

AFFIDAVIT OF RELATIONSHIP for the LAUTENBERG PROGRAM

Date Filed:

Check one of the following: New AOR:

Amended AOR:

WARNING: In completing this affidavit, you are claiming a family relationship to persons overseas. Completion of this AOR does not guarantee refugee processing or admission to the U.S. If you knowingly and willfully misrepresent or conceal a material fact or submit or reference a false document with this AOR, your request for family reunification may be denied. Additionally, USCIS has indicated that such misconduct may result in civil and/or criminal penalties, including immigration consequences for you and/or the intended beneficiary of this AOR.

SECTION I:

I am filing this Affidavit of Relationship for the following _____ persons located in: _____
 (Number) (Current country of residence)

Date of arrival in that country:

NAME: Last, First, Middle (underline Last Name)	SEX	MARITAL STATUS	DATE OF BIRTH MMM/DD/YYYY	CITY/COUNTRY OF BIRTH	RELATIONSHIP TO YOU (Anchor)
1.		S M D W			
2.		S M D W			
3.		S M D W			
4.		S M D W			
5.		S M D W			
6.		S M D W			

ADDRESS/LOCATION OF YOUR RELATIVE:			Phone:
Street Address:			
City:	State/Province:	Country:	Postal Code:

SECTION II: ANCHOR INFORMATION

Your Name: _____ Your Date of Birth: _____ Sex: _____
 Current U.S. Address: _____ City and Country of Birth: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (W): _____ e-mail Address: _____

Your Current U.S. Immigration Status (Check One) _____ Your Date of Arrival in the U.S. _____

() U.S. Citizen: Certificate #: _____

() Permanent Resident: A# _____ If you arrived as a refugee please complete the following:

() Asylee: A# _____ A. Your Country of Processing: _____

() Refugee: A# _____ B. Your Overseas Case Number: _____

() Other (Please Explain) _____ C. Agency that processed your case overseas: _____

SECTION III: If filing for a stepparent, parent, or spouse, please list dates/places of marriage and divorce. **If the relative is deceased, please indicate the date of death in the address column.** List former spouses in Section III of supplemental sheet.

NAME: Last, First, Middle (<u>underline Last Name</u>)		MARITAL STATUS	DATE OF BIRTH MMM/DD/YYYY	CITY/COUNTRY OF BIRTH	CURRENT ADDRESS
Your Father		S M D W			
Your Mother		S M D W			
Date/Place of (a) marriage:		(b) divorce:			
Step-Father		S M D W			
Step-Mother		S M D W			
Date/Place of (a) marriage:		(b) divorce:			
Current Spouse		S M D W			
Date/Place of (a) marriage:					

SECTION IV: List **ALL** your children not included in Section I (living, deceased or missing; blood, step or adopted)

NAME: Last, First, Middle (<u>underline Last Name</u>)	MARITAL STATUS	SEX	DATE OF BIRTH MMM/DD/YYYY	CITY/COUNTRY OF BIRTH	CURRENT ADDRESS
1.	S M D W				
2.	S M D W				
3.	S M D W				
4.	S M D W				

SECTION V: List **ALL** your brothers and sisters not included in Section I (living, deceased or missing; blood, step, half or adopted)

NAME: Last, First, Middle (<u>underline Last Name</u>)	MARITAL STATUS	SEX	DATE OF BIRTH MMM/DD/YYYY	CITY/COUNTRY OF BIRTH	CURRENT ADDRESS
1.	S M D W				
2.	S M D W				
3.	S M D W				
4.	S M D W				

SECTION VI: ADDITIONS/EXPLANATIONS

Please use this space to briefly explain any unusual relationships, including adopted, half and step relatives. Use additional sheets if needed.

Section: Number:

I swear that the information in this statement is true to the best of my knowledge. Anchor

Signature:

Subscribed and sworn before me this day of

Stamp and Seal of Notary:

Signature of Notary Public:

Name and signature of agency representative who assisted in preparing this Affidavit: