



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

OMB APPROVAL NO. 1405-0015
EXPIRES: xx/xx/xxxx
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 each family member and submit it via email as a scanned attachment to the National Visa Center at NVCSIV@state.gov .

A. CASE INFORMATION *(To be completed by NVC)*

| | | |
|-----------------|---------------|----------------------|
| NVC Case Number | Assigned Post | Post POC Information |
|-----------------|---------------|----------------------|

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;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | 3. If not, what is your relationship to the PA? <i>(Husband, wife, son, daughter)</i> |
| 4. Name as it Appears on your Passport <i>(Last, First, Middle)</i> | | 5. Sex <div style="text-align: center;"><input type="checkbox"/> Male <input type="checkbox"/> Female</div> |
| 6. Marital Status | 7. Date of Birth <i>(mm-dd-yyyy)</i> | 8. Place of Birth <i>(City, Country)</i> |
| 9. Nationality | 10. Ethnicity | 11. Religion |
| 12. Physical Address | | |
| 13. Phone Number(s) | | |
| 14. Email | | |
| 15. Last Occupation/Skill | | |
| 16. Education Level/Field of Study | | |
| 17. Native Language | | |
| 18. Other Language(s) | | |
| 19. English Speaking Ability <i>(Good, Some, None)</i> | 20. Health Problems <i>(Condition, Treatment, Urgency, Comments)</i> | |

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|---|---|
| C. CROSS REFERENCE | |
| 21. Do you have other immediate family members being processed on their own special immigrant visas? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 22. If yes, do you wish to be resettled in the same city in the United States? If yes, please provide family's name, relationship to you and their special immigrant visa case number. <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| D. U.S. TIES | |
| 23. Do you have family members already residing in the United States? If yes, please provide family information below. It may be possible to be resettled near them. <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 24. U.S. Relative's Name <i>(Last, First, Middle)</i> | 25. Birth Date <i>(mm-dd-yyyy)</i> <i>(If known)</i> |
| 26. Address | 27. Phone Number |
| 28. Relationship to You | 29. Email Address |
| E. COMMENTS | |
| | |
| <p>The information asked for on this form is requested pursuant to Section 222 of the Immigration and Nationality Act. The U.S. Department of State uses the facts you provide on this form primarily to determine your classification and eligibility for a U.S. immigrant visa. Individuals who fail to submit this form or who do not provide all the requested information may be denied a U.S. immigrant visa. If you are issued an immigrant visa and are subsequently admitted to the United States as an immigrant, the Department of Homeland Security will use the information on this form to issue you a Permanent Resident Card, and, if you so indicate, the Social Security Administration will use the information to issue you a Social Security Number and card.</p> <p>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: U.S. Department of State, A/ISS/DIR, 1800 G St. NW, Washington, DC 20520.</p> | |