



United States Department of State

Washington, D.C. 20520

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July 2, 2021

MEMORANDUM FOR ROBERT S. FAIRWEATHER
ACTING DIRECTOR
OFFICE OF MANAGEMENT AND BUDGET

SUBJECT: (U) Request for Emergency Clearance on Form DS-7699, Affidavit of Relationship (AOR) for Minors and Children from El Salvador, Guatemala, and Honduras

(SBU) Pursuant to 5 C.F.R section 1320.13, the Department of State (State) is requesting emergency clearance for the collection of information through form DS-7699, titled an Affidavit of Relationship (AOR) for Minors and Children from El Salvador, Guatemala, or Honduras. The former OMB number for this form is 1405-0217. In addition to the emergency clearance, we will also complete the normal OMB review process and post the 60-day and 30-day *Federal Register* Notices following the Emergency *Federal Register* Notice.

(SBU) State is requesting emergency clearance as part of our efforts to implement section 3(a) of E.O. 14010, "Creating a Comprehensive Regional Framework to Address the Causes of Migration, to Manage Migration Throughout North and Central America, and to Provide Safe and Orderly Processing of Asylum Seekers at the United States Border," in which President Biden specifically directed State and DHS to promptly review mechanisms to better identify and process individuals from El Salvador, Guatemala, and Honduras who are eligible for refugee resettlement in the United States. State's Bureau of Population, Refugees, and Migration (PRM), in coordination with the NSC, Domestic Policy Council, and DHS, re-instated the Central American Minors (CAM) program under the U.S. Refugee Admissions Program (USRAP), re-opening cases that were not interviewed before the CAM program was terminated in January 2018, after contacting the filer to confirm interest in continuing with processing. Eligibility for new minors and children to access refugee resettlement processing under CAM will allow U.S.-based, lawfully present parents or legal guardians to apply for qualifying children in El Salvador, Guatemala, and Honduras to access the USRAP.

(SBU) In addition, on June 15, 2021, the Administration announced that the CAM program would be expanded to include three new categories of individuals eligible to seek access to refugee resettlement for sons and daughters under the age of 21, and qualified “add-ons” as defined in the AOR. They include (1) lawfully present legal guardians; (2) individuals with a pending I-589 application for asylum and withholding of removal as of May 15, 2021; and (3) individuals with a pending U visa application as of May 15, 2021, who have sons and/or daughters younger than the age of 21 who are nationals of El Salvador, Guatemala, and Honduras. Qualified “add-ons” as defined in the AOR include siblings of the sons and daughters older than the age of 21 regardless of marital status, the in-country biological parent of the qualified child regardless of marital status, and caregivers of a qualified child who are also related to the U.S.-based qualifying parent or child. We are seeking emergency clearance for the collection of information on an updated form DS-7699 for all the information necessary to process new applicants under the CAM program.

(SBU) Emergency clearance for the collection of information to implement the CAM program is essential to the mission of the Department of State. Through the CAM program, the USG is creating a critically needed safe method of migration into the United States for children seeking protection and family reunification.

(SBU) The main purpose of form DS-7699 is to collect biographical information from the U.S.-based parent or legal guardian about children overseas who intend to seek access to the USRAP, as well as other eligible family members or caregivers, for verification by the USG. This form also assists DHS’s U.S. Citizenship and Immigration Services (USCIS) to verify parent-child relationships during refugee case adjudication. This form is necessary for implementation of this program, including State’s responsibility in determining which individuals, from among millions of refugees worldwide, will have access to U.S. resettlement consideration.

(SBU) As required in 5 C.F.R. section 1320.13(a), Deputy Secretary of State Brian McKeon has determined that the Department of State must begin collecting this information more quickly than the time a full clearance will require. According to information from DHS’ U.S. Customs and Border Protection, the number of unaccompanied children from El Salvador, Guatemala, and Honduras arriving at the U.S.-Mexico border has increased from approximately 3,600 in January to an average of more than 13,000 per month over the last three months, contributing to a growing humanitarian crisis on the border.


(SBU) Similarly, reporting from the HHS Office of Refugee Resettlement indicates that in FY 2020, 85 percent of unaccompanied children were nationals from El Salvador, Guatemala, and Honduras, the vast majority of whom were seeking to reunite with a parent or close relative in the United States. Accordingly, this collection is essential to the mission of State to address and stem the flow of irregular migration from Central America on an urgent basis through immediate implementation of the reinstated and expanded CAM program. This delay will severely impact State's ability to respond to the mandate to provide protection and family reunification to children (and other eligible family members or caregivers) from El Salvador, Guatemala, and Honduras who are attempting to join parents lawfully present in the United States according to the timeline set by the White House.

(SBU) Deputy Secretary McKeon has further determined that State cannot reasonably comply with the normal clearance procedures because public harm is reasonably likely to result if normal clearance procedures are followed. In particular, a delay in allowing U.S.-based eligible parents and legal guardians to seek refugee resettlement for their children in El Salvador, Guatemala, and Honduras will encourage children to make the dangerous journey north and seek to cross the U.S. border as unaccompanied children, placing further strain on U.S. resources needed to process and shelter these children until they can be reunited with their family.

(U) We request OMB approval for this information collection within 30 days.

(U) State has taken all practicable steps to consult with interested agencies and members of the public to minimize the burden of the information collection. State previously operated a smaller version of this program from 2014 to 2017. Over the past several months, State has worked closely with counterparts from DHS and USCIS to develop the appropriate information for collection while minimizing the burden of collection; much of the information to be collected was previously approved by OMB for past versions of the DS-7699 in 2014 and 2016. State has worked with USCIS on limiting the information collection to necessary biographic information that will safeguard against fraud and ensure the applicants will be fully and fairly considered for refugee resettlement status.

(U) Additionally, State has communicated with its implementing resettlement and placement agencies on plans for restarting this program with expanded criteria and necessary steps that should be taken to prepare applicants for the re-launch of the program.



Kamala S. Lakhdhir
Executive Secretary

Attachment

Form DS-7699

Approved: PRM Nancy I. Jackson [NIJ]

Drafted: PRM/A: Sumi Siram

Cleared: D: ALevy - ok

D-MR: RMajma - ok

S/P: CRendo - ok

C: TAnderson - ok

J: PAguillo - ok

H: MAchohn - ok

L/HRR: MPickering - ok

P: (info)

WHA: (info)

R: (info)

GPA: (info)

DS: (info)

M: (info)

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 AOR for clarification or correction. By completing this form you are claiming a relationship with a child(ren) 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 and legal guardian-child relationships during refugee case adjudication. The main purpose of the DS-7699 is for you (the Qualifying Parent or Qualifying Legal Guardian) 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 for whom parole has been authorized for at least one year
- d. Deferred Action for Childhood Arrivals (DACA) Recipient
- e. Deferred Action (non-DACA) Recipient
- f. Deferred Enforced Departure Recipient
- g. Withholding of Removal Grantee
- h. Pending I-589 "Application for Asylum and Withholding of Removal" filed before May 15, 2021
- i. Pending I-918 "Application for U Nonimmigrant Status" filed before May 15, 2021

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

Type A: Your unmarried child(ren) and/or child(ren) for whom you have legal guardianship who are under 21 years of age when the AOR is filed with the Refugee Processing Center (and who 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 are not residing in the United States 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: The Qualifying Child's unmarried child(ren) under 21 years of age 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.** 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: The legal parent of a Qualifying Child may, on a case-by-case basis, also be considered qualified to apply for refugee admission in connection with a Qualifying Child if that parent:

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 them in Section II of the AOR as Type C relatives. A legal parent and/or sibling cannot derive his/her refugee status from the Qualifying Child and therefore must independently establish that he/she qualifies as a refugee. If the Type C 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. If the Type C relative is approved for parole, the Type C-3 relative would also be considered for parole. A Qualifying Legal Guardian cannot include a Type C relative on the AOR, either in relation to themselves or in relation to a Qualifying Child.

Type D: The biological parent of a Qualifying Child that is not legally married to you (the Qualifying Parent) may, on a case-by-case basis, 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;
- AND,
2. is part of the same economic unit as the Qualifying Child.

