

U.S. Department of State Bureau of Population, Refugees and Migration

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SPECIAL IMMIGRANT VISA BIODATA FORM

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					
Case Size (Yourself plus family members traveling with you)	2. Are you the principal applicant (PA)?	3. If not, wh PA? (Husb	at is your relationship to the and, wife, son, daughter)		
4. Name as it Appears on your Passpor	t (Last, First, Middle)		5. Sex		
6. Marital Status	7. Date of Birth (mm-dd-yyyy)	8. Place of Birth (City, Country)			
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 (Good, Some, None)	20. Health Problems (Condition, Treatm	nent, Urgency	v, Comments)		

C. CROSS REFERENCE				
21. Do you have other immediate family members being processed on their own special immigrant visas?				
		Yes No		
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.				
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.				
24. U.S. Relative's Name (Last, First, Middle)		25. Birth Date (mm-dd-yyyy) (If known)		
26. Address 27		Phone Number		
28. Relationship to You	29. Email Address			
E. COMMENTS				
The information asked for on this form is requested pursua	ut to Section 222 of the Immigration a	and Nationality Act. The		
U.S. Department of State uses the facts you provide on this for a U.S. immigrant visa. Individuals who fail to submit this may be denied a U.S. immigrant visa. If you are issued an States as an immigrant, the Department of Homeland Secu Permanent Resident Card, and, if you so indicate, the Soci you a Social Security Number and card.	form primarily to determine your class form or who do not provide all the re mmigrant visa and are subsequently rity will use the information on this fo	ssification and eligibility quested information admitted to the United rm to issue you a		
Public reporting burden for this collection of information is e required for searching existing data sources, gathering the documents required, and reviewing the final collection. You displays a currently valid OMB control number. If you have recommendations for reducing it, please send them to: U.S Washington, DC 20520.	necessary documentation, providing do not have to supply this informatio comments on the accuracy of this bu	the information and/or n unless this collection rden estimate and/or		