

INSTRUCTIONS - DS-7699, AFFIDAVIT OF RELATIONSHIP (AOR) FOR MINORS WHO ARE NATIONALS OF EL SALVADOR, GUATEMALA, OR 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 Affidavit of Relationship (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 U.S. Refugee Admissions Program (USRAP). The AOR itself is not an application on behalf of your child(ren) for admission to the United States 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 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 AOR provides a means for certain persons in the United States to claim a relationship with a child(ren) in El Salvador, Guatemala, or Honduras 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 AOR is for you (the Qualifying Parent) to provide biographical information about children living outside the United States 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 AOR if you are at least 18 years of age and are in the United States in one of the following categories:

- a. Lawful Permanent Resident Status
- b. Temporary Protected Status Grantee
- c. Parolee who has been issued parole for a minimum of one year
- d. Deferred Action Recipient granted deferred action for a minimum of one year, including Deferred Action for Childhood Arrivals (DACA) recipients
- e. Deferred Enforced Departure Recipient
- f. 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 with the Refugee Processing Center (RPC) who continue to be unmarried at the time of admission or parole to the United States at the port of entry) and who are nationals of El Salvador, Guatemala, or Honduras may be qualified to apply for admission to the United States as a refugee 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 qualified to apply for admission to the United States 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 that they qualify as a refugee. Please list them in **Section II of the AOR as Type B** relatives. If the Qualifying Child is approved for parole, his/her unmarried child(ren) under 21 years of age would also be considered for parole.

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

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

Please list him/her in **Section II of the AOR as a Type C** relative.

A legal 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 biological, step, or adopted child, you may also **add him/her in Section II as a Type C-3 relative**. If the legal parent has a child and the marriage between you (Qualifying Parent) and the legal parent took place before the child's 18th birthday, he/she would be included as a stepchild (QCH) and not a Type C-3. The Type C-3 relative would derive his/her refugee status from the Type C relative and does not have to independently establish that he/she qualifies as a refugee. If the Type C relative is approved for parole, the Type C-3 relative would also be considered for parole.

Type D: On a case-by-case basis, the biological parent of a Qualifying Child **that is not legally married to you (the Qualifying Parent)** may also be considered qualified to apply for admission as a refugee in connection with a Qualifying Child if that individual:

1. lives in the same household as the Qualifying Child;
AND,
2. is part of the same economic unit as the Qualifying Child.

Please list him/her in **Section II of the AOR as a Type D** relative.

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 **biological** parent has a **legal spouse that is not you (the Qualifying Parent)** or an unmarried child(ren) under 21 who is not your child, you may also **add them in Section II as a Type D-2 (for spouse) or Type D-3 (for child) relative**. The Type D-2 and/or Type D-3 relative would derive his/her status from the Type D relative and does not have to independently establish that he/she qualifies as a refugee. If the Type D relative is approved for parole, the Type D-2 and/or Type D-3 relative would also be considered for parole.

Type E: On a case-by-case basis, the primary caregiver of a Qualifying Child that does not qualify for Type C (legal parent married to Qualifying Parent) or Type D (biological parent not married to Qualifying Parent) may also be considered qualified to apply for admission as a refugee in connection with a Qualifying Child if that individual:

1. lives in the same household as the Qualifying Child;
AND,
2. is part of the same economic unit as the Qualifying Child;
AND,
3. is the Qualifying Child's primary caregiver;
AND,
4. is at least 18 years of age;
AND,
5. is related to you (the Qualifying Parent) biologically or by legal marriage;
OR;
6. is related to the Qualifying Child via a biological, step, or adoptive relationship.

Please list him/her in **Section II of the AOR as a Type E** relative.

A caregiver cannot derive his/her refugee status from the Qualifying Child and therefore must independently establish that he/she qualifies as a refugee. If the **caregiver** has a **legal spouse** or an unmarried child(ren) under 21, you may also **add them in Section II as a Type E-2 (for spouse) or Type E-3 (for child) relative**. The Type E-2 and/or Type E-3 relative would derive his/her status from the Type E relative and does not have to independently establish that he/she qualifies as a refugee. If the Type E relative is approved for parole, the Type E-2 and/or Type E-3 relative would also be considered for parole.

