



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

OMB APPROVAL NO. 1405-0015
 EXPIRES: 12/31/2008
 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No	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 <input type="checkbox"/> Male <input type="checkbox"/> Female
---	---

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>
--	--

