# G-325, Biographic Information

| (Family Name) (First Name)   | (Middle Name)  |                         |                         | Male Birth Date (mm/dd/yyyy) Citizenship/Nationality File 1 |                      |                           |           |                               |                               |              |        |  |
|--|--|-------------------------|-------------------------|---|----------------------|---------------------------|-----------|-------------------------------|-------------------------------|--------------|--------|--|
| All Other Names Used (Including names by previous marriages)   |  |                         |                         | City and Country of Birth  U.S. Social Security # (If a     |                      |                           |           |                               |                               | # (If any)   |        |  |
| Family Name Father Mother (Maiden Name)  | First Name   |                         | Date,                   | City and Country of Birth (If known)                        |                      |                           |           | City and Country of Residence |                               |              |        |  |
| Husband or Wife (If none, Family Name so state.)  First Na  (For wife, give maiden name)   |  |                         | Birth Date (mm/dd/yyyy) |   |                      | City and Country of Birth |           |                               | Date of Marriage Place of Mar |              |        |  |
| Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name)  First   |  | Birth Date<br>mm/dd/yyy | Date and I lave         |   | of Marriage D        |                           | Date and  | nd Place of Termination       |                               | of Marriage  |        |  |
| Applicant's residence last five years. I   | ist prosent ad   | dross first             |                         |   |                      |                           |           | F                             | rom                           | Т            | 0      |  |
| Street and Number  |  |                         |                         | Province or State   |                      | Country                   |           | Month Year                    |                               | Month Year   |        |  |
| Street and runnber   |  | City                    |                         | Trovince of State   |                      | Country                   |           | Wionui I cai                  |                               | Present Time |        |  |
|  |  |                         |                         |   |                      |                           |           |                               |                               | Ticscii      | t Time |  |
|  |  |                         |                         |   |                      |                           |           |                               |                               |              |        |  |
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| A 1  | 1.164 4 6  | 43                      |                         |   |                      |                           |           | F                             |                               | T            |        |  |
| Applicant's last address outside the United States of more than on   |  |                         |                         | 1   |                      |                           | From Voor |                               | To Year                       |              |        |  |
| Street and Number  | Ci   | ıty                     | ŀ                       | Province or State   | ;                    | Cot                       | ınıry     | Month                         | Year                          | Month        | Year   |  |
|  |  |                         |                         |   |                      |                           |           |                               |                               |              |        |  |
| Applicant's employment last five years   | s. (If none, so s  | tate.) List             | pres                    | sent employm  | ent f                | irst.                     |           | Fr                            | om                            | Te           | )      |  |
| Full Name and Address of Employer  |  |                         |                         |   | Occupation (Specify) |                           |           | Month                         | Year                          | Month Year   |        |  |
|  |  |                         |                         |   |                      |                           |           |                               |                               | Presen       | t Time |  |
|  |  |                         |                         |   |                      |                           |           |                               |                               |              |        |  |
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| <u></u>  |  |                         |                         |   |                      |                           |           |                               |                               |              |        |  |
|  |  |                         |                         |   |                      |                           |           |                               |                               |              |        |  |
| Show below last occupation abroad if I   | not shown abov   | e. (Includ              | le all                  | information   | rean                 | ested abov                | ve.)      |                               | •                             |              |        |  |
| The second secon | - , // 22 4000   | (                       |                         |   | - 1.4                |                           | ,         |                               |                               |              |        |  |
|  |  |                         |                         |   |                      |                           |           |                               |                               |              |        |  |
| This form is submitted in connection with an a Naturalization Other (Specify):  Status as Permanent Resident   | Applicant  |                         |                         |   |                      |                           | Date      |                               |                               |              |        |  |
| Submit all copies of this form.  | If your native alphabet is in other than Roman letters, write your name in your native alphabet below: |                         |                         |   |                      |                           |           |                               |                               |              |        |  |
| 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)   |              |        |  |
|  |  |                         |                         |   |                      |                           |           |                               |                               |              |        |  |

# G-325, Biographic Information

| (Family Name) (First Name) (M   |              | (Middle 1             | Name)                                | Male Birth Date (mm/dd/yyyy) Citizenship/Nationality File Number A |                      |                                |                               |                                    |             |                            |            |  |
|---|--------------|-----------------------|--------------------------------------|--|----------------------|--------------------------------|-------------------------------|------------------------------------|-------------|----------------------------|------------|--|
| All Other Names Used (Including names by previous marriages)  |              |                       | City and Count                       | th   |                      | U.S. Social Security # (If any |                               |                                    | # (If any)  |                            |            |  |
| Family Name   | rst Name     | Date,                 | City and Country of Birth (If known) |  |                      |                                | City and Country of Residence |                                    |             |                            |            |  |
| Father<br>Mother<br>(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 Cou                               |                      | ınd Cour                       | ntry of Birth Date of         |                                    | f Marriage  | Marriage Place of Marriage |            |  |
| Former Husbands or Wives (If none, so state)<br>Family Name (For wife, give maiden name)                                    |              |                       |                                      |  |                      |                                |                               | d Place of Termination of Marriage |             |                            |            |  |
|   | T.,          |                       | C* 1                                 |  |                      |                                |                               |                                    | ,           | 1 ,                        | n          |  |
| Applicant's residence last five year  Street and Number   | s. List pr   | esent address<br>City |                                      | Province or State Cou  |                      |                                | untry Month                   |                                    | rom<br>Year | Month Year                 |            |  |
| Street and Plantoer   |              | City                  |                                      | Tovince of State   |                      |                                |                               | 111011111                          | Tour Tour   |                            | nt Time    |  |
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|   |              |                       |                                      |  |                      |                                |                               |                                    |             |                            |            |  |
| Applicant's last address outside th   | e United S   | States of more        | than on                              | <br>e vear.  |                      |                                |                               | From                               |             | То                         |            |  |
| Street and Number   |              |                       |                                      | Province or State  |                      | Cou                            | intry                         | Month                              | Year        | Month                      | Year       |  |
|   |              |                       |                                      |  |                      |                                |                               |                                    |             |                            |            |  |
| Applicant's employment last five y Full Name an   |              |                       | List pre                             | esent employm  | ı                    |                                | nacify)                       | From  Wonth Year                   |             | Month                      | Month Year |  |
| T un rvanic an  | u Address 0  | 1 Employer            |                                      |  | Occupation (Specify) |                                |                               | IVIOIIII                           |             |                            | nt Time    |  |
|   |              |                       |                                      |  |                      |                                |                               |                                    |             |                            |            |  |
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|   |              |                       |                                      |  |                      |                                |                               |                                    |             |                            |            |  |
| Show below last occupation abroac   | 1 if not sho | own above. (Ir        | iclude al                            | l information i  | requeste             | ed abov                        | /e.)                          |                                    | 1           |                            | 1          |  |
| This form is submitted in connection with   | an annliaat  | ion for:              |                                      | F A1:4   |                      |                                |                               |                                    |             | D .                        |            |  |
| This form is submitted in connection with an application for:  Naturalization Other (Specify): Status as Permanent Resident |              |                       |                                      | Applicant  |                      |                                |                               | Date                               |             |                            |            |  |
| Submit all copies of this form.   | If you       | r native alphabe      | t is in othe                         | er than Roman let  | ters, write          | e your n                       | ame in you                    | r native al                        | phabet belo | ow:                        |            |  |
| Penalties: Severe pen   | alties are p | rovided by law        | for know                             | ingly and willful  | ly falsify           | ing or c                       | oncealing :                   | n materia                          | l fact.     |                            |            |  |
| Applicant: Be sure to put   | your nam     | e and Alien           | Registr                              | ation Numbe  | r in the             | e box o                        | outlined                      | by heav                            | y borde     | r below.                   |            |  |
| Complete This Box (Family Name)   |              | (Given N              | ame)                                 | (Mid   | dle Nam              | e)                             | (Alien R                      | egistratio                         | n Number    | )                          |            |  |
| (Other Agency Use)  |              |                       |                                      |  |                      | USCIS Use (Office of Origin)   |                               |                                    |             |                            |            |  |
|   |              |                       |                                      |  |                      | Office Code:                   |                               |                                    |             |                            |            |  |
|   |              |                       |                                      |  |                      |                                |                               | of Case:                           |             |                            |            |  |
|   |              |                       |                                      |  |                      |                                | • •                           |                                    |             |                            |            |  |
|   |              |                       |                                      |  |                      |                                | Date                          |                                    |             |                            |            |  |
|   |              |                       |                                      |  |                      |                                |                               |                                    |             |                            |            |  |
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|   |              |                       |                                      |  |                      |                                |                               |                                    |             |                            |            |  |

## 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.**