Note:

- Only one Type E relative and his/her derivative(s) may be listed on the form unless the Qualifying Children listed on the form live in different households. Each Qualifying Child that lives in a separate household from another listed Qualifying Child would be allowed to list one separate primary caregiver.
- If your married and/or age 21 or older son or daughter is the primary caregiver of the Qualifying Child, he/she can be listed as a Type E relative if there is no other qualifying caregiver. See below under Type F for additional information.

Type F: On a case-by-case basis, if you (the Qualifying Parent) have married son(s) or daughter(s) and/or son(s) or daughter(s) over 21 years of age, they may also be considered qualified to apply for admission as a refugee in connection with a Qualifying Child.

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

Married son(s) or daughter(s) and/or son(s) or daughter(s) over 21 years of age cannot derive their refugee status from the Qualifying Child and therefore must independently establish that they qualify as a refugee. If the **married son(s) or daughter(s) and/or son(s) or daughter(s) over 21 years of age have a legal spouse** and/or an unmarried child(ren) under 21 you may also **add them in Section II as a Type F-2 (for spouse) or Type F-3 (for child) relative**. A Type F-2 and/or F-3 relative would derive his/her refugee status from the Type F applicant and does not have to independently establish that he/she qualifies as a refugee.

Note: A married son or daughter and/or son or daughter over 21 years of age should instead be listed on the form as a Type E relative if he/she is the primary caregiver of the Qualifying Child and meets the other criteria for a Type E relative. This would preclude another caregiver from being listed as a Type E relative on the form for that Qualifying Child. A comment is required if the Type F relative is either a half or step sibling.

Please note:

- Type B to F relatives and any of their derivatives (as described above) must be interviewed by USCIS with the Qualifying Child. If the Qualifying Child and a type B to F relative(s) are unable to be interviewed together, only the Qualifying Child would receive a USCIS refugee interview.
- Legal Parent: In order to be claimed on this AOR as a legal parent of the Qualifying Child in Section II, the marriage between you and this other parent of the Qualifying Child must have existed on the date you completed this form and must continue to exist at the time of admission to the United States.
- Adopted Child: In order to be claimed on this AOR as a Qualifying Child or as a derivative in Section II, an adopted child 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 his/her 16th birthday.
- Stepchildren: In order to be claimed on this AOR as a Qualifying Child or as a derivative in Section II, the marriage creating the step relationship must have occurred before the child's 18th 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 United States at the port of entry.

4. Where Do You File This Form?

The AOR 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 AOR?

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 U.S. Citizenship and Immigration Services (USCIS); copy of a 551 stamp in a passport; or legible copy of an Executive Office for Immigration Review (EOIR) order or a final order issued by an immigration judge or the Board of Immigration Appeals 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 or a final order issued by an immigration judge or the Board of Immigration Appeals 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. Deferred Action (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. 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. Persons granted deferred action must have been issued deferred action for a minimum of one year.
- e. Deferred Enforced Departure: EAD based on category (a)(11) Deferred Enforced Departure or other evidence that they were covered by the Executive Order establishing DED. NOTE: Currently only Liberia is covered by DED.
- f. Withholding of Removal: Copy of the EOIR order granting Withholding of Removal; or a final order issued by an immigration judge or the Board of Immigration Appeals.

Affidavit of Support:

You (the Qualifying Parent) must provide Form I-134 Affidavit of Support (AOS) for a Type D or Type E relative listed on the AOR. Provide one Form I-134 AOS for each Type D and Type E **relative family unit**. For purposes of Form I-134 AOS, a relative family unit consists of a Type D relative (the biological parent of the qualifying child not married to you) or Type E relative (the primary caregiver) and his or her accompanying spouse (Type D2/E2) and his or her accompanying children (Type D3/E3). **This Affidavit of Support will be kept on file and be used if individuals are considered for parole and will not be used for cases granted refugee status.** For additional information please see U.S. Citizenship and Immigration Services website "I-134, Affidavit of Support" at: <https://www.uscis.gov/i-134>

Additional Documents:

If you are filing for an adopted child, please provide a copy of the adoption papers. If you are filing for a stepchild, please provide a copy of your marriage certificate to that child's parent. Please provide these legal documents for any derivatives of Type A, C, D, E, or F relatives claimed on the basis of an adopted or step relationship.

Please provide birth certificates for all beneficiaries listed on the AOR.

For any current or previous marriages of the Qualifying Parent, Caregiver, or sons and daughters, please provide a copy of the marriage certificates and/or divorce documents.

