U.S. Citizenship and Immigration Services

# G-325A, Biographic Information

(Family Name) (First Name	Male Bir	th Da	ate (mm/dd/	yyyy) Citiz	enship/Na		File Number A					
All Other Names Used (Including names by	City and Country of Birth U.S. Social Security # (If any)											
Family Name Father Mother (Maiden Name)	First Na	me	Date,	City and Countr	ry of Birth (If known) City a				ty and Country of Residence			
Husband or Wife (If none, Family Name so state.) (For wife, give maiden name) First Name				Birth Date (mm/dd/yyyy) City and Country of Birth Date o					of Marriage Place of Marriage			
Former Husbands or Wives (If none, so state) Financial Family Name (For wife, give maiden name)	rst Name	Birth Date (mm/dd/yy		Date and Place	of Ma	arriage	Date and	Place of Te	ermination	rmination of Marriage		
	T :		~4					F	rom	T	o	
Applicant's residence last five years.	List present			Province or State		Cor	intry	Month	rom Year	Month	o Year	
	Street and Number City					00	inu y	WOIIII	Teal	Presen		
Applicant's last address outside the l	Jnited States	s of more th	an on	e year.		1		Fr	om	Te	)	
Street and Number		City	1	Province or State	;	Cou	intry	Month	Year	Month	Year	
Applicant's employment last five year	s. (If none,	so state.) Li	st pre	sent employm	ent f	ïrst.		Fr	om	To	)	
Full Name and A	ddress of Emp	oloyer			00	ccupation (S	Specify)	Month	Year	Month	Year	
										Presen	t Time	
Show below last occupation abroad if	not shown a	bove. (Inclu	ıde all	<b>information</b>	requ	ested abov	ve.)		1			
This form is submitted in connection with an	application fo	r: Signat	ture of	Applicant	1		I		1	Date		
Naturalization   Other (Specify):     Status as Permanent Resident												
Submit all copies of this form.	If your nativ	ve alphabet is	in other	r than Roman let	ters, v	write your n	ame in you	r native alj	phabet belo	ow:		
Penalties: Severe penalti	Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.											

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

U.S. Citizenship and Immigration Services

# **G-325A**, Biographic Information

(Family Name) (First Nam	e)	Male H	Birth D	Date (mm/dd/	yyyy) Citiz	enship/Na	•	File Number A					
All Other Names Used (Including names by previous marriages) City						f Birth			U.S. So	cial Security	# (If any)		
Family Name Father Mother (Maiden Name)	First N	lame	Date,	City and Cour	try of	ry of Birth (If known) City ar				ty and Country of Residence			
Husband or Wife (If none, Family Name so state.) (For wife, give maiden 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) F Family Name (For wife, give maiden name)	Former Husbands or Wives (If none, so state) First Name Birth Date (mm/dd/yyyy) Date and Place (mm/dd/yyyy)				ce of N	of Marriage Date and Place of Termination of Marriage							
Applicant's residence last five years.	List proso	nt addross fir	ct.					F	rom	т	0		
Street and Number		City		Province or Sta	ite	Cou	intry	Month	Year	Month	0 Year		
		City						WOnu	Ical	Presen			
	TL-14 - 1 C4-4							E.	om	Te			
Applicant's last address outside the Street and Number	United Stat	City		e year. Province or St	oto	Cou	intry	Month	Year	Month	Year		
Succe and Number		City		r tovince or st	iic		intry	Montin	1 Cui	wonun	I cui		
						fi-mat.		E	:om	Т			
Applicant's employment last five yea			st pre	sent employ				Month	Year	To Month	) Year		
Full Name and A	Address of Eli	ipioyer				Occupation (S	pecify)	WIOIIUI	Teal	Presen			
					_					rresen	t Time		
					_								
Show below last occupation abroad i	f not shown	above. (Inclu	ıde al	l informatio	n requ	uested abov	ve.)		1	1			
This form is submitted in connection with an Naturalization Other (Specify):	n application f	for: Signat	ture of	Applicant						Date			
Status as Permanent Resident		———————————————————————————————————————											
Submit all copies of this form.	If your nat	tive alphabet is	in othe	r than Roman	etters,	write your n	ame in you	native alj	phabet belo	ow:			
Penalties: Severe penalt	ies are provi	ded by law for	knowi	ngly and willf	ully fa	lsifying or c	oncealing a	material	fact.				