Please list him/her in **Section II of the AOR as Type D 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 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. A Qualifying Legal Guardian cannot include a Type D relative, either in relation to themselves or in relation to a Qualifying Child.

Type E: 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, on a case-by-case basis, 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;
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** and/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. A Qualifying Legal Guardian can include a Type C relative, but not based on solely a familial relationship to the Qualifying Legal Guardian.

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 the Qualifying Child's married and/or age 21 or older sibling 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: The Qualifying Child's married siblings and/or siblings over 21 years of age may, on a case-by-case basis, also be considered qualified to apply for admission in connection with a Qualifying Child.

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

Married siblings and/or siblings over 21 years of age cannot derive their refugee status from the Qualifying Child and must independently establish that they qualify as a refugee. If the **married siblings and/or siblings 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 sibling and/or sibling over 21 years of age may 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. The Qualifying Child's married and/or age 21 or older siblings can also be understood to mean a Qualifying Parent's married and/or age 21 or older children.

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, and the other individuals on the AOR will be unable to proceed.
- **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 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 the child(ren) of the Qualifying Parent 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.
- A Qualifying Legal Guardian relationship means the assumption of responsibility for a minor by an adult under the laws of the state and under the order or approval of a court of law or other appropriate government entity. This provision requires that a legal process involving the courts or other recognized government entity take place. This formal grant of legal guardianship or custody must be issued by a country exercising jurisdiction over the child and in accordance with the laws where it was obtained, and must authorize the Qualifying Legal Guardian, or an individual or entity acting on their behalf, to take the child out of their country of nationality and permit the child to reside with the legal guardian in the United States. An informal custodian or guardianship document, such as a power of attorney document or notarized or sworn statement will not serve as sufficient evidence of a qualifying legal guardian relationship.

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(s) that provides proof of your eligibility. AORs submitted without such document(s) will NOT be accepted.

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

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.
- h. Receipt notice for I-589, Application for Asylum and for Withholding of Removal, Employment Authorization Document (EAD) based on category (c)(08)
- i. Receipt notice for I-918, Petition for U Nonimmigrant Status (Victims of Criminal Activity)

Affidavit of Support:

You (the Qualifying Parent or Qualifying Legal Guardian) 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 (the biological parent of the qualifying child not married to you) or Type E (the primary caregiver) relative and his or her accompanying spouse Type D2/E2 (spouse) and Type D3/E3 (children). 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".

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 documents for any derivatives of Type A, B, 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 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 or Qualifying Legal Guardian) 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 between you, if you are a Qualifying Parent, and caregiver if the biological relationship can be verified through DNA testing (i.e. biological grandparent). You will receive a notice providing full instructions on how to arrange for DNA relationship testing by the Resettlement Support Center. By signing your name on the DS-7699, 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. 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 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 the child(ren) abroad must be as complete as possible - at minimum, a phone number is required. Provide contact information for the child's caregiver and other parent (if not the caregiver). If the child's caregiver 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.

7. What Are the General Instructions for Completing the AOR? (Continued)

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 (e.g., 14 JAN 1965).

Relatives: Be sure to include all relatives for whom you are not requesting USRAP access, 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.

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.

8. 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.

9. 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 and Nationality Act, including 8 U.S.C. section 1157 and 8 U.S.C. 1522(a). 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.

10. 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 OR QUALIFYING LEGAL GUARDIAN

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; e.g. 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. 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; e.g. 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; e.g. 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 caregiver. If the caregiver 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/Country 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 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 access to the USRAP for my family members may be terminated if I, or they, fail to submit DNA evidence upon request.