For any Type E relatives (primary caregivers) please provide any documents that may show membership in the same household and economic unit and the caregiver role to the Qualifying Child. This may include but is not limited to documents that show a shared address between the Qualifying Child and caregiver and school or medical records that note the Type E relative's caregiver role to the Qualifying Child.

For Type E and F relatives, provide a statement in Section II, Comments noting the relationship between the relatives and the Qualifying Child. Specifically for Type E, describe how the primary caregiver is related to you (the Qualifying Parent) or the Qualifying Child. Please provide a statement noting who has legal custody of the Qualifying Child. If legal custody of the Qualifying Child is not with a parent, please provide documents that establish that legal custody resides with another individual. Provide an explanation in Section II.

NOTE: If you (the Qualifying Parent) are unable to provide any of the documents above please provide an explanation in Section II.

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. A DNA sample will also be required from a biological parent of a Qualifying Child that is not legally married to you (the Qualifying Parent) if he/she is listed in Section II of the AOR. A DNA sample will also be required between you (the Qualifying Parent) and the married and/or age 21 or older son(s) or daughter(s) if they are listed on the AOR. A DNA sample will also be required to establish the biological relationship between you (the Qualifying Parent) and the caregiver if the biological relationship can be verified through DNA testing (ie. biological grandparent). If a parent of the Qualifying Child is listed in Section II of the AOR, a DNA sample will also be required from them in order to establish the relationship between that parent and any caregiver if the biological relationship can be verified through DNA testing. You will receive a notice providing full instructions on how to arrange for DNA relationship testing by the resettlement agency. 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. 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); biological parent of the Qualifying Child(ren); married and/or age 21 or older son(s) or daughter(s); and caregiver (when applicable), if you claimed a biological relationship. In addition, you will be expected to pay the costs of any additional testing requested and described on the AOR. 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 paragraph 2, above (Who May File This Affidavit?).

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

The AOR must be completed in English: The resettlement agency, with whom the Department of State maintains Cooperative Agreements on refugee resettlement, is instructed to complete this form electronically. Handwritten applications will not be processed and will be returned to you. 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 not have all the information required BUT you can obtain the information needed, please wait to submit 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 a 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.

Photograph: Please upload a passport style photograph for each relative listed in Section II. Frame the photograph 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 applicable, please include the patronymic (a name derived from the father or a paternal ancestor), in Section IV. 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 (example, "14 FEB 1965").

Relatives: Be sure to include in Section III the following relatives not otherwise listed on the AOR form who live in the United States or abroad, whether living, deceased or missing: Spouses (Current and Former) and Children (Biological/Adopted/Step/Foster). 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 AOR (also known as the DS-7699).

9. What Are the Penalties for Committing Fraud?

Title 8, United States Code, Section 1325(a)(3), states that any person who attempts to enter or obtains entry to the United States by a willfully false or misleading representation or the willful concealment of a material fact 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 or parole 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 the requested information, your relatives' access to the USRAP for refugee resettlement consideration may be denied.

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 120 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. 1405-0217.

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 FEB 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. Enter your **city and country of birth**.
- g. Provide your **current U.S. address**.
- h. Enter your **home telephone number, work telephone number, and cellular phone number**.
- i. Enter your **e-mail address**.
- j. Enter your **date of arrival in the United States**: *dd mmm yyyy* (day, month, year; 14 FEB 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 FEB 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. This section is also for Type B, C, D, E, and F relatives. 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 Parent" 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.

Lines 2-20: 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 legal parent of the Qualifying Child named on Line 1 (Type C), and his/her biological or legally adopted child who is not also the child of the Qualifying Parent and who meets the requirements listed in the instructions under number 3 on page 1. For these individuals, enter "C-3" in the box under "Type." If applicable, please also include the Type D, E, or F relative, and his/her legal spouse and biological, step, 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. 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 of your relatives (spouses and children) in the United States or abroad, 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 (Biological/Adopted/Step/Foster) who are living or deceased 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 you understand that you and your biological Qualifying Child(ren); biological parent of Qualifying Child(ren); married and/or age 21 or older son(s) and daughter(s); and caregiver (when applicable) will be required to submit DNA evidence. You further understand that DNA testing could be requested between your biological Qualifying Child(ren) and their derivative beneficiaries in order to establish a familial relationship. You also understand that access to the USRAP for your family members may be terminated if insufficient evidence exists to establish the familial relationship claimed on this form.