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

U.S. Citizenship and Immigration Services

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

# **G-325A**, Biographic Information

(Family Name)	(First Na	ume)	(Middle Name)				Male Female	Birth	Dat	te (mm/dd/	yyyy) Cit	izenshi	ip/Nat	ionality	File Number A		
All Other Names Used (Including names by previous marriages)						Cit	City and Country of BirthU.S. Social Security # (If any)								# (If any)		
Famil Father Mother (Maiden Name)	y Name		First Name Date, C				City	City and Country of Birth (If known)					C	ity and	of Residence	2	
Husband or Wife (If none, Family Name so state.) (For wife, give maiden name)						Birth Date (mm/dd/yyyy)   City and Country of Birth   Date of Marriage   Place of Date					Place of Ma	rriage					
	ormer Husbands or Wives (If none, so state) First Name Birth Date (mm/dd/yyyy) Date and F				te and Pl	ace of	Ma	rriage	Date and	Place	of Te	rminatior	of Marriage				
Applicant's residence	a last five vee	a Liata		st add	noga fin	unt.								E	om	<u>т</u>	`o
Applicant's residence	nd Number	S. LISU	<u>preser</u>	ti addi City		1	Prov	ince or S	tate		Cou	intry	Mo	- 1	om Year	Month	0 Year
Street a	na number			City	/	1	1100		nate		Cou	inu y	WIO	11111	1 eai	Presen	
										_							
Applicant's last add	ross outsido th	o Unito	l 1 Stat	os of n	aara th	on on	o vo	or						Fro	m	T	
	nd Number			City				vince or S	State		Cou	intry	Mor		Year	Month	Year
				,	,		1101									Intointii	
Applicant's employn	nont last five v	oors (I	'none	so ste	ata ) I i	 	son	t emplo	vmon	t fi	ret			 Fre	m	T	<u> </u>
Applicant s employin	Full Name an				atc.) Li	st pre	.sem	t emplo			cupation (S	pacify)	Mor		Year	Month	Year
	I un ivanie un	a manes.	OI LII	ipioyei						00	cupation (5	peeny)			Tear	Presen	
Show below last occu	pation abroad	l if not s	hown	above	e. (Inclu	ude al	l inf	formati	on ree	que	sted abov	/e.)					
	Other (Specify		ation f	for:	Signat	ture of	f App	plicant								Date	
Status as Permanen	n Kesident	1-0									•						
Submit all copies											rite your n	-				ow:	
Penal	ties: Severe pen	alties are	provie	ded by	law for	knowi	ingly	and wil	lfully	fals	ifying or c	oncealing	a mat	erial	fact.		

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

U.S. Citizenship and Immigration Services

# **G-325A**, Biographic Information

(Family Name)	ne) (First Name) (Middle Name)						Male Bin Female	th I	Date (mm/dd/	yyyy) Cit	zens	hip/Nat	•	File Number A		
All Other Names Used (Including names by previous marriages)						City and Country of BirthU.S. Social Security # (If any)										
Famil Father Mother (Maiden Name)	y Name		First Name Date, City :				ty and Countr	try of Birth (If known) City a					ity and Country of Residence			
Husband or Wife (If none, Family Name so state.) (For wife, give maiden name) First Name					Birth Date City and Country of Birth Date of Marri (mm/dd/yyyy)					Marriage	riage Place of Marriage					
	ormer Husbands or Wives (If none, so state) First Name Birth Date (mm/dd/yyyy) Date and Place				ate and Place	of Marriage Date and Place of Terminat					rmination	ion of Marriage				
Applicant's residence	a last five vee	a Lista		at ad	duogo fiu	a <b>t</b>							E-		<u>т</u>	0
Applicant's residence	nd Number	's. List p	oreser		ity		Pro	ovince or State		Cor	intry	м	onth	om Year	Month	0 Year
Street a	na Number			C	ity		FIU	Svince of State			muy	IVI	onun	rear	Presen	
Applicant's last add	ress outside th	e United	Stat	es of	more th	an on	6 1	vear					Fro	m	Te	)
	nd Number	ie omiei			ity			ovince or State		Cou	intry	Mo	onth	Year	Month	Year
Applicant's employn	nent last five v	ears. (If	none	. so s	state.) Li	st nre	se	nt employm	ent	first.			Fre	om	Т	)
	Full Name an					or pre		in employin	1	Decupation (S	(pecify)	Mo	onth	Year	Month	Year
			-	r	-				$\vdash$	oorupuiton (e	(peeny)				Presen	t Time
									+							
									-							
									-							
									-							
Show below last occu	pation abroad	l if not s	nown	abov	ve. (Inclu	ide al	l ir	nformation	requ	uested abov	ve.)					
This form is submitted in     Naturalization     Status as Permanen	Other (Specify		ation f	for:	Signat	ture of	f Aj	pplicant							Date	
		If yo	our nat	tive al	phabet is	in othe	er th	nan Roman le	ters,	write your n	ame in yo	ur na	tive alp	habet belo	ow:	
Submit all copies					-					-						
Ponal	ties: Severe pen	alties are	provi	ded b	y law for	knowi	ing	iy and willfu	lly fa	alsifying or c	oncealing	a ma	aterial	fact.		

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

## Instructions

### What Is the Purpose of This Form?

Complete this biographical information form and include it with the application or petition you are submitting to U.S. Citizenship and Immigration Services (USCIS).

USCIS will use the information you provide on this form to process your application or petition. Complete and submit all copies of this form with your petition or application.

If you have any questions on how to complete the form, call our National Customer Service Center at 1-800-375-5283.

### **Privacy Act Notice.**

We ask for the information on this form and associated evidence to determine if you have established eligibility for the immigration benefit you are seeking. Our legal right to ask for this information is in 8 USC 1101 and 1255. We may provide this information to other Government agencies. Failure to provide this information may delay a final decision or result in denial of your application or petition.

### Paperwork Reduction Act Notice.

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 that 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 gather the requested information, complete the form and include it with the appropriate application or petition for filing purposes is 15 minutes. If you have any comments regarding the accuracy of this estimate or suggestions for making this form simpler, write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, D.C. 20529; OMB No. 1615-0008. **Do not send your form to this Washington, D.C. address.**