LIST OF RELATIONSHIP CODES

CODE	RELATIONSHIP	CODE	RELATIONSHIP
AB	ADOPTIVE BROTHER	GN	GREAT GRANDSON
AD	ADOPTED DAUGHTER	GU	GUARDIAN
AF	ADOPTIVE FATHER	HB	HALF BROTHER
AM	ADOPTIVE MOTHER	HS	HALF SISTER
AR	ADOPTIVE SISTER	HU	HUSBAND
AS	ADOPTED SON	LG	LEGAL GUARDIAN
AU	AUNT	MC	COUSIN (MALE)
BH	HUSBAND'S BROTHER	MR	RELATIVE BY MARRIAGE
BR	BROTHER (BIOLOGICAL)	MW	MINOR WIFE
DA	DAUGHTER (BIOLOGICAL)	MO	MOTHER (BIOLOGICAL)
DI	DAUGHTER-IN-LAW	MI	MOTHER-IN-LAW
DR	DISTANT RELATIVE	NE	NEPHEW
EH	EX-HUSBAND	NI	NIECE
EW	EX-WIFE	NF	UNION WITH FEMALE
FA	FATHER (BIOLOGICAL)	NM	UNION WITH MALE
FI	FATHER-IN-LAW	SI	SISTER (BIOLOGICAL)
FC	COUSIN (FEMALE)	SO	SON (BIOLOGICAL)
FN	FIANCE(E)	SL	SON-IN-LAW
FB	FOSTER BROTHER	SB	STEP BROTHER
FD	FOSTER DAUGHTER	SD	STEP DAUGHTER
FF	FOSTER FATHER	SF	STEP FATHER
FM	FOSTER MOTHER	SM	STEP MOTHER
FT	FOSTER SISTER	SS	STEP SISTER
FS	FOSTER SON	SN	STEP SON
FR	FRIEND	UK	UNKNOWN RELATIONSHIP
GD	GRANDDAUGHTER	UM	UNACCOMPANIED MINOR
GF	GRANDFATHER	UN	UNCLE
GM	GRANDMOTHER	UR	UNRELATED
GS	GRANDSON	US	HUSBAND'S SISTER
GR	GREAT GRANDDAUGHTER	WB	WIFE'S BROTHER
GH	GREAT GRANDFATHER	WI	WIFE
GG	GREAT GRANDMOTHER	WS	WIFE'S SISTER



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
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IMPORTANT NOTICE: By completing this form you are claiming a relationship with children abroad in order to assist the U.S. Government in determining whether those children meet 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 child(ren) 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 QUALIFYING PARENT OR QUALIFYING LEGAL GUARDIAN

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

Privacy Act Statement

AUTHORITIES: The information is sought for the purpose of carrying out 8 U.S.C. section 1157 and 8 U.S.C. section 1522(a).
PURPOSE: The information solicited on this form, including the agreement of the qualifying parent who claims a biological relationship to provide a DNA sample at a later date, will be used to assist in determining whether a child(ren) 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 for purposes of determining whether your child(ren) is eligible for admission to the United States and for verifying information provided by the child(ren) listed on this form in any application they may make for admission to the United States under the USRAP or for any other immigration benefit under U.S. law. The information may also be made available to Members of Congress or other Federal, State, and local government agencies having statutory or other lawful authority, as needed for the formulation, amendment, administration, or enforcement of immigration, nationality, and other laws of the United States and to international organizations and resettlement agency partners that work with the USRAP to enable them to coordinate and manage refugee processing overseas and resettlement in the United States. More information on the Routine Uses for the system can be found in the System of Records Notice, State-59, Refugee Case Records.
DISCLOSURE: Providing this information is voluntary. Failure to provide the information requested on this form may result in denied consideration for your relative's access to the USRAP for refugee resettlement.

Paperwork Reduction Act

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Department of State, PRMA, 2025 E Street, NW Washington DC, 20520. OMB Approval No. 1405-0217.

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

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

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

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 CAREGIVER

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

Comments

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

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

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

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

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 CAREGIVER

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

Comments

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

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

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

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

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 CAREGIVER

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

Comments

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

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

A. You may claim only unmarried children under age 21 as 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 or Legal Guardian	Upload Photo
	<i>Last</i>	<i>First</i>	<i>Middle</i>						
					<input type="checkbox"/>				

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 CAREGIVER

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 or Legal Guardian	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"/>							

Comments

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

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

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

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

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 CAREGIVER

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

Comments

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

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

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

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

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 CAREGIVER

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

Comments

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

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

In this section please provide information about your current and former spouses and children (including biological, adopted, step and foster children); if you have NOT previously provided this information under Section II. Please list whether living (L), deceased (D), or unknown (U). If the relative is deceased, please indicate the date of death in the Current or Last Known City/Country column.