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 | UM | UNACCOMPANIED MINOR |
| FR | FRIEND | UN | UNCLE |
| GD | GRANDDAUGHTER | UR | UNRELATED |
| GF | GRANDFATHER | US | HUSBAND'S SISTER |
| GM | GRANDMOTHER | WB | WIFE'S BROTHER |
| GS | GRANDSON | WI | WIFE |
| GR | GREAT GRANDDAUGHTER | WS | WIFE'S SISTER |
| GH | GREAT GRANDFATHER | | |
| GG | GREAT GRANDMOTHER | | |



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

| | | | |
|------------------------------|------------------------------------|--------------------------------------|---------------------|
| Date Completed (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 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) |
|-------------------------------------|--------------------------------------|

| | |
|--|--|
| (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) |
|--|--|

| | |
|--|--------------------------------|
| (e) Current Spouse (Last, First, Middle) | (f) Your City/Country of Birth |
|--|--------------------------------|

(g) Current U.S. Address
Street _____ City _____ State _____ ZIP _____

(h) Phone Number
Home _____ Work _____ Cellular _____

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

Privacy Act Statement

AUTHORITIES: The information is sought pursuant to the immigration laws contained in Title 8, United States Code, Sections 1157 and 1182.
PURPOSE: The information solicited on this form, including the agreement of the qualifying parent who claims biological relationships to provide a DNA sample at a later date, will be used to assist in determining whether a child and eligible family members 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 may be shared with the U.S. Department of Homeland Security (DHS) for purposes of determining whether the child(ren) and eligible family members are eligible for admission to the United States. It may also be shared with DHS to verify the information provided by the qualifying parent about the child(ren) and eligible family members on 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 a) Members of Congress; b) 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; c) international organizations; and d) 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 access to the USRAP for refugee resettlement.

Paperwork Reduction Act

Public reporting burden for this collection of information is estimated to average 120 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 Approval No. 1405-0217.

| | | |
|---|---------------------|--------------------------------------|
| Qualifying Parent Name (<i>Last, First, Middle</i>) | Case File ID Number | Date of Birth (<i>dd mmm yyyy</i>) |
|---|---------------------|--------------------------------------|

SECTION II: INFORMATION ABOUT QUALIFYING CHILD SEEKING ACCESS TO THE USRAP

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

| 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"/> | | | | |

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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 types B - F, if applicable.

| 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"/> | | | | | | | |
| 11 | | | | | <input type="checkbox"/> | | | | | | | |
| 12 | | | | | <input type="checkbox"/> | | | | | | | |
| 13 | | | | | <input type="checkbox"/> | | | | | | | |
| 14 | | | | | <input type="checkbox"/> | | | | | | | |
| 15 | | | | | <input type="checkbox"/> | | | | | | | |
| 16 | | | | | <input type="checkbox"/> | | | | | | | |
| 17 | | | | | <input type="checkbox"/> | | | | | | | |
| 18 | | | | | <input type="checkbox"/> | | | | | | | |
| 19 | | | | | <input type="checkbox"/> | | | | | | | |
| 20 | | | | | <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>) |
|---|---------------------|--------------------------------------|

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

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

| 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"/> | | | | |

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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 types B - F, if applicable.

| 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"/> | | | | | | | |
| 11 | | | | | <input type="checkbox"/> | | | | | | | |
| 12 | | | | | <input type="checkbox"/> | | | | | | | |
| 13 | | | | | <input type="checkbox"/> | | | | | | | |
| 14 | | | | | <input type="checkbox"/> | | | | | | | |
| 15 | | | | | <input type="checkbox"/> | | | | | | | |
| 16 | | | | | <input type="checkbox"/> | | | | | | | |
| 17 | | | | | <input type="checkbox"/> | | | | | | | |
| 18 | | | | | <input type="checkbox"/> | | | | | | | |
| 19 | | | | | <input type="checkbox"/> | | | | | | | |
| 20 | | | | | <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>) |
|---|---------------------|--------------------------------------|

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

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

| 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"/> | | | | |

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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 types B - F, if applicable.

