



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

OMB CONTROL NO. 1405-0203
EXPIRES: 10-31-2024
ESTIMATED BURDEN: 20 MIN.

Special immigrant visa applicants who qualify for and request reception and placement benefits from the Department of State must complete this form for each family member and submit it via email as a scanned attachment to **SIV_ope@iom.int**.

A. CASE INFORMATION (To be completed by NVC)

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

1. Case Size (<i>Yourself plus family members traveling with you</i>)	2. Are you the principal applicant (PA)? <div style="text-align: center;">Yes No</div>	3. If not, what is your relationship to the PA? (<i>Husband, wife, son, daughter</i>)
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4. Name as it Appears on your Passport (<i>Last, First, Middle</i>)	5. Sex
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6. Marital Status	7. If married, is your spouse your first cousin?	8. Date of Birth (<i>mm-dd-yyyy</i>)	9. Place of Birth (<i>City, Country</i>)
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10. Nationality	11. Ethnicity	12. Religion
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13. Physical Address

14. Phone Number(s)

15. E-mail

16. Occupation/Skill

17. Education Level/Field of Study

18. Native Language (<i>Advanced, Intermediate, Elementary, No proficiency</i>)	
Language:	
Reading	
Writing	
Speaking	

19. Other Language(s) (<i>Advanced, Intermediate, Elementary, No proficiency</i>)	
Language 1	
Language 2	
Language 3	
Language 4	

20. English Speaking Ability (<i>Advanced, Intermediate, Elementary, No proficiency</i>)
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21. Pregnant Estimated Delivery Date (EDD) (<i>mm/dd/yyyy</i>)

22. Health Issues (<i>If yes, please explain</i>)

C. CROSS REFERENCE

23. Do you have other family members with active U.S. immigration and/or refugee cases with whom you wish to be resettled? If yes, please provide family member name(s), relationship(s) to you, date(s) of birth, and special immigrant visa case number(s). There is no guarantee that requests to resettle with family members on other cases can be honored and could result in delays in processing.

Yes No

	Family Member Name			Relationship to you	Date of Birth (dd mmm yyyy) If unknown, check box	Special Immigrant Visa Case Number
	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"/>

D. U.S. TIES

24. Do you have family members or friends already residing in the United States? If yes, please provide family/friend information below. It may be possible for you to be resettled near them. If the number of U.S. Ties exceeds seven, please include additional entries in the comments section.

Yes No

	Name			Relationship to you	Nationality	Marital Status	Sex	Address	Phone Number	E-mail Address
	Last	First	Middle							
1										
2										
3										
4										

E. COMMENTS

The information provided herein is confidential and shall only be shared with Department of State personnel, officers of other federal agencies including the Department of Health and Human Services and the Department of Homeland Security, and resettlement agency employees on a need-to-know basis. The Department of State uses the facts you provide on this form to facilitate the provision of resettlement and placement benefits and to assist in determining the location in the United States in which you will be resettled. As per:

Section 101(a)(27) of the Immigration & Nationality Act

Section 1059, National Defense Authorization Act for Fiscal Year 2006, Public Law 109-163, <https://www.govinfo.gov/content/pkg/PLAW-109publ163/pdf/PLAW-109publ163.pdf>, as amended.

Section 1244 of the Refugee Crisis in Iraq Act of 2007, Title XII, Division A of the National Defense Authorization Act for Fiscal Year 2008, Public Law 110-181, <https://www.gpo.gov/fdsys/pkg/PLAW-110publ181/html/PLAW-110publ181.htm>, as amended.

Section 525 of Title V, Division G of the Consolidated Appropriations Act, 2008, Public Law 110-161.

Section 602 of the Afghan Allies Protection Act, Title VI, Division F of the Omnibus Appropriations Act, 2009, Public Law 111-8.

Public reporting burden for this collection of information is estimated to average 20 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: DOS/PRM, Office of Admissions, 2025 E Street, NW Washington, DC 20522-0908.

