

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

OMB CONTROL NO. 1405-0203 EXPIRES: 04-30-2021 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.

A. CASE INFORMATIO	N (To be o	completed by	NVC)									
NVC Case Number	·	· ·	Assigned Post				Post I	Post POC Information				
B. PRINCIPAL APPLIC	ANT											
To be completed by A	pplicant											
1. Case Size (Yourself p traveling with you)	olus family	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 Birtl (mm-dd-yyyy)			8. Place of Birth (City, Country)		9. Nationality		
10. Ethnicity	11. Relig	ion	12. Phone Number(s)			13. E-mail						
14. Occupation/Skill		15. Education	Education Level/Field of Study			16. Native Language (Good, Some, None)			17. Other (Good, So	Language(s) me, None)		
						nguage			Language	1		
						Reading		Language		2		
18. English Speaking Ability			V			Writing			Language 3			
(Good, Some, None)						Speaking			Language	4		
19. Pregnant Yes No	20. Estim (mm-dd-)		Date 21. Health	n Issues (If yes, please	e exp	olain)						
C. SPOUSE			I									
1. Name as it Appears o	n Passpor	t (Last, First, M	iddle)									
2. Passport No.	3. IV Cas	e No.	4. Sex Male Female		6. Date of Birth (mm-dd-yyyy)			7. Place of Birth (City, Country)		8. Nationality		
9. Ethnicity	10. Relig	10. Religion 11. Phone Number(s)			12. E-mail							
13. Occupation/Skill 14. E		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 Ab	oility				Writing			Languag		3		
(Good, Some, None)					Spe	eaking			Language	4		
18. Pregnant Yes No	19. Estim (mm-dd-)		Date 20. Health	n Issues (If yes, please	e exp	olain)						

D. Children (List c	hildre	en from eld	lest to youngest	t, if you have m	ore than six children,	plea	se use th	ne adder	ndum sheet	at the end	of the form.)	
Child 1	Child 1 1. Name as it Appears on Passport (Last, First, Middle)											
2. Passport No. 3. IV Cas		se No.	4. Sex		6. Date of Birth (mm-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				. Native L ood, Som			16. Other Language(s) (Good, Some, None)		
							nguage			Language 1		
47 Familiah Ossalia		726 -				+	ading iting			Language Language		
17. English Speakir (Good, Some, None	ng Ab e)	ollity					eaking			Language		
18. Pregnant Yes No		19. Estim (mm-dd-)		20. Health	n Issues (If yes, pleas	-						
Child 2	1. N	ame as it	Appears on Pas	ssport (<i>Last, Fir</i>	rst, Middle)							
2. Passport No.		3. IV Cas	se No.	4. Sex Male Female	5. Marital Status					Place of Birth ity, Country) 8. National		
9. Ethnicity	9. Ethnicity 10. Relig			11. Phone Nu	12. E-mail							
13. Occupation/Skil	II		14. Education Level/Field of Study			15. Native Language (Good, Some, None)				16. Other Language(s) (Good, Some, None)		
							nguage			Language		
						-	Reading			Language		
17. English Speakir (Good, Some, None	ng Ab e)	oility				Writing Speaking			Language Language			
18. Pregnant Yes		19. Estim (mm-dd-)	nated Delivery D	20. Health	n Issues (If yes, pleas	e ex	plain)					
No	1 N	amo ac it	Appears on Pas	ceport (Last Fi	ret Middle)							
Child 3	1.19	anie as it	Appears on Fas	ssport (Last, Fil	st, iviluale)							
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	mber(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		9.1		
							Reading		Languag			
17. English Speakir (Good, Some, None		oility					iting eaking			Language		
18. Pregnant Yes No	,	19. Estim (mm-dd-)	 nated Delivery D vyyy)	Pate 20. Health	n Issues (If yes, pleas					Language	· -	

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D. Children - Conti	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.		3. IV Cas	se No.	No. 4. Sex 5. I ☐ Male ☐ Female		1	5. Date of Birth mm-dd-yyyy)		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	15. Native Language (Good, Some, None)				16. Other Language(s) (Good, Some, None)				
						Language				Language 1		
						+	Reading			Language	- 	
17. English Speakir (Good, Some, None		oility					iting eaking			Language Language		
18. Pregnant Yes No	Yes (mm-dd-yyyy)											
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				Place of Birth 8. Nationalit City, Country)			
9. Ethnicity	. Ethnicity 10. Relig			11. Phone Nu	mber(s)	12. E-mail						
13. Occupation/Skill		ı	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 3 Language 4			
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	se 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	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 Reading		Language 1				
47 English Crastin	20 A!	silit.					iting			Language 2 Language 3		
17. English Speakir (Good, Some, None		ouity					eaking			Language		
18. Pregnant Yes No		19. Estim (mm-dd-)	nated Delivery D	ate 20. Health	n Issues (If yes, pleas			I		1 0.195		

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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		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	, , , , , , , , , , , , , , , , , , ,		1				
1										
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4										
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7										
G. C	OMMENTS									
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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. Name as it Appears on Passport (Last, First, Middle)												
2. Passport No. 3. IV Cas		se 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			ion	11. Phone Nu	ımber(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 ading			Language 1		
17. English Speakir	na Ah	nility				+	iting			Language 2 Language 3		
(Good, Some, None	e)	, iii ty				_	eaking			Language	e 4	
18. Pregnant Yes No 19. Estimated Delivery Date 20. Health Issues (If yes, please explain) (mm-dd-yyyy)												
Child	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. 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)					Language(s) ome, None)	
							nguage			Language		
							Reading			Language		
17. English Speakii (Good, Some, None		oility					Writing Speaking		Language 3 Language 4			
18. Pregnant Yes No		19. Estim (mm-dd-)	nated Delivery D	20. Health	n Issues (If yes, pleas	se exp	plain)					
I NO	1 N	ame as it	Appears on Pas	ssport (Last Fil	rst Middle)							
Child	,	arrio do it	rippedio on r de	10port (2001, 1 11	rot, maaro)							
2. Passport No.		3. IV Cas	e 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				
							ading		Language			
17. English Speakir (Good, Some, None		oility					iting			Language		
18. Pregnant Yes No	,	19. Estim (mm-dd-)	 nated Delivery D //y/y)	Pate 20. Health	h Issues (If yes, pleas		eaking plain)			Language	, ग	

DS-234 Addendum page(s)