NOTICE

TO ALL ASYLEE AND REFUGEE FOLLOWING TO JOIN (FTJ) APPLICANTS

PLEASE SUBMIT THE FOLLOWING **PASSPORT PHOTO** FORMATS:

1. EIGHT (8) FRONT VIEW (BLACK AND WHITE)
2. TWO (2) RIGHT VIEW (BLACK AND WHITE)
3. TWO (2) FRONT VIEW (COLORED)

ALL PHOTOS MUST BE ON PLAIN WHITE BACKGROUND

NOTE: POLAROID AND INSTANT PHOTOS ARE NOT ACCEPTABLE.

G-646

U.S. Department of Justice
Immigration and Naturalization Service

Sworn Statement of Refugee Applying for Admission into the United States

Authority. The Authority to collect this information is contained in 8 U.S.C. 1157. Failure to provide all requested information could delay the final decision or result in denial of your request. The information collected will be used to make a determination on your application for admission. It may, however, be provided to other U.S. government agencies.

Penalties. If you knowingly and willfully falsify or conceal a material fact or submit a false document with this application, you will face penalties provided by law and may be subject to criminal prosecution.

Public Reporting Burden. Under the Paperwork Reduction Act (5 U.S.C. 1320), a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is 20 minutes per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, 425 I Street, N.W., Room 5307, Washington, DC 20536. *(Do not mail your completed application to this address.)*

All Applicants For Refugee Status Must Establish That They Are Admissible.

Name	A

Please answer the following questions truthfully. Check the appropriate box below. Answering "Yes" will not necessarily exclude you from admission to the United States. If it is determined that your admission into the United States presents a foreign policy danger to the United States, you may be found inadmissible. If you answer "Yes" to any of the following questions, please provide an explanation on the reverse side of these pages.

Yes	No	
☐	☐	**1. Have you ever been arrested, or have you ever committed, or helped someone else commit, any crimes?**
		If no, proceed to 2 below. If yes, have you ever:
☐	☐	a. knowingly committed any crime (excluding traffic violations) for which you have not been arrested?
☐	☐	b. been arrested, cited, charged, indicted, fined or imprisoned for breaking or violating any law or ordinance excluding traffic violations?
☐	☐	c. been the beneficiary of a pardon, amnesty, rehabilitation decree or other act of clemency or similar action?
☐	☐	d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States?
☐	☐	e. illicitly trafficked (illegally transported, traded, dealt or sold) in any illegal narcotic or other controlled substance, or knowingly assisted, abetted or conspired in the illicit trafficking of any such substance?
☐	☐	f. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?
☐	☐	g. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally?
☐	☐	h. within the past 10 years been a prostitute or procured anyone for prostitution?

Name: _____ File Number: _____

Yes	No	
☐	☐	**2. Have you ever been to the United States?** **If no, proceed to 3 below. If yes, have you ever:**
☐	☐	a. been subject to deportation or removal from the United States?
☐	☐	b. voted illegally in the United States?
☐	☐	c. been a citizen of the United States who has renounced that citizenship to avoid taxation?
☐	☐	d. left the United States to avoid being drafted into the United States armed forces?
☐	☐	e. been subject to a civil document fraud final order for violating section 274C of the Immigration and Nationality Act of the United States?
☐	☐	**3. Are you now withholding custody of a United States citizen child outside the United States from a person granted custody of the child?**
		4. Have you ever:
☐	☐	a. engaged in, conspired to engage in, or incited, sabotage, kidnapping, assassination, hijacking, or any other form of terrorist activity?
☐	☐	b. solicited membership or funds for any person or organization that has ever engaged in or conspired to engage in sabotage, kidnapping, assassination, hijacking, or any other form of terrorist activity?
☐	☐	c. provided support, including, housing, transportation, communications, funds, documents, weapons or training for any person or organization that has ever engaged in or conspired to engage in sabotage, kidnapping, assassination, hijacking, or any other form of terrorist activity?
☐	☐	d. been a representative or member of a terrorist organization or a member of a group which endorses terrorist activity?
☐	☐	e. [If married] Has your spouse ever engaged in terrorist activity or been a member of a terrorist organization?
☐	☐	f. [If between 14 and 21] Has your parent ever engaged in terrorist activity or been a member of a terrorist organization?
		5. While in the United States, do you intend to engage in:
☐	☐	a. espionage?
☐	☐	b. terrorism or any activity a purpose of which is opposition to, or the control or overthrow of the Government of the United States, by force, violence or other unlawful means?
☐	☐	c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information?
☐	☐	d. polygamy (simultaneous marriage to more than one spouse)?
☐	☐	e. prostitution?
☐	☐	**6. Have you ever been a member of, or in any way affiliated with, the Communist party or any other totalitarian party?**

