QFM
FOR	Kei 10 QFM		KEI IO WEIVI		NEI IU WEIVI		Rei 10 QFIVI

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Section II B

Qualifying P	Parent Name (Last, First, I	Middle)			Case File ID Number		Date of Birth (dd mmm yyyy
IMAGES - S	Section II B						
QUALIFYI	NG FAMILY MEMBER						
Name DOB	Rel To QFM Select	Name DOB	Rel To QFM	Name DOB	Rel To QFM	Name DOB	Rel To QFM
Name DOB	Rel To QFM	Name DOB	Rel To QFM	Name DOB	Rel To QFM	Name 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	2.7.051	Name	
DOB	Rel To QFM	ров	Rel To QFM	DOB	Rel To QFM	DOB	Rel To QFM
News		News				News	
Name DOB	Rel To QFM	Name DOB	Rel To QFM	Name DOB	Rel To QFM	Name DOB	Rel To QFM
			10 Q. W		10 3(11)		1.01 10 Q(1 W)

DS-7699 Photo Page 3 of 6 Qualifying Parent Name (Last, First, Middle)

Case File ID Number

Date of Birth (dd mmm yyyy)

Section II C

Qualifying Parent Name (Last, First, Middle) Case File ID Number Date of Birth (dd m							
IMAGES - Se	ction II C						L
	G FAMILY MEMBER Rel To QFM Select	Name DOB	Rel To QFM	Name DOB	Rel To QFM	Name DOB	Rel To QFM
БОВ	Nei 10 QI W Sciect]	IVEL TO QLIVI		Nei 10 Qi Wi		IVEL TO QLIM
New							
Name DOB	Rel To QFM	Name DOB	Rel To QFM	Name DOB	Rel To QFM	Name DOB	Rel To QFM
Name		Name		Name		Name	
DOB	Rel To QFM	DOB	Rel To QFM	DOB	Rel To QFM	DOB	Rel To QFM
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Name		Name		Name		Name	D := 2=:
DOB	Rel To QFM	DOB	Rel To QFM	DOB	Rel To QFM	DOB	Rel To QFM

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Qualifying Parent Name (Last, First, Middle)

Case File ID Number

Date of Birth (dd mmm yyyy)

Section II D

Qualifying F	Parent Name (Last, F	-irst, Middle)			Case File ID Number		Date of Birth (dd mmm yyyy)
IMAGES - S	Section II D						
	ING FAMILY MEMBER	Name DOB	Rel To QFM	Name DOB	Rel To QFM	Name DOB	Rel To QFM
Name DOB	Rel To QFM	Name DOB	Rel To QFM	Name DOB	Rel To QFM	Name DOB	Rel To QFM
New							
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Name		Name				Name	
Name DOB	Rel To QFM	Name DOB	Rel To QFM	Name 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

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Qualifying Parent Name (Last, First, Middle)

Case File ID Number

Date of Birth (dd mmm yyyy)

Section II E

Qualifying	Parent Name (Las	si, 1 11 si, 11	viidul e)			Case File ID Number		Date of Birth (dd mmm yyyy)
IMAGES -	Section II E							
QUALIFY	YING FAMILY MEME	BER						
Name			Name		Name		Name	
DOB	Rel To QFM	Select	DOB	Rel To QFM	DOB	Rel To QFM	DOB	Rel To QFM
					1		1	
Name			Name		Name		Name	
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Name			Name		Name		Name	
DOB	Rel To QFM		DOB	Rel To QFM	DOB	Rel To QFM	DOB	Rel To QFM
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