

Local Affiliate:

Pre-Case ID#

Processing Stamp

## AFFIDAVIT OF RELATIONSHIP (AOR)

Date Filed: DD/MMM/YYYY

**ATTENTION:** 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 United States.

### SECTION I (A): INFORMATION ABOUT PRINCIPAL BENEFICIARY (LIST ONLY THE PRINCIPAL BENEFICIARY)

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

Date of arrival in that country: DD/MMM/YYYY

	NAME: <u>Last</u> , First, Middle (underline <u>Last Name</u> )	SEX	MARITAL STATUS	DATE OF BIRTH DD/MMM/YYYY	CITY/COUNTRY OF BIRTH	RELATIONSHIP TO ANCHOR
1.						

### SECTION I (B): INFORMATION ABOUT PRINCIPAL BENEFICIARY'S FAMILY (LIST ONLY THE SPOUSE AND UNMARRIED CHILDREN UNDER 21 YEARS OF AGE OF THE PRINCIPAL BENEFICIARY, WHO ARE TO BE CONSIDERED FOR INTERVIEW)

	NAME: <u>Last</u> , First, Middle (underline <u>Last Name</u> )	SEX	MARITAL STATUS	DATE OF BIRTH DD/MMM/YYYY	CITY/COUNTRY OF BIRTH	RELATIONSHIP TO PRINCIPAL BENEFICIARY
2.						
3.						
4.						
5.						
6.						

### SECTION I (C): OTHER FAMILY MEMBERS YOU WISH TO ADD TO THIS AFFIDAVIT WHO LIVE WITH THE BENEFICIARY AND WERE PART OF THE SAME HOUSEHOLD/ECONOMIC UNIT IN THE COUNTRY OF ORIGIN

	NAME: <u>Last</u> , First, Middle (underline <u>Last Name</u> )	SEX	MARITAL STATUS	DATE OF BIRTH DD/MMM/YYYY	CITY/COUNTRY OF BIRTH	RELATIONSHIP TO PRINCIPAL BENEFICIARY
1.						
2.						
3.						
4.						
5.						
6.						

#### CONTACT ADDRESS OF THE PRINCIPAL BENEFICIARY:

Street Address: \_\_\_\_\_ Postal Office and Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

WRAPS ID#

<b>ACTUAL LOCATION OF THE PRINCIPAL BENEFICIARY (IF DIFFERENT FROM ABOVE):</b>			Phone:
Street Address:			
City:	State/Province:	Country:	

**SECTION II: INFORMATION ABOUT YOU, THE ANCHOR**

Your Name: Your Date of Birth: Sex:

Current U.S. Address: City and Country of Birth:

City: State: Zip: Current marital status:

Phone (H): (W): E-mail Address:

Your Current U.S. Immigration Status (Check One) Your Date of Arrival in the U.S. DD/MMM/YYYY

☐ U.S. Citizen: Certificate #: If you arrived as a refugee please complete the following:

☐ Permanent Resident: A# A. Your Country of Processing:

☐ Asylee: A# B. Your Overseas Case Number:

☐ Refugee: A# C. Agency that processed your case overseas:

☐ Other (Please Explain and include A#):

**SECTION III:** Give the following information for all your parents, stepparents, and spouses- living (L), deceased (D), or unknown (U). Please list dates/places of marriage and divorce. **If the relative is deceased, please indicate the date of death in the address column.**

**a. Parents/Stepparents**

NAME: <u>Last, First, Middle (underline Last Name)</u>	MARITAL STATUS	DATE OF BIRTH DD/MMM/YYYY	CITY/COUNTRY OF BIRTH	CURRENT ADDRESS or LAST KNOWN	L,D,U
Your Father					
Your Mother					

Date/City and Country of (a) marriage: (b) divorce:

NAME: <u>Last, First, Middle (underline Last Name)</u>	MARITAL STATUS	DATE OF BIRTH DD/MMM/YYYY	CITY/COUNTRY OF BIRTH	CURRENT ADDRESS or LAST KNOWN	L,D,U
Step-Father					
Step-Mother					

Date/City and Country of (a) marriage: (b) divorce:

**b. Spouses/Previous Spouses**

CURRENT SPOUSE NAME: <u>Last, First, Middle (underline Last Name)</u>	DATE OF BIRTH DD/MMM/YYYY	CITY/COUNTRY OF BIRTH	CURRENT ADDRESS or LAST KNOWN	L,D,U

Date/City and Country of (a) marriage: (b) divorce:

PREVIOUS HUSBAND/WIFE NAME: <u>Last, First, Middle (underline Last Name)</u> (list ALL previous spouses below)	DATE OF BIRTH DD/MMM/YYYY	CITY/COUNTRY OF BIRTH	CURRENT ADDRESS or LAST KNOWN	L,D,U

WRAPS ID#

Date/ City and Country of (a) marriage:		(b) divorce:		
Date/ City and Country of (a) marriage:		(b) divorce:		

**SECTION IV:** List ALL your children not included in Section I from the oldest to the youngest – also indicate if they are living (L), deceased (D), or unknown (U) **If the relative is deceased, please indicate the date of death in the address column.**

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

**SECTION V:** List ALL your brothers and sisters not included in Section I from the oldest to the youngest – also indicate if they are living (L), deceased (D), or unknown (U). **If the relative is deceased, please indicate the date of death in the address column.**

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

#### SECTION VI: ADDITIONS/EXPLANATIONS

Use this space to briefly explain any of the following: ☐ unusual relationships (including adopted, half and step relatives), ☐ unusual name patterns, ☐ additional documentation submitted or ☐ other. Please check applicable box/boxes.

Section:            Number:

**If you need additional space to respond to any of the above, attach a sheet of paper with the additional information. Write your name, your A-number, and name of the Principal Beneficiary on the top of each additional sheet, and include the Section number.**

**WARNING: The U.S. Government investigates claimed relationships and verifies the validity of documents. All of your previous government records may be checked. Criminal prosecutions may be sought when family relationships are falsified to obtain immigration benefits.**

**CERTIFICATION: I CERTIFY, UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA, THAT ALL OF THE FOREGOING INFORMATION GIVEN IN THIS AFFIDAVIT IS TRUE AND CORRECT.** Furthermore, I authorize the release of any information from my immigration records, including any records pertaining to asylum, credible fear determinations, reasonable fear determinations, or refugee status, and/or benefits related to these applications, to the U.S. Department of Homeland Security, the Department of Justice, the Department of State, or other law enforcement agencies for the purpose of determining the eligibility of my family members listed in this Affidavit of Relationship for access to and eligibility for the U.S. Refugee Program

Anchor Signature: \_\_\_\_\_

Subscribed and sworn before me this      day of      Stamp and Seal of Notary: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ Print or Type Notary Public's Name: \_\_\_\_\_

**I declare that I prepared this Affidavit of Relationship based on the information provided by the anchor.**

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

Signature:

Print or Type Representative's Name:

Name and Address of Representative Agency _____ _____ _____	Date: _____ _____
	Daytime Phone Number: _____ _____