

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

OMB CONTROL NO. 1405-0203 Expires: 05-31-2022 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.

A. CASE INFORMATIO	N (To be	completed by	NVC)									
NVC Case Number			Assigned Post				Post I	Post POC Information				
B. PRINCIPAL APPLIC	ANT		•									
To be completed by A	Applicant											
1. Case Size (Yourself paraveling with you)	olus family	members	2. Name as it Appears on your Passport (Last, First, Middle)									
3. Passport No.	4. IV Case No.		5. Sex Male Female	6. Marital Status	7. Date of Birth (mm-dd-yyyy)			8. Place of Birth (City, Country)		9. Nationality		
10. Ethnicity	11. Relig	ion	12. Phone Number(s)			13. E-m	ail					
14. Occupation/Skill	•	15. Education	15. Education Level/Field of Study			Native Lood, Som			17. Other Language(s) (Good, Some, None)			
					Language		Language		: 1			
					Re	Reading			Language	2		
18. English Speaking Ability			Writing					Language	3			
(Good, Some, None)						Speaking			Language	4		
19. Pregnant Yes No	20. Estim (mm-dd-)		Date 21. Health	21. Health Issues (If yes, please explain)								
C. SPOUSE			T .									
1. Name as it Appears of	on Passpor	t (Last, First, M	liddle)									
2. Passport No.	3. IV Case No.		4. Sex Male Female	5. Marital Status		6. Date of Birth (mm-dd-yyyy)		7. Place of Birth (City, Country)		8. Nationality		
9. Ethnicity	10. Relig	10. Religion 11. Phone Number				12. E-m	ail					
13. Occupation/Skill		14. Education Level/Field of Study			15. Native Languag (Good, Some, None		anguage ie, None	uage 16. Other (Good, Sc		Language(s) ome, None)		
					Language			Languag		: 1		
								Language		2		
17. English Speaking Al	oility				Writing			Language		3		
(Good, Some, None)					Spe	eaking			Language	4		
18. Pregnant Yes No	19. Estim (mm-dd-)		Date 20. Health	n Issues (If yes, pleas	e exp	olain)						

D. Children (List o	hildre	en from eld	lest to youngest	t, if you have m	ore than six children,	plea	ise use th	ne adder	ndum sheet	at the end	of the form.)	
Child 1	Child 1 1. Name as it Appears on Passport (<i>Last, First, Middle</i>)											
2. Passport No. 3. IV Cas		e No.	4. Sex Male Female	Male		6. Date of Birth (mm-dd-yyyy)		7. Place of Birth (City, Country)		8. Nationality		
9. Ethnicity		10. Relig	ion	11. Phone Number(s)			12. E-mail					
13. Occupation/Skill			14. Education	Level/Field of S	Study	15. Native Language (Good, Some, None)				16. Other Language(s) (Good, Some, None)		
				_	nguage ading			Language Language				
17. English Speakir (Good, Some, None	ng Ab	oility					iting			Language	3	
18. Pregnant Yes No	8. Pregnant Yes 19. Estimated Delivery Date (mm-dd-yyyyy) 20. Health Issues (If yes, please explain)											
Child 2	1. N	ame as it	Appears on Pas	ssport (<i>Last, Fii</i>	rst, Middle)							
2. Passport No.		3. IV Cas	se No.	4. Sex Male Female	5. Marital Status					7. Place of Birth (City, Country) 8. National		
9. Ethnicity		10. Relig	ion	11. Phone Nu	imber(s)	12. E-mail						
13. Occupation/Skill			14. Education Level/Field of Study			15. Native Language (Good, Some, None)				Language(s) ome, None)		
							nguage ading			Language Language		
17. English Speakir (Good, Some, None	ng Ab	pility				Wr	Writing Speaking			Language 3 Language 4		
18. Pregnant							_1					
No No	1. N	ame as it	Appears on Pas	ssport (Last. Fir	rst. Middle)							
Child 3					,,							
2. Passport No.		3. IV Cas	se No.	4. Sex Male Female	5. Marital Status			7. Place of Birth (City, Country)		8. Nationality		
9. Ethnicity		10. Relig	ion	11. Phone Nu	imber(s)	12. E-mail						
13. Occupation/Skill		14. Education	14. Education Level/Field of Study			15. Native Language (Good, Some, None)			16. Other Language(s) (Good, Some, None)			
						Language		Language				
						+	ading			Language 2		
17. English Speakir (Good, Some, None		oility				-	iting eaking			Language 3		
18. Pregnant Yes No	<u>, </u>	19. Estim (mm-dd-)	 nated Delivery D //y/y)	Date 20. Health	n Issues (If yes, pleas					Language	· T	

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D. Children - Cont	inue	d (List child:	ren from eldest to	youngest, if you	have more than six child	lren, p	lease use	the adde	ndum sheet	at the end of	the form.)		
Child 4	1. N	lame as it	Appears on Pas	sport (<i>Last, Fii</i>	rst, Middle)								
2. Passport No.	sport No. 3. IV Ca		e No.	4. Sex Male Female	5. Marital Status	1 -	6. Date of Birth (mm-dd-yyyy)		7. Place of Birth (City, Country)		8. Nationality		
9. Ethnicity 10. Relig		10. Relig	ion	11. Phone Number(s)			12. E-mail						
13. Occupation/Skill			14. Education	15. Native Language (Good, Some, None)				16. Other Language(s) (Good, Some, None)					
						_	nguage			Language			
17.5 11.0 11		111.				+	ading iting			Language 2 Language 3			
17. English Speakir (Good, Some, None		ollity					eaking			Language			
18. Pregnant Yes No		19. Estim (mm-dd-)	ated Delivery D	ate 20. Health									
Child 5	1. N	lame as it	Appears on Pas	sport (<i>Last, Fir</i>	rst, Middle)								
2. Passport No.		3. IV Cas	e No.	4. Sex Male Female	5. Marital Status					7. Place of Birth City, Country) 8. Nationa			
9. Ethnicity	Ethnicity 10. Religi			11. Phone Nu	mber(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)			
							nguage			Language	: 1		
							Reading			Language 2			
17. English Speakir (Good, Some, None		oility					Writing Speaking			Language Language			
18. Pregnant Yes No		19. Estim (<i>mm-dd-</i>)		ate 20. Health	n Issues (If yes, pleas	e exp	olain)						
Child 6	1. N	lame as it	Appears on Pas	sport (<i>Last, Fir</i>	rst, Middle)								
2. Passport No.		3. IV Cas	e No.	4. Sex Male Female	5. Marital Status				7. Place of Birth (City, Country)		8. Nationality		
9. Ethnicity		10. Relig	ion	11. Phone Nu	mber(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				
							Reading		Language .				
17. English Speakir (Good, Some, None		oility					iting eaking			Language			
18. Pregnant Yes No	,	19. Estim (mm-dd-)	nated Delivery D	ate 20. Health	n Issues (If yes, pleas					Language	,		

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E. C	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.											
	Look		Deletionskip to vov	Date of Birth (dd mmm yyyy) If unknown, check box	Special Immigrant Visa Case Number						
1	Last		First	Middle		Relationship to vou					
2											
3											
4											
5											
6											
7											
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.											
		Name		Relationship to you	Gender	Address	Phone Number	E-mail Address			
	Last	First	Middle	Tronument to you	Condo	7.64.1.000					
1											
2											
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G. C	OMMENTS	l		ı	<u> </u>	1		1			
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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.

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D. Children (Conti	nued	I from pag	je 3, if necessa	ıry)									
Child	1. N	ame as it	Appears on Pas	ssport (<i>Last, Fi</i>	rst, Middle)								
2. Passport No. 3. IV Cas		se No.	4. Sex Male Female	5. Marital Status	1	Date of Birth nm-dd-yyyy)		7. Place of Birth (City, Country)		8. Nationality			
9. Ethnicity	9. Ethnicity 10. Relig			11. Phone Nu	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 Reading			Language 1 Language 2			
17. English Speakir (Good, Some, None	ng Ab	oility				_	iting			Language			
18. Pregnant Yes No	18. Pregnant Yes 19. Estimated Delivery Date (mm-dd-yyyyy) 20. Health Issues (If yes, please explain)							. •					
Child	1. N	ame as it	Appears on Pas	ssport (<i>Last, Fi</i>	rst, Middle)								
2. Passport No.		3. IV Cas	se No.	4. Sex Male Female	5. Marital Status				7. Place o (City, Cou		8. Nationality		
9. Ethnicity		10. Relig	ion	11. Phone Nu	Phone Number(s)			12. E-mail					
13. Occupation/Skill			14. Education Level/Field of Study			15. Native Language (Good, Some, None)					Language(s) ome, None)		
							anguage Reading			Language Language			
17. English Speakir (Good, Some, None		pility				Wr	iting eaking			Language	3		
18. Pregnant 19. Estimated Delivery Date 20. Health (mm-dd-yyyy)					n Issues (If yes, pleas	<u> </u>				Language	, T		
No No				=									
Child	1. N	ame as it	Appears on Pas	ssport (<i>Last, Fi</i>	rst, Middle)								
2. Passport No.		3. IV Cas	se No.	4. Sex Male Female	5. Marital Status			7. Place o (City, Cou		8. Nationality			
9. Ethnicity		10. Relig	ion	11. Phone Nu	ımber(s)	12. E-mail							
13. Occupation/Skill		14. Education	14. Education Level/Field of Study			15. Native Language (Good, Some, None)			16. Other Language(s) (Good, Some, None)				
						Language		Language		2 1			
							ading			Language 2			
17. English Speakir (Good, Some, None		oility				-	iting			Language 3			
,	=)	:					eaking			Language	e 4		
18. Pregnant Yes No		19. Estim (<i>mm-dd-</i>)	nated Delivery D	ate 20. Health	n Issues (If yes, pleas	se ex	piain)						

DS-234 Addendum page(s)