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

# G-325A, Biographic Information

(Family Name) (First Na	(First Name) (Middle Name)				Male Bi	rth Da	ate (mm/dd/	yyyy) Citiz	enship/Na	-	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 Father Mother (Maiden Name)	First	irst Name Date, C			City and Count	ountry of Birth (If known)				City 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		th Date of Marriage		Place of Marriage	
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name)	First Name	me Birth Date Date and Place o		e of M	arriage	riage Date and Place of			f Termination of Marriage			
			Jana Car	~4					E			-
Applicant's residence last five year Street and Number	s. List pres	ci		1	Province or Stat	۹	Cor	intry	Month	rom Year	Month	o Year
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Applicant's last address outside th	e United St				•			Duntry Month Year			Te	
Street and Number		Ci	ity		Province or Stat	e	Col	intry	Month	Year	Month	Year
	(7.0											
Applicant's employment last five y				ist pres	sent employn	1				om	Te	
Full Name an	d Address of I	Employe	er			0	ccupation (S	Specify)	Month	Year	Month	Year
											Presen	t Time
						_						
Show below last occupation abroad	l if not show	vn abov	ve. (Inclu	ude all	information	requ	ested abov	ve.)				
This form is submitted in connection with		n for:	Signat	ture of	Applicant						Date	
Naturalization Other (Specify	/):		_									
Status as Permanent Resident												
Submit all copies of this form.	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 pen	alties are pro	vided b	v law for	knowi	ngly and willfu	llv fal	sifving or c	oncealing	a material	fact.		

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

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U.S. Citizenship and Immigration Services

# G-325A, Biographic Information

(Family Name) (First Name)		(Middle Nam	Male Birth	h Da	ate (mm/dd/	(mm/dd/yyyy) