U.S. Department of Justice Immigration and Naturalization Service

## OMB No. 1115-0066 **BIOGRAPHIC INFORMATION**

(Family name) (I	(First name) (Midd			ie)	MALE	BIRTHD.	HDATE (MoDay-Yr.) NATIONALITY FILE N					
					FEMALE						4-	
ALL OTHER NAMES USED (Inclu	arriages)	es) CITY AND COUNTRY OF BIRTH SOCIAL SECURITY NO. (If any)										
FAMILY	NAME	FIRST NA	AME	DATE, CITY AND COUNTRY OF BIRTH (If known) CITY AND COUNTRY OF RESID								DENCE.
FATHER MOTHER (Maiden name)												
HUSBAND (If none, so state) FAMILY NAME (For wife, give maiden name)  FIRST NAME BIRTHDATE CITY & COUNTRY OF BIRTH DATE OF MARRIAGE PLACE												RIAGE
FORMER HUSBANDS OR WIVES (if nor		IRST NAME	BIRTHD		DATE & DI		NAA DDIA CE	IDATE AL		TEDMIN	LATION OF M	IADDIACE
FAMILY NAME (For wife, give maid	en name)	K21 INAIVIE	DIKIDA	RTHDATE DATE & PLACE OF MARRIAGE DATE AND PLACE OF TERMINATION							VATION OF 1V	AKKIAGL
APPLICANT'S RESIDENCE LAST		1					<del></del>		FROI		TO	
STREET AND NUM	BER	C	CITY	PRO	OVINCE OR	STATE	COUN	ITRY	MONTH	YEAR	TO MONTH YEAR PRESENT TIME  TO MONTH YEAR  TO MONTH YEAR	
				<u> </u>			<u> </u>				PRESENT	TIME
				<u> </u>			<u> </u>					
											_	
		$\top \top$					Τ					
							1					
APPLICANT'S LAST ADDRESS O	UTSIDE THE	UNITED STA	TES OF M								ТО	
STREETAND NUMB	JER .	C	CITY	PRC	OVINCE OR	STATE	COUN	ITRY	MONTH	YEAR	MONTH	YEAR
							T					
APPLICANT'S EMPLOYMENT LA	ST FIVE YEA	RS. (IF NONE	, SO STAT	E) LIS	T PRESENT	EMPLOYN	MENT FIRST	-	FRO	M		
FULL NAME AND ADDRESS OF	EMPLOYER					OC	OCCUPATION (SPECIFY) MONTH			YEAR	TO MONTH YEAR	
											PRESENT	TIME
			-									
						_						
										<u> </u>		
						-+						
Show below last occupation	abroad if no	ot shown abo	ve. (Inclu	de all	information	request	ed above.)					
THIS FORM IS SUBMITTED IN CONNECT NATURALIZATION STOTHER (SPECIFY):		PPLICATION FOR:	SIGIN	ATURE	E OF APPLIC	ANT				DA	ATE	
, ,, ,			If your	r native	alnhabet is	other tha	en roman let	ters write	e vour name	in vour n	ative alphabe	t here:
Submit all four pages of	li 300.	Hunvo	aipriabot .o	Other tha	III roman is.	.1013, **1	e your name.	iii youi	ative dipilass	t fiore.		
PENALTIES: SI	EVERE PENALTI	IES ARE PROVIDI	ED BY LAW	FOR KN	IOWINGLY AN	D WILLFUL	LY FALSIFYIN	IG OR CON	CEALING A MA	TERIAL FA	ACT.	
APPLICANT		E SURE T							RATION N	NUMB	ER IN	
COMPLETE THE DOV (Family)									! !!! a.m. m	·		
COMPLETE THIS BOX (Family	name)	(6	Given name	)		(Middle n	iame)	(Allen reg	istration num	nber)		

(Family name)	(First nan	(First name) (Middle name)					3IRTHD	DATE (MoDay	y-Yr.) N	NATIONALITY	FILE NUMBER A-	3	
ALL OTHER NAMES US	CITY AND	COUNT	TRY OF BIRTH	H			OCIAL SECUR any)	RITY NO.					
FATHER MOTHER (Maiden name)	FAMILY NAME		FIRST N	IAME	DATE	E, CITY AND (	OUNTF	RY OF BIRTH	Ⅎ (If know	n) CITY AN	ID COUN	TRY OF RES	SIDENCE
HUSBAND (If none, so stat OR WIFE	te) FAMILY NAME (For wife, give maid	den name)		FIRST NAME	E E	BIRTHDATE	HDATE CITY & COUNTRY OF BIRTH DATE OF MARRIAGE PLACE OF MARRIA						RRIAGE
FORMER HUSBANDS OR V FAMILY NAME (For wife	BIRTHD	RTHDATE DATE & PLACE OF MARRIAGE DATE AND PLACE OF TERMINATION OF MA							MARRIAGE				
APPLICANT'S RESIDEN	ICE LAST FIVE YEA	ARS. LIS <sup>7</sup>	1							FRO		ТО	
STREET /	AND NUMBER		<u> </u>	CITY	PR	ROVINCE OR S	TATE	COUN	<b>ITRY</b>	MONTH	YEAR	MONTH	YEAR
			<u> </u>							L'	<u> </u>	PRESENT	TIME
										<u>L</u> '			
					T			T		'			T
								<u> </u>					<u> </u>
		-								ĺ			1
APPLICANT'S LAST AL	DDRESS OUTSIDE	THE UNI	TED ST/	ATES OF M	ORE T	HAN ONE YE	٩R		i	FROI	M	ТО	)
STREETA	AND NUMBER			CITY	PR	PROVINCE OR STATE COUNTRY				MONTH	YEAR	MONTH	YEAR
			Γ					T				T	T
APPLICANT'S EMPLOY	YMENT LAST FIVE	YEARS.	(IF NONF	Ē, SO STAT	ΓE) LIS	T PRESENT E	<b>MPLOYI</b>	MENT FIRST	r'	FRO	M	TO	)
FULL NAME AND ADD	DRESS OF EMPLOY	/ER					ОС	CCUPATION (	(SPECIFY)	MONTH	YEAR	MONTH	YEAR
												PRESENT	Γ TIME
		-					$\neg$				1	+	
							+				+	+	
							+				+	+ +	<del> </del>
							+			<del> </del>	+	+	-
			<del></del>				<u></u>		'	<u> </u>	<u> </u>		
Show below last oc	cupation abroad i	f not sh	own abo	ove. (Inclu	ıde all	information r	equest	ted above.)					
		_	_	_	_	_	Ī   _	_	_	T	] _	·	
THIS FORM IS SUBMITTED  NATURALIZATION  OTHER (SPECIFY):	O IN CONNECTION WITH			SIGIN	IATURI	E OF APPLICA	NT			-	DA	ATE	
Submit all four p	nages of this fo			If your	r native	e alphabet is o	ther that	an roman let	tters, writ	e your name	in your r	native alphabe	et here:
	ENALTIES: SEVERE PEN		DE DEOVE	DED BY I AW	. COB KI		vani i Elli	" I V EAI SIEVII	OB CON	COLUMN A MY	TEDIAL F	* OT	
APPLIC	ANT:					R NAME A				AHONIN	UIVIDE	KIN	
		IHL				Y HEAVY							_
COMPLETE THIS BO	X (Family name)		((	(Given name	;)	1)	Middle r	name)	(Alien reg	gistration num	ıbe <b>r)</b>		
<b>—</b>			::						II IN	in like (C	) ec: 00	f Origin)	
(OTHER AGENCY USE)								liv.	is use (o	Affice (	of Origini)		
								,	OF	FFICE CODE:	:		
								,	TY	PE OF CASE	E:		
								,	D/	ATE:			
								,	11				
								,	11				
								,	11				
								,	11				
								,	11				
									11				

(Family name) (First nam	☐ MALE BIR	THDA	ATE (MoDay	A-											
ALL OTHER NAMES USED (Including nam	CITY AND CO	CITY AND COUNTRY OF BIRTH SOCIAL SECURITY NO. (If any)													
FAMILY NAME	FAMILY NAME FIRST NAME DATE, CITY AND COUNTRY OF BIRTH (If known) CITY AND COUNTRY OF RESIDENCE														
FATHER MOTHER (Maiden name)															
HUSBAND (If none, so state) FAMILY NAME OR WIFE (For wife, give maid	BIRTHDATE	CITY	& COUNTRY	OF BIRTH	DATE OF M	IARRIAGE	PLACE OF MA	RRIAGE							
FORMER HUSBANDS OR WIVES (if none, so state FAMILY NAME (For wife, give maiden name)	DATE & PLACE	E & PLACE OF MARRIAGE DATE AND PLACE OF TERMINATION OF MARRIAGE													
APPLICANT'S RESIDENCE LAST FIVE YEA	RS. LIST	PRESE	NT ADDRES	SS FIRS	ST				FROI	М	TO	ı			
STREET AND NUMBER			CITY	PR	OVINCE OR STA	TE	COUN	ITRY	MONTH	YEAR	MONTH	YEAR			
											TO EAR MONTH YE PRESENT T				
											TRESERT TIME				
								Ī							
				-								1			
		<u> </u>		<u> </u>						<u> </u>					
APPLICANT'S LAST ADDRESS OUTSIDE	THE LINIT	TED STA	TES OF M	OPE TE	HAN ONE VEAD				EDO	N /1	T TC	\			
STREETAND NUMBER	I TE UNI				OVINCE OR STA	тг	COUN	ITDV	FROM						
STREETAND NUIVIBER		(	CITY	PRO	JVINCE OR STA	IE	COUN	IIKY	MONTH	YEAR	MONTH	YEAR			
APPLICANT'S EMPLOYMENT LAST FIVE	YEARS. (	IF NONE	, SO STAT	E) LIS	F PRESENT EMP	LOYN	MENT FIRST	. [	FRO	M	TC	)			
FULL NAME AND ADDRESS OF EMPLOY	FD					000	CUPATION (	(SDECIEV)	MONTH	YEAR	MONTH	VEAD			
TOLE NAME AND ADDRESS OF EMILEOT	LIX					000	ZOI ATION (	(SELCII I)	WONTH	ILAN					
											PRESENT	TIME			
						-									
										1					
Show below last occupation abroad i	f not sh	own abo	ove. (Inclu	de all	information req	ueste	ed above.)								
THIS FORM IS SUBMITTED IN CONNECTION WITH	1 ADDLICA	TION FOR									<u> </u>				
			SIGN	IATURE	OF APPLICANT	-				DA	TE				
NATURALIZATION STATUS AS P	ERMANEN	T RESIDEN	T												
OTHER (SPECIFY):															
			If your	c potivo	alphabat is other	or that	n roman lot	tore write	. vour nama	in vour n	ativo alphab	at horo:			
Submit all four pages of this for	m.		ii youi	Hative	alphabet is othe	ei tiiai	n roman iet	ters, write	your name	iii youi ii	ative aipriabi	et nere:			
PENALTIES: SEVERE PEN	ALTIES AF	RE PROVID	ED BY LAW	FOR KN	OWINGLY AND WI	LLFULL	LY FALSIFYIN	G OR CONC	EALING A MA	TERIAL FA	CT.				
A DDI ICANITA	BF S	JRF T	O PUT	YOUR	R NAME AN	ID A	I IFN RF	GISTR	ATION N	UMBF	RIN				
<b>APPLICANT:</b>					Y HEAVY BO										
	IHE	BOX (	O I LINE	בט אי											
COMPLETE THIS BOX (Family name)		(0	Siven name	e)	(Mic	ldle na	ame)	(Alien regi	stration num	ber)					
		•			•			3		•					
									0.1105 (-	cci					
(OTHER AGENCY USE)								IN:	S USE (C	office o	ot Origin)				
(0	<b>-</b>		/					0.5	EICE CODE						
								UF	FICE CODE:						
								TY	PE OF CASI	Ε:					
								DΛ	TE:						
								l DA							
								JI							

(Family name)	name) (First name) (Middle name)						IRTHD.	DATE (MoDay	y-Yr.) N	IATIONALITY	TIONALITY FILE NUMBER A-				
ALL OTHER NAMES US	SED (Including nam	nes by pr	evious m	narriages)		CITY AND C	OUNTF	RY OF BIRTH	Н		SO	OCIAL SECURI	RITY NO.		
												any)			
FAMILY NAME FIRST NAME DATE, CITY AND COUNTRY OF BIRTH (If known) CITY AND COUNTRY OF RESIDENCE  ATHER MOTHER (Maiden name)															
HUSBAND (If none, so state) OR WIFE	e) FAMILY NAME (For wife, give maid	den name)		FIRST NAME	ā В	BIRTHDATE	CITY	CITY & COUNTRY OF BIRTH DATE OF MARRIAGE PLACE OF MARRIAGE							
FORMER HUSBANDS OR WIFE, FAMILY NAME (For wife,			NAME	BIRTHDA	ATE	DATE & PLA	CE OF	MARRIAGE	DATE AN	ID PLACE OF	F TERMIN	NATION OF M	//ARRIAGE		
		+				†							- 1		
APPLICANT'S RESIDENC	CE LAST FIVE YEA	ARS <u>. LIS</u> ⁻	Γ PRESE!	NT ADDRES	SS FIRS	ST				FROM	M	ТО			
	AND NUMBER		1	CITY	1	OVINCE OR ST	ѓАТЕ	COUN	1TRY	MONTH	YEAR	MONTH	YEAR		
											ſ <u></u> '	PRESENT	TIME		
					Τ					,	'				
										, I					
				-	†					ı					
		<del></del>			+					i ·		<u> </u>	†		
			†		+			+	$\rightarrow$		<del>                                     </del>	<del>                                     </del>	†		
APPLICANT'S LAST ADI	DRESS OUTSIDE	THE UNI	TED STA	ATES OF M'	ORE TI	HAN ONE YEA	R _			FRO	M	TO	,		
	ND NUMBER		_	CITY	_	OVINCE OR ST		COUN	1TRY	MONTH	YEAR		YEAR		
								<u> </u>		ı					
APPLICANT'S EMPLOYN	MENT LAST FIVE	YEARS.	(IF NONF	E, SO STAT	re) LIS	Γ PRESENT EN	/IPLOYN	MENT FIRST		FROI	MMc	ТО	,		
FULL NAME AND ADD	RESS OF EMPLOY	/ER					OCC	CUPATION (	N (SPECIFY) MONTH YEAR			MONTH	YEAR		
										1		PRESENT	TIME		
							+-		<del></del>		+	+	1		
							+			<u> </u>	+	+ +	<u> </u>		
<u> </u>			-				+		$\longrightarrow$		+	+			
ı							+		$\longrightarrow$		+	+	ı .		
							<u></u>				<u> </u>	<u> </u>			
Show below last occ	cupation abroad it	f not sh	own abo	ove. (Inclu	ide all i	information re	equest	.ed above.)		<del>.</del>					
	_	_	_	_	_	_		_			] _	I	- 1		
THIS FORM IS SUBMITTED II  NATURALIZATION  OTHER (SPECIFY):	IN CONNECTION WITH			SIGIV	SIGNATURE OF APPLICANT DATE										
Submit all four pa	ages of this fo	rm.		If your	r native	e alphabet is ot	her tha	ın roman let	ters, write	your name	in your n	ative alphabe	t here:		
PEN	NALTIES: SEVERE PENA	JAI TIES A	PF PROVI	OFD BY LAW	FOR KN	NOWINGLY AND	LFUI	I V FALSIFYIN	G OR CON	CEALING A MF	ATFRIAL F/	ACT			
APPLICA		BE SI	URE TO	O PUT Y	YOUF	R NAME A Y HEAVY I	ND A	ALIEN RE	EGISTRA						
COMPLETE THIS BOX	✓ (Family name)			Given name)			∕liddle na			gistration num	mhar)				
CUIVIFLETE TITIO DO.	. (Fairilly name,		(~	را ۱۱۷۴۱۱ ۱۱۵۱۱۰۰	:)	<i>(,</i> •	duie	ame, ,	Allen rog.	Stration	iber)		ļ		
<u> </u>															
	/OT		25310						IN	IS USE (O	Office	of Origin)			
	(UIF	HER A	GENC .	Y USE)				J'		-		Ji Origiri,			
								ľ		FICE CODE:					
								ľ	TY'	PE OF CASE	E:				
								ľ	DA	ATE:					
								J'	4						
								ľ	4				ļ		
								ľ	4				ļ		
								ľ	4						
								J'	4						