Name: _____ File Number: _____

Yes	No	
☐	☐	7. [Where Applicable] **Did you, during the period March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion?**
☐	☐	8. **Have you ever ordered, incited, assisted in or participated in the harm of any other person because of the person's race, religion, nationality, ethnic origin or political opinion?**
		If no, proceed to 9 below. If yes, have you ever:
☐	☐	a. engaged in genocide?
		b. as a foreign government official at any time in the preceding 24 month period been responsible for:
☐	☐	i. prolonged, arbitrary, or secretive detention or abduction of a person or persons with the purpose of restricting their religious freedom, beliefs or activities?
☐	☐	ii. torture or cruel, inhuman, or degrading treatment or punishment of a person or persons with the purpose of restricting their religious freedom, beliefs or activities?
☐	☐	iii. any other flagrant denial of the right to life, liberty or the security of a person or persons with the purpose of restricting their religious freedom, beliefs or activities?
☐	☐	9. **Have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States or any other immigration benefit?**
☐	☐	10. **Are you a narcotics abuser or addict?**

I, the undersigned, swear or affirm under penalty of perjury under the laws of the United States of America that this application, and the evidence submitted with it, is all true and correct. I understand all the foregoing statements, having asked for and obtained a translation or explanation of every point that was not understood or clear to me.

_____ Signature of Applicant

_____ Date

Subscribed and sworn to (Affirmed) by the above named applicant before me

Location: _____ Date: _____

Interpreter:	INS Officer:
_____ Signature	_____ Signature
_____ Print Name	_____ Print Name

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

AFFIDAVIT RE RELATIONSHIP FOR REFUGEE/ASYLEE APPLYING FOR ENTRY INTO THE UNITED STATES

Lagos, Nigeria

Alien Registration No. _____

I, _____ being duly sworn depose and say:
(Name of Applicant)

I am the _____
(Specify Relationship)

of _____
(Name of Relative in United States)

residing at: _____
(Address of Relative in United States)

who has the following status in the United States:

- ☐ United States Citizen
- ☐ Lawful Permanent Resident Alien
- ☐ Refugee in the United States
- ☐ Asylee in the United States
- ☐ Other (Explain)

_____
(Complete and True Signature of Applicant)

Subscribed and sworn to me by the above-mentioned applicant at Lagos, Nigeria on _____

_____
(Signature and Name Stamp of Officer)

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Department of Homeland Security
U.S. Citizenship and Immigration Services

OMB No. 1615-0008; Expires 05/31/09

G-325C, Biographic Information

(Family Name)	(First Name)	(Middle Name)	☐ Male ☐ Female	Birth Date (mm/dd/yyyy)	Citizenship/Nationality	File Number A
All Other Names Used (including names by previous marriages)			City and Country of Birth			U.S. Social Security # *(If any)*.

	Family Name	First Name	Date, City and Country of Birth (If known)	City and Country of Residence
Father				
Mother (Maiden Name)				

Husband or Wife (If none, so state)	Family Name (For wife, give maiden name)	First Name	Birth Date (mm/dd/yyyy)	City and Country of Birth	Date of Marriage	Place of Marriage

Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name)	First Name	Birth Date (mm/dd/yyyy)	Date and Place of Marriage	Date and Place of Termination of Marriage

Applicant's residence last five years. List present address first.

Street and Number	City	Province or State	Country	From Month	From Year	To Month	To Year
						Present Time	

Applicant's employment last five years. (If none, so state.) List present employment first.

Full Name and Address of Employer	Occupation (Specify)	From Month	From Year	To Month	To Year
				Present Time	

Applicant for Refugee Status	**If your native alphabet is in other than Roman letters, write your name in your native alphabet below:**

Date	(Signature of Applicant)	**Penalties:** Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.

Applicant: **Be sure to put your name and Alien Registration Number in the box outlined by heavy border below.**

Complete This Box (Family Name)	**(Given Name)**	**(Middle Name)**	**(Alien Registration Number)**

See Instructions on Page 2

United States of America
Diplomatic Mission to Nigeria

Assistant Inspector General
Criminal Investigation Department
Nigerian Police Force
Alagbon Close
Ikoyi, Lagos

Dear Sir:

The bearer is applying for a visa at our office. If you would be kind enough to issue him/her a certificate of no conviction if s/he has no record in the Central Criminal Registry, we would very much appreciate it.

Thank you for your time.

Sincerely,

Consular Officer
U.S. Consulate General
Lagos, Nigeria

To the applicant:

Please follow these instructions to facilitate the issuance of your Nigerian Police Clearance Certificate.

1. Submit your passport in person to the Nigerian Police Service Commission at Alagbon Close, Ikoyi Lagos.

2. Pay the required fee and take the receipt to the Office of the Inspector General at Alagbon Close, Ikoyi, Lagos.

3. Collect your Nigerian Police Clearance Certificate and take it to your visa interview. The certificate should be ready in approximately two weeks, but - please - allow time for unforeseen delay.

U.S. Consulate General

Consulate General of the United States of America
2 Walter Carrington Crescent, Victoria Island
Lagos, Nigeria
LagosIV@state.gov

Date: _____

FOR THE EXAMINING PHYSICIAN:

EACH FORM (DS-2054) SHOULD BE ENDORSED BY THE PANEL PHYSICIAN AS FOLLOWS:

I certify that the person covered by this report is the bearer of Passport No: _____
Issued by: _____ on _____.

Dear Sir:

You are requested to perform a medical examination of _____ in accordance with provisions of the "Technical Instructions for Medical Examination of Aliens" of the United States Public Health Service, which is in your possession, and to report the results on the attached Form DS-2054.

Please note that in accordance with Section 34.4 (pages 1-3) of the Technical Instructions cited above, neither a chest x-ray examination nor a serologic test for syphilis shall be required if the applicant is under the age of 15. A tuberculin test may be required, however, where there is evidence of contact with a known case of tuberculosis or other reason to suspect infection with tuberculosis. A serologic test may be required where there is reason to suspect infection with syphilis.

X-Ray for Pregnant Women

A postponement of the chest x-ray of a pregnant female is permissible; however, it is the position of the United States Public Health Service that it is possible to perform the examination safely during pregnancy with proper shielding of the abdomen. It should be explained to the applicant that if the x-ray examination were postponed, the issuance of the immigrant visa would also be postponed until such time as the medical examination is completed. U.S. Public Health Service regulations does not authorize a classification based only on a tuberculin skin test.

Procedure for Safeguarding Pregnant Women During X-Ray Testing

The Bureau of Radiological Health, Food and Drug Administration and the Public Health Service have provided the following information:

> "Non-abdominal examinations, when conducted with appropriate technique factors, collimation and abdominal shielding, contribute only negligible exposure to the embryo or fetus. (Collimation refers to adjustment by the operator of the size of the x-ray beam so that it is no larger than the film). With specific reference to ***chest x-rays***, we have calculated the estimated radiation dose to the embryo or fetus for each type of 14x17 film (AP, PA and lateral). With adequate collimation, a single PA film delivers 0.09 millirad (mrad) to the embryo or fetus which is essentially negligible. This assumes that the operator adequately collimates the x-ray beam. Further assurances of protection can be achieved by requiring that the abdominal area of the women be shielded with a lead apron."

Doubtful Cases

Whenever further medical consultation is deemed advisable, the visa applicant should be referred to an appropriate specialist at the applicant's expense. Under generally accepted medical procedures, the specialist should report his findings and opinion to the Panel Physician who remains responsible for the completion of Form DS-2054 and final results of the medical examination. In those comparatively rare instances where no specialist is available for consultations, the Panel Physician may refer specific problems to the Consulate General, which will in turn refer the case to the Public Health Service in the United States.

It is absolutely essential that any practitioner performing any part of this medical examination take proper care to identify the applicant by comparison with his photograph. Special attention should be given to ensure that specimens submitted by the applicant are from the applicant and not a third party.

FOR THE APPLICANT:

VISA MEDICAL EXAMINATION
Information Sheet and Referral Letter

1. A medical examination is required of all applicants for immigrant visas. **NO APPLICANT WILL BE INTERVIEWED PRIOR TO THE RECEIPT OF THE RESULTS OF THE MEDICAL EXAMINATION AND TESTS.**

2. **Approved Examiners:** Medical examinations must be performed by physicians designated by the Consulate General according to procedure prescribed by the U.S. law. The examining physicians are not employed by the U.S. Government.

3. **Fees:** Examination fees are paid by the applicant and are paid directly to the medical facility.

4. **Report of Examination:** The examining physician will either forward the completed report to the Consulate General or hand it to you in a sealed envelope for presentation to the Consular Officer. All sealed envelopes must be opened in the presence of the security guard or gate attendant before gaining entry to the Visa Section.

5. **Referral Procedure:** The following are the physicians and institutions by whom you must be examined. Walk-in visits are accepted: no prior appointment is necessary. Please provide the examiners with two passport-sized photographs.

Dr. Alexandra Anga The Consultants Practice The Children's Practice 25 Raymond Njoku Ikoyi Lagos Telephone: 01-893-0723, 01-461-1941 Cell: 0706-585-9845	**Dr. Funmi Alakija** Q-Life Family Clinic Plot 155A Prince Ade Odedina Street Off Ajose Adegun, Victoria Island Annexe Lagos, Nigeria Telephone: 01-804-2000, 01-726-2840 Cell: 0702-770-4055

6. **Hours of Examination:** A minimum of three (3) working days must be allowed to complete the medical examination process. At times, the process may take longer than three days. Please note the following hours of examination:

Monday – Friday	**8:00 AM – 5:00 PM**
Saturdays	**9:00 AM – 2:00 PM**

Appointment times for the physical examination will be given during the first visit. The physical examination cannot be performed until the lab test results are available. Please also note that you will

be required to appear on two (2) separate days – one day for x-rays and laboratory tests; and another day for examination and results.

HIV TESTING

Human Immunodeficiency Virus (HIV) testing is no longer required as of January 4, 2010. The Panel Physician may perform the HIV test if the applicant requests or consents to it, but must disclose to the applicant that the applicant does not have to be tested for HIV and that the results of the HIV test will be provided to the Consular Section as part of the visa medical examination. However, HIV applicants are no longer ineligible to receive a visa due to this condition.