



U.S. Department of State
**PETITION FOR SPECIAL IMMIGRANT CLASSIFICATION
FOR AFGHAN SIV APPLICANTS**

Approved OMB 1405-0134
Expires 11-30-2024
Estimated Burden 1 Hour*

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM

Only provide information for a deceased principal applicant when specifically instructed.

1. Last Name(s) <i>(List all spellings)</i>		2. First Name(s) <i>(List all spellings)</i>		3. Full Name <i>(In native alphabet)</i>	
4. Are you applying as the surviving spouse or child of a deceased principal applicant per section 602(b)(2)(C) of Public Law 111-8? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following information for the deceased principal applicant (4a-e).					
4a. Full Name <i>(Last Name(s), First Name(s))</i>			4b. Full Name in Native Alphabet		
4c. Date of Birth <i>(mm-dd-yyyy)</i>		4d. Place of Birth <i>(City, State/Province, Country)</i>		4e. National Identity Number <i>(Tazkera)</i>	
5. Clan or Tribe Name <i>(If applicable)</i>			6. All other names/aliases <i>(If applicable)</i>		
7. Date of Birth <i>(mm-dd-yyyy)</i>			8. Place of Birth <i>(City, State/Province, Country)</i>		
9. Passport Number		10. National Identity Number <i>(Tazkera)</i>		11. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
12. Email Address and Phone Number					
13. Current Physical Address			14. Father's Full Name		
			15. Mother's Full Name		
16. Provide information for current spouse, if any:					
Name <i>(Last Name(s), First Names(s))</i>		Date of Birth <i>(mm-dd-yyyy)</i>	Place of Birth		Date of Marriage <i>(mm-dd-yyyy)</i>
17. Provide names and dates of birth for children under the age of 21, if any:					
Name <i>(Last Name(s), First Names(s))</i>		Date of Birth <i>(mm-dd-yyyy)</i>	Name		Date of Birth <i>(mm-dd-yyyy)</i>
a.			b.		
c.			d.		
e.			f.		
g.			h.		
i.			j.		
18. List all countries you have entered in the last ten years. <i>(Give the year of each visit)</i>			19. List all countries that have ever issued you a passport.		

20. Have you ever lost a passport or had one stolen?

☐ Yes ☐ No

21. List your last five employers, including your current employer. If you are filing this form as a surviving spouse or child, list the deceased's last five employers.

Company or Employer Name	Work Location (base or city/province)	Job Title	Supervisor's Name	Supervisor's Email Address	Dates of Employment (mm-dd-yyyy) or "Present"		Reason for Separation (If no longer employed)
					From	To	

22. Have you or your deceased spouse or parent ever applied for Chief of Mission approval? ☐ Yes ☐ No

If YES, please provide the case number(s) of the application(s).

23. Additional Information (if needed)

You may use this section to provide additional information if the space provided above is not enough. Indicate the question number you are answering in the box next to "Item".

a. Item Number

b. Item Number

c. Item Number

I understand all the information I have provided in, or in support of, this application may be provided to other U.S. government agencies authorized to use such information for purposes including enforcement of the laws of the United States. I understand all of the information contained in this form and I certify under penalty of perjury under the laws of the United States of America that the foregoing is complete, true and correct. I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may result in refusal of the visa or denial of admission to the United States, and may subject me to criminal prosecution and/or removal from the United States.

24. Applicant's Signature (Typed or hand-written signatures are permitted)

Date (mm-dd-yyyy)

CONFIDENTIALITY STATEMENT

INA Section 222(f) provides that records relating to the issuance and refusal of visas shall be considered confidential and shall be used for the formulation, administration, or enforcement of the immigration, nationality, and other laws of the United States and for limited other purposes provided for in section 222(f) of the INA. At the discretion of the Secretary of State, certified copies of visa records may be made available to a court which certifies that the information contained in such records is needed in a case pending before the court.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. You do not have to provide the information unless this collection displays a currently valid OMB number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State, A/GIS/DIR, Washington, DC 20520.