| 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"/> | | | | | | | |
| 11 | | | | | <input type="checkbox"/> | | | | | | | |
| 12 | | | | | <input type="checkbox"/> | | | | | | | |
| 13 | | | | | <input type="checkbox"/> | | | | | | | |
| 14 | | | | | <input type="checkbox"/> | | | | | | | |
| 15 | | | | | <input type="checkbox"/> | | | | | | | |
| 16 | | | | | <input type="checkbox"/> | | | | | | | |
| 17 | | | | | <input type="checkbox"/> | | | | | | | |
| 18 | | | | | <input type="checkbox"/> | | | | | | | |
| 19 | | | | | <input type="checkbox"/> | | | | | | | |
| 20 | | | | | <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>) |
|---|---------------------|--------------------------------------|

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

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

| 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"/> | | | | |

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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 types B - F, if applicable.

| 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"/> | | | | | | | |
| 11 | | | | | <input type="checkbox"/> | | | | | | | |
| 12 | | | | | <input type="checkbox"/> | | | | | | | |
| 13 | | | | | <input type="checkbox"/> | | | | | | | |
| 14 | | | | | <input type="checkbox"/> | | | | | | | |
| 15 | | | | | <input type="checkbox"/> | | | | | | | |
| 16 | | | | | <input type="checkbox"/> | | | | | | | |
| 17 | | | | | <input type="checkbox"/> | | | | | | | |
| 18 | | | | | <input type="checkbox"/> | | | | | | | |
| 19 | | | | | <input type="checkbox"/> | | | | | | | |
| 20 | | | | | <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>) |
|---|---------------------|--------------------------------------|

SECTION II D: INFORMATION ABOUT QUALIFYING CHILD SEEKING ACCESS TO THE USRAP

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

| 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"/> | | | | |

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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 types B - F, if applicable.

| 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"/> | | | | | | | |
| 11 | | | | | <input type="checkbox"/> | | | | | | | |
| 12 | | | | | <input type="checkbox"/> | | | | | | | |
| 13 | | | | | <input type="checkbox"/> | | | | | | | |
| 14 | | | | | <input type="checkbox"/> | | | | | | | |
| 15 | | | | | <input type="checkbox"/> | | | | | | | |
| 16 | | | | | <input type="checkbox"/> | | | | | | | |
| 17 | | | | | <input type="checkbox"/> | | | | | | | |
| 18 | | | | | <input type="checkbox"/> | | | | | | | |
| 19 | | | | | <input type="checkbox"/> | | | | | | | |
| 20 | | | | | <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>) |
|---|---------------------|--------------------------------------|

SECTION II E: INFORMATION ABOUT QUALIFYING CHILD SEEKING ACCESS TO THE USRAP

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

| 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"/> | | | | |

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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 types B - F, if applicable.

| 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"/> | | | | | | | |
| 11 | | | | | <input type="checkbox"/> | | | | | | | |
| 12 | | | | | <input type="checkbox"/> | | | | | | | |
| 13 | | | | | <input type="checkbox"/> | | | | | | | |
| 14 | | | | | <input type="checkbox"/> | | | | | | | |
| 15 | | | | | <input type="checkbox"/> | | | | | | | |
| 16 | | | | | <input type="checkbox"/> | | | | | | | |
| 17 | | | | | <input type="checkbox"/> | | | | | | | |
| 18 | | | | | <input type="checkbox"/> | | | | | | | |
| 19 | | | | | <input type="checkbox"/> | | | | | | | |
| 20 | | | | | <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>) |
|---|---------------------|--------------------------------------|

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 (<i>dd mmm yyyy</i>) If estimated, check box | City/Country of Birth | Marital Status (<i>Select One</i>) | Date/Place of Marriage (<i>dd mmm yyyy</i>) If estimated, check box | Date of Marriage Termination (<i>dd mmm yyyy</i>) If estimated, check box | Current or Last Known City/Country | L, D, U |
|---|-------------|--------------|---------------|---|--------------------------|--|--|---|--|---------------|
| | <i>Last</i> | <i>First</i> | <i>Middle</i> | | | | | | | |
| 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 (<i>dd mmm yyyy</i>) If estimated, check box | City/Country of Birth | Marital Status | Current or Last Known City/Country | L, D, U | Relationship to Qualifying Parent |
|----|-------------|--------------|---------------|-----|---|--------------------------|-------------------|---------------------------------------|---------------|---|
| | <i>Last</i> | <i>First</i> | <i>Middle</i> | | | | | | | |
| 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 (<i>Last, First, Middle</i>) | Case File ID Number | Date of Birth (<i>dd mmm yyyy</i>) |
|---|---------------------|--------------------------------------|