(A) SPOUSES (CURRENT AND FORMER)

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

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

	Name			Sex	Date of Birth (dd mmm yyyy) If estimated, check box	City/Country of Birth	Marital Status	Current or Last Known City/Country	L, D, U	Relationship to Qualifying Parent or Legal Guardian
	Last	First	Middle							
1					<input type="checkbox"/>					
2					<input type="checkbox"/>					
3					<input type="checkbox"/>					
4					<input type="checkbox"/>					
5					<input type="checkbox"/>					
6					<input type="checkbox"/>					
7					<input type="checkbox"/>					
8					<input type="checkbox"/>					
9					<input type="checkbox"/>					
10					<input type="checkbox"/>					
11					<input type="checkbox"/>					
12					<input type="checkbox"/>					
13					<input type="checkbox"/>					
14					<input type="checkbox"/>					
15					<input type="checkbox"/>					

Qualifying Parent or Legal Guardian Name <i>(Last, First, Middle)</i>	Case File ID Number	Date of Birth <i>(dd mmm yyyy)</i>
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SECTION IV: ADDITIONS/EXPLANATIONS

Identify for which section, number and name the information is being provided.

SECTION V: SIGNATURES

I certify, under penalty of perjury under the laws of the United States of America, that all of the foregoing information given in this affidavit is true and correct to the best of my knowledge. I understand that the information listed in this Affidavit of Relationship may be used by the U.S. Department of State or the U.S. Department of Homeland Security in the manner described in the Privacy Act statement.

By submitting this Affidavit of Relationship, I understand that I and 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>
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NAME AND SIGNATURE OF PERSON WHO ASSISTED IN PREPARING THIS FORM

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

Signature	Print Full Name	Date <i>(dd mmm yyyy)</i>
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Affiliate Name and Address	Phone Number
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IMAGES - Section II			
QUALIFYING CHILD			
Name	Name	Name	Name
DOB Rel To QP Select	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

Qualifying Parent or Legal Guardian Name (Last, First, Middle)

Case File ID Number

Date of Birth (dd mmm, yyyy)

IMAGES - Section II.A

QUALIFYING CHILD				
Name	Name	Name	Name	
DOB	Rel To QP	Select	DOB	Rel To QCH
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

Qualifying Parent or Legal Guardian Name (Last, First, Middle)

Case File ID Number

Date of Birth (dd mmm yyyy)

IMAGES - Section II B

QUALIFYING CHILD					
Name			Name		
DOB	Rel To QP	Select	DOB	Rel To QCH	
Name			Name		
DOB	Rel To QCH		DOB	Rel To QCH	
Name			Name		
DOB	Rel To QCH		DOB	Rel To QCH	
Name			Name		
DOB	Rel To QCH		DOB	Rel To QCH	
Name			Name		
DOB	Rel To QCH		DOB	Rel To QCH	
Name			Name		
DOB	Rel To QCH		DOB	Rel To QCH	

Qualifying Parent or Legal Guardian Name (Last, First, Middle)

Case File ID Number

Date of Birth (dd mm/yy)

IMAGES - Section II C

QUALIFYING CHILD.						
Name	Name	Name	Name			
DOB	Rel To QP	Select	DOB	Rel To QCH	DOB	Rel To QCH
Name	Name	Name	Name			
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	
Name	Name	Name	Name			
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	
Name	Name	Name	Name			
DOB	Rel To QCH	DOB	Rel To QCH	DOB	Rel To QCH	

IMAGES - Section II D			
<p style="text-align: center; margin: 0;">QUALIFYING CHILD</p>			
Name	Name	Name	Name
DOB Rel To QP Select	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

Qualifying Parent or Legal Guardian Name (Last, First, Middle)

Case File ID Number

Date of Birth (dd-mmm-yyyy)

IMAGES - Section II E

QUALIFYING CHILD				
Name	Name	Name	Name	
DOB	Rel To QP	Select	DOB	Rel To QCH
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