



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

OMB APPROVAL NO. 1405-0203
 EXPIRES: 01-31-xxxx
 ESTIMATED BURDEN: 20 MIN.

Special immigrant visa applicants who qualify for and request resettlement assistance from the Department of State must complete this form for each family member and submit it via email as a scanned attachment to the National Visa Center at NVCSIV@state.gov .

A. CASE INFORMATION (To be completed by NVC)

NVC Case Number	Assigned Post	Post POC Information
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B. CASE MEMBER

1. Case Size (Yourself plus family members traveling with you)	2. Are you the principal applicant (PA)? <input type="checkbox"/> Yes <input type="checkbox"/> No	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 <input type="checkbox"/> Male <input type="checkbox"/> Female
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. Occupation/Skill

16. Education Level/Field of Study

17. Native Language

18. Other Language(s)

19. English Speaking Ability (Good, Some, None)

20. Pregnant Estimated Delivery Date (EDD) (mm/dd/yyyy)
 (Select) _____

20. Health Issues (If yes, please explain)

C. CROSS REFERENCE

21. Do you have other immediate family members being processed on their own special immigrant visas? If yes, please provide your family member's name, relationship to you, and special immigrant visa case number.
 Yes No