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 my biological Qualifying Child(ren); biological parent of Qualifying Child(ren); married and/or age 21 or older son(s) and daughter(s); and caregiver (when applicable) will be required to submit DNA evidence. 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 eligible 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 (<i>dd mmm yyyy</i>) |
|----------------|------------|-----------------------------|

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 (<i>dd mmm yyyy</i>) |
|-----------|-----------------|-----------------------------|

| | |
|----------------------------|--------------|
| Affiliate Name and Address | Phone Number |
|----------------------------|--------------|

Section II

IMAGES - Section II

| | | | |
|---------------------------|---------------------------|---------------------------|---------------------------|
| <p>QUALIFYING CHILD</p> | | | |
| Name | Name | Name | Name |
| DOB Rel To QP | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |
| | | | |
| Name | Name | Name | Name |
| DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |
| | | | |
| Name | Name | Name | Name |
| DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |
| | | | |
| Name | Name | Name | Name |
| DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |
| | | | |
| Name | Name | Name | Name |
| DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |
| | | | |
| Name | Name | Name | Name |
| DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |

IMAGES - Section II A

| | | | |
|---------------------|---------------------|---------------------|---------------------|
| QUALIFYING CHILD | | | |
| Name | Name | Name | Name |
| DOB Rel To QP | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |
| | | | |
| Name | Name | Name | Name |
| DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |
| | | | |
| Name | Name | Name | Name |
| DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |
| | | | |
| Name | Name | Name | Name |
| DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |
| | | | |
| Name | Name | Name | Name |
| DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |

IMAGES - Section II B

| | | | |
|------------------|----------------|----------------|----------------|
| QUALIFYING CHILD | | | |
| Name | Name | Name | Name |
| DOB Rel To QP | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |
| | | | |
| Name | Name | Name | Name |
| DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |
| | | | |
| Name | Name | Name | Name |
| DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |
| | | | |
| Name | Name | Name | Name |
| DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |
| | | | |
| Name | Name | Name | Name |
| DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |

IMAGES - Section II C

| | | | |
|------------------|----------------|----------------|----------------|
| QUALIFYING CHILD | | | |
| Name | Name | Name | Name |
| DOB Rel To QP | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |
| | | | |
| Name | Name | Name | Name |
| DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |
| | | | |
| Name | Name | Name | Name |
| DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |
| | | | |
| Name | Name | Name | Name |
| DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |
| | | | |
| Name | Name | Name | Name |
| DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH | DOB Rel To QCH |

Section II D

IMAGES - Section II D

| | | | |
|--|---|---|---|
| QUALIFYING CHILD Name DOB Rel To QP | Name DOB Rel To QCH | Name DOB Rel To QCH | Name DOB Rel To QCH |
| Name DOB Rel To QCH | Name DOB Rel To QCH | Name DOB Rel To QCH | Name DOB Rel To QCH |
| Name DOB Rel To QCH | Name DOB Rel To QCH | Name DOB Rel To QCH | Name DOB Rel To QCH |
| Name DOB Rel To QCH | Name DOB Rel To QCH | Name DOB Rel To QCH | Name DOB Rel To QCH |
| Name DOB Rel To QCH | Name DOB Rel To QCH | Name DOB Rel To QCH | Name DOB Rel To QCH |

Section II E

IMAGES - Section II E

| | | | | |
|------------------|------------|------|------------|-----|
| QUALIFYING CHILD | | | | |
| Name | Name | Name | Name | |
| DOB | Rel To QP | DOB | Rel To QCH | DOB |
| | | | | |
| Name | Name | Name | Name | |
| DOB | Rel To QCH | DOB | Rel To QCH | DOB |
| | | | | |
| Name | Name | Name | Name | |
| DOB | Rel To QCH | DOB | Rel To QCH | DOB |
| | | | | |
| Name | Name | Name | Name | |
| DOB | Rel To QCH | DOB | Rel To QCH | DOB |
| | | | | |
| Name | Name | Name | Name | |
| DOB | Rel To QCH | DOB | Rel To QCH | DOB |
| | | | | |
| Name | Name | Name | Name | |
| DOB | Rel To QCH | DOB | Rel To QCH | DOB |