



Afghanistan Request for Consular Services Form

Please submit your responses within 15 minutes of loading this page or click the "extend session" button, when it appears, to avoid losing your entries. If it will take you more than 15 minutes to complete the form, we recommend you review the questions, collect the information needed to respond to them, and then fill out the form.

This form is for U.S. citizens and Lawful Permanent Residents (LPR) of the United States, their eligible family members, and U.S. immigrant and Special Immigrant Visa (SIV) applicants needing assistance in Afghanistan or to depart Afghanistan. Please select the option below that best fits your situation. Providing as much of the requested information as possible will help us to provide the best assistance to you. Please do not submit more than one form per person needing assistance unless that person's contact information has changed. Upon submitting this form, please continue to monitor official U.S. government websites, including travel.state.gov, for updated information.

I am



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I am

A U.S. Citizen in Afghanistan or inquiring about my U.S. Citizen family member in Afghanistan

To access general information about American Citizen Services without providing the information, please visit <https://travel.state.gov>

Biographic Information

* Full Name of US Citizen Needing Assistance	* Date of Birth	City, Country of Birth
<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text"/>

*** Proof of Citizenship**

Current Location Information:

Current Location of U.S. Citizen

Please add contact information for the person needing assistance:

[+ Add Contact](#)

Contact Type	Email Address	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Preferred method of contact (select all that apply)

- Phone call
- Text message
- Email
- WhatsApp message

I am completing this form on someone else's behalf

Please include information for all immediate family members:

Preferred method of contact (select all that apply)

- Phone call
- Text message
- Email
- WhatsApp message

I am completing this form on someone else's behalf

Please include information for all immediate family members:

(spouse and unmarried children under the age of 21)

[+ Add Person](#)

Full Name	Status	DOB	Citizenship	Doc Number
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***Service Needed**

Comments / Additional Details:

[Privacy Act Statement & Consent to Sharing](#)

The information on this form will help the U.S. Department of State respond to your request for assistance in leaving Afghanistan, applying for a U.S. passport or Consular Report of Birth Abroad, or obtaining other routine or emergency consular services or information. The information is requested pursuant to Executive Order 12856 (1993), the Vienna Convention on Consular Relations, and related statutory authorities. Providing information is voluntary but without it the United States government will be constrained in efforts to provide appropriate assistance.

In submitting your request, you are indicating your consent to the Department sharing the information, in connection with the consular functions requested, with other U.S. or foreign government authorities, airlines and other transportation carriers, international or non-governmental organizations, or relevant family members or other private individuals or other entities. In an emergency situation such recipients may extend beyond those listed in the Overseas Citizens Services Records Privacy Act System of Records Notice (2016), available [here](#), if they are in a position to assist.

All records will be protected in accordance with the Privacy Act of 1974. If you are submitting information about individuals other than yourself or your minor children, please be aware that the Department of State may be limited in some circumstance in what it can share unless those individuals also provide their written consent.

Submit

I am

A U.S. LPR in Afghanistan or inquiring about my LPR family member in Afghanistan

Biographic Information

*Full name of LPR needing assistance

*Date of Birth

mm/dd/yyyy

City, Country of Birth

*U.S. Green Card Number/A Number

Current Location Information:

*Current Location of LPR

Please add contact information for the person needing assistance:

+ Add Contact

Contact Type	Email Address	Phone Number

Preferred method of contact (select all that apply)

- Phone call
- Text message
- Email
- WhatsApp message

I am completing this form on behalf of an LPR

Please include information for all immediate family members:

+ Add Contact

Contact Type	Email Address	Phone Number

Preferred method of contact (select all that apply)

- Phone call
- Text message
- Email
- WhatsApp message

I am completing this form on behalf of an LPR

Please include information for all immediate family members:

(spouse and unmarried children under the age of 21)

+ Add Person

Full Name	Status	DOB	Citizenship	Doc Number

*Service Needed

Comments / Additional Details:

Privacy Act Statement & Consent to Sharing

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Submit

I am

A U.S. Citizen or LPR who needs support getting non-U.S. citizen family members out of Afghanistan

Biographic Information:

*Full name of U.S. Citizen or LPR needing assistance getting their family out of Afghanistan

*Date of Birth

City, Country of Birth

*Proof of Citizenship Status

Location Information:

Current Location

Please add your contact information:

+ Add Contact

Contact Type	Email Address	Phone Number
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Preferred method of contact (select all that apply)

- Phone call
- Text message
- Email
- WhatsApp message

*Are you completing this form on behalf of a U.S. Citizen or LPR that needs assistance getting their non-U.S. Citizen or non-LPR family out of Afghanistan?

Please provide more information about your non-U.S. Citizen or non-LPR family member in Afghanistan:

+ Add Person

I am

An Immigrant visa or Special Immigrant visa holder or applicant who needs assistance

I am

Biographic Information

*Name of Applicant

*Date of Birth

mm/dd/yyyy



*National I.D./Tazkera

Case Number

Comments / Additional Details:

Privacy/Confidentiality Notice

The information on this form is sought in order to help the U.S. Department of State respond to your request for assistance in pursuing a visa application, seeking to leave Afghanistan, or obtaining related consular services. The information is requested pursuant to the Immigration and Nationality Act (INA), Executive Order 12856 (1988), the Vienna Convention on Consular Relations, and related authorities. Providing information is voluntary but without it the United States government will be constrained in efforts to provide appropriate assistance.

The information collected may be used by the U.S. Departments of State, Defense and Homeland Security and may be shared with other U.S. or foreign government agencies, international organizations, airlines and other transportation providers, non-governmental organizations and relevant family or other private individuals or entities, consistent with the purposes here described and in accordance with the visa confidentiality provisions of the INA and the Privacy Act of 1974 as applicable. Information also may be shared as necessary for anti-fraud, law enforcement, administrative or counter-terrorism purposes.

Submit

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I am

Seeking US Refugee Admissions Program Priority 2 Designation for Afghan Nationals

Please navigate to our existing refugee info pages: [U.S. Refugee Admissions Program Priority 2 Designation for Afghan Nationals](#) | [U.S. Embassy in Afghanistan \(usembassy.gov\)](#)

I am

None of the above and am seeking assistance departing Afghanistan

Biographic Information

*Full Name

*Date of Birth

mm/dd/yyyy



City, Country of Birth

National I.D./Tazkera

Current Location Information:

*Current Location

Please add contact information for the person needing assistance:

+ Add Contact

Contact Type

Email Address

Phone Number

Preferred method of contact (select all that apply)

- Phone call
- Text message
- Email
- WhatsApp message

Comments / Additional Details:

Please navigate to our existing refugee info pages: [U.S. Refugee Admissions Program Priority 2 Designation for Afghan Nationals](#) | [U.S. Embassy in Afghanistan \(usembassy.gov\)](#)

Submit