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

OMB APPROVAL NO. 1405-0203
EXPIRES: 01-31-2016
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 *(Yourself plus family members traveling with you)*	2. Are you the principal applicant *(PA)*? ☐ Yes ☐ No	3. If not, what is your relationship to the PA? *(Husband, wife, son, daughter)*

4. Name as it Appears on your Passport *(Last, First, Middle)*	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. Religion

12. Physical Address

13. Phone Number(s)

14. E-mail

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 Issues *(Condition, Treatment, Pregnancy, Urgency, Comments)*

C. CROSS REFERENCE

21. Do you have other immediate family members being processed on their own special immigrant visas?

☐ Yes ☐ No

DS-234
01-2013

Submit one copy of the Special Immigrant Visa Biodata form for each family member.
Send completed form(s) to the National Visa Center as an email attachment at NVCSIV@state.gov .

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22. If yes, do you wish to be resettled in the same city in the United States? If yes, please provide family member's/members' name(s), relationship to you and special immigrant visa case number(s). If the number of family members exceeds 7, please include them in the comments section.　　☐ Yes　☐ No

	Family Member Name			Relationship to you	Date of Birth (dd mmm yyyy) If unknown, check box	Special Immigrant Visa Case Number
	Last	First	Middle			
1				Select One	☐	
2				Select One	☐	
3				Select One	☐	
4				Select One	☐	
5				Select One	☐	
6				Select One	☐	
7				Select One	☐	

D. 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.　　☐ Yes　☐ No

	Name			Relationship to you	Date of Birth (dd mmm yyyy) If unknown, check box	Address	Phone Number	E-mail Address
	Last	First	Middle					
1				Select One	☐			
2				Select One	☐			
3				Select One	☐			
4				Select One	☐			
5				Select One	☐			
6				Select One	☐			
7				Select One	☐			

E. COMMENTS

CONFIDENTIALITY STATEMENT AND PAPERWORK REDUCTION ACT STATEMENT

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.