



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

OMB CONTROL NO. 1405-0203  
 EXPIRES: 08-31-2021  
 ESTIMATED BURDEN: 20 MIN.

Special immigrant visa applicants who qualify for and request resettlement assistance from the Department of State must complete this form for all family members and submit it via email as a scanned attachment to the Resettlement Support Center for the Middle East and North Africa (RSC MENA) at [siv\\_ope@iom.int](mailto:siv_ope@iom.int).

<b>A. CASE INFORMATION (To be completed by NVC)</b>									
NVC Case Number			Assigned Post				Post POC Information		
<b>B. PRINCIPAL APPLICANT</b>									
To be completed by Applicant									
1. Case Size ( <i>Yourself plus family members traveling with you</i> )					2. Name as it Appears on your Passport ( <i>Last, First, Middle</i> )				
3. Passport No.	4. IV Case No.	5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Marital Status	7. Date of Birth ( <i>mm-dd-yyyy</i> )	8. Place of Birth (City, Country)	9. Nationality			
10. Ethnicity	11. Religion	12. Phone Number(s)		13. E-mail					
14. Occupation/Skill		15. Education Level/Field of Study			16. Native Language (Good, Some, None)		17. Other Language(s) (Good, Some, None)		
					Language		Language 1		
					Reading		Language 2		
18. English Speaking Ability (Good, Some, None)					Writing		Language 3		
					Speaking		Language 4		
19. Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	20. Estimated Delivery Date ( <i>mm-dd-yyyy</i> )	21. Health Issues (If yes, please explain)							
<b>C. SPOUSE</b>									
1. Name as it Appears on Passport ( <i>Last, First, Middle</i> )									
2. Passport No.	3. IV Case No.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Marital Status	6. Date of Birth ( <i>mm-dd-yyyy</i> )	7. Place of Birth (City, Country)	8. Nationality			
9. Ethnicity	10. Religion	11. Phone Number(s)		12. E-mail					
13. Occupation/Skill		14. Education Level/Field of Study			15. Native Language (Good, Some, None)		16. Other Language(s) (Good, Some, None)		
					Language		Language 1		
					Reading		Language 2		
17. English Speaking Ability (Good, Some, None)					Writing		Language 3		
					Speaking		Language 4		
18. Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Estimated Delivery Date ( <i>mm-dd-yyyy</i> )	20. Health Issues (If yes, please explain)							

<b>D. Children</b> (List children from eldest to youngest, if you have more than six children, please use the addendum sheet at the end of the form.)							
<b>Child 1</b>	1. Name as it Appears on Passport ( <i>Last, First, Middle</i> )						
2. Passport No.	3. IV Case No.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Marital Status	6. Date of Birth ( <i>mm-dd-yyyy</i> )	7. Place of Birth (City, Country)	8. Nationality	
9. Ethnicity	10. Religion	11. Phone Number(s)		12. E-mail			
13. Occupation/Skill	14. Education Level/Field of Study	15. Native Language (Good, Some, None)		16. Other Language(s) (Good, Some, None)			
		Language		Language 1			
17. English Speaking Ability (Good, Some, None)		Reading		Language 2			
		Writing		Language 3			
18. Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Estimated Delivery Date ( <i>mm-dd-yyyy</i> )	20. Health Issues (If yes, please explain)				
<b>Child 2</b>	1. Name as it Appears on Passport ( <i>Last, First, Middle</i> )						
2. Passport No.	3. IV Case No.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Marital Status	6. Date of Birth ( <i>mm-dd-yyyy</i> )	7. Place of Birth (City, Country)	8. Nationality	
9. Ethnicity	10. Religion	11. Phone Number(s)		12. E-mail			
13. Occupation/Skill	14. Education Level/Field of Study	15. Native Language (Good, Some, None)		16. Other Language(s) (Good, Some, None)			
		Language		Language 1			
17. English Speaking Ability (Good, Some, None)		Reading		Language 2			
		Writing		Language 3			
18. Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Estimated Delivery Date ( <i>mm-dd-yyyy</i> )	20. Health Issues (If yes, please explain)				
<b>Child 3</b>	1. Name as it Appears on Passport ( <i>Last, First, Middle</i> )						
2. Passport No.	3. IV Case No.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Marital Status	6. Date of Birth ( <i>mm-dd-yyyy</i> )	7. Place of Birth (City, Country)	8. Nationality	
9. Ethnicity	10. Religion	11. Phone Number(s)		12. E-mail			
13. Occupation/Skill	14. Education Level/Field of Study	15. Native Language (Good, Some, None)		16. Other Language(s) (Good, Some, None)			
		Language		Language 1			
17. English Speaking Ability (Good, Some, None)		Reading		Language 2			
		Writing		Language 3			
18. Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Estimated Delivery Date ( <i>mm-dd-yyyy</i> )	20. Health Issues (If yes, please explain)				

**D. Children - Continued** (List children from eldest to youngest, if you have more than six children, please use the addendum sheet at the end of the form.)

<b>Child 4</b>		1. Name as it Appears on Passport ( <i>Last, First, Middle</i> )					
2. Passport No.	3. IV Case No.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Marital Status	6. Date of Birth ( <i>mm-dd-yyyy</i> )	7. Place of Birth (City, Country)	8. Nationality	
9. Ethnicity	10. Religion	11. Phone Number(s)		12. E-mail			
13. Occupation/Skill		14. Education Level/Field of Study		15. Native Language (Good, Some, None)		16. Other Language(s) (Good, Some, None)	
				Language		Language 1	
17. English Speaking Ability (Good, Some, None)				Reading		Language 2	
				Writing		Language 3	
18. Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Estimated Delivery Date ( <i>mm-dd-yyyy</i> )	20. Health Issues (If yes, please explain)				

<b>Child 5</b>		1. Name as it Appears on Passport ( <i>Last, First, Middle</i> )					
2. Passport No.	3. IV Case No.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Marital Status	6. Date of Birth ( <i>mm-dd-yyyy</i> )	7. Place of Birth (City, Country)	8. Nationality	
9. Ethnicity	10. Religion	11. Phone Number(s)		12. E-mail			
13. Occupation/Skill		14. Education Level/Field of Study		15. Native Language (Good, Some, None)		16. Other Language(s) (Good, Some, None)	
				Language		Language 1	
17. English Speaking Ability (Good, Some, None)				Reading		Language 2	
				Writing		Language 3	
18. Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Estimated Delivery Date ( <i>mm-dd-yyyy</i> )	20. Health Issues (If yes, please explain)				

<b>Child 6</b>		1. Name as it Appears on Passport ( <i>Last, First, Middle</i> )					
2. Passport No.	3. IV Case No.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Marital Status	6. Date of Birth ( <i>mm-dd-yyyy</i> )	7. Place of Birth (City, Country)	8. Nationality	
9. Ethnicity	10. Religion	11. Phone Number(s)		12. E-mail			
13. Occupation/Skill		14. Education Level/Field of Study		15. Native Language (Good, Some, None)		16. Other Language(s) (Good, Some, None)	
				Language		Language 1	
17. English Speaking Ability (Good, Some, None)				Reading		Language 2	
				Writing		Language 3	
18. Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Estimated Delivery Date ( <i>mm-dd-yyyy</i> )	20. Health Issues (If yes, please explain)				

**E. CROSS REFERENCE**

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

	Family Member Name				Date of Birth (dd mmm yyyy) If unknown, check box	Special Immigrant Visa Case Number
	Last	First	Middle	Relationship to you		
1					<input type="text"/>	<input type="checkbox"/>
2					<input type="text"/>	<input type="checkbox"/>
3					<input type="text"/>	<input type="checkbox"/>
4					<input type="text"/>	<input type="checkbox"/>
5					<input type="text"/>	<input type="checkbox"/>
6					<input type="text"/>	<input type="checkbox"/>
7					<input type="text"/>	<input type="checkbox"/>

**F. U.S. TIES**

23. 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 to be resettled near them. If the number exceeds 7, please include them in the comments section.  Yes  No

	Name			Relationship to you	Gender	Address	Phone Number	E-mail Address
	Last	First	Middle					
1								
2								
3								
4								
5								
6								
7								

**G. COMMENTS**

**CONFIDENTIALITY STATEMENT AND PAPERWORK REDUCTION ACT STATEMENT**

The information asked for on this form is requested in accordance with Section 222(f) of the Immigration and Nationality Act, and is considered confidential. The information provided herein shall only be shared with State Department 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 U.S. 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.

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.

**D. Children (Continued from page 3, if necessary)**

<b>Child</b>	1. Name as it Appears on Passport ( <i>Last, First, Middle</i> )						
2. Passport No.	3. IV Case No.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Marital Status	6. Date of Birth ( <i>mm-dd-yyyy</i> )	7. Place of Birth (City, Country)	8. Nationality	
9. Ethnicity	10. Religion	11. Phone Number(s)		12. E-mail			
13. Occupation/Skill	14. Education Level/Field of Study	15. Native Language (Good, Some, None)			16. Other Language(s) (Good, Some, None)		
		Language			Language 1		
17. English Speaking Ability (Good, Some, None)		Reading			Language 2		
		Writing			Language 3		
		Speaking			Language 4		
18. Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Estimated Delivery Date ( <i>mm-dd-yyyy</i> )	20. Health Issues (If yes, please explain)					

<b>Child</b>	1. Name as it Appears on Passport ( <i>Last, First, Middle</i> )						
2. Passport No.	3. IV Case No.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Marital Status	6. Date of Birth ( <i>mm-dd-yyyy</i> )	7. Place of Birth (City, Country)	8. Nationality	
9. Ethnicity	10. Religion	11. Phone Number(s)		12. E-mail			
13. Occupation/Skill	14. Education Level/Field of Study	15. Native Language (Good, Some, None)			16. Other Language(s) (Good, Some, None)		
		Language			Language 1		
17. English Speaking Ability (Good, Some, None)		Reading			Language 2		
		Writing			Language 3		
		Speaking			Language 4		
18. Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Estimated Delivery Date ( <i>mm-dd-yyyy</i> )	20. Health Issues (If yes, please explain)					

<b>Child</b>	1. Name as it Appears on Passport ( <i>Last, First, Middle</i> )						
2. Passport No.	3. IV Case No.	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Marital Status	6. Date of Birth ( <i>mm-dd-yyyy</i> )	7. Place of Birth (City, Country)	8. Nationality	
9. Ethnicity	10. Religion	11. Phone Number(s)		12. E-mail			
13. Occupation/Skill	14. Education Level/Field of Study	15. Native Language (Good, Some, None)			16. Other Language(s) (Good, Some, None)		
		Language			Language 1		
17. English Speaking Ability (Good, Some, None)		Reading			Language 2		
		Writing			Language 3		
		Speaking			Language 4		
18. Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No	19. Estimated Delivery Date ( <i>mm-dd-yyyy</i> )	20. Health Issues (If yes, please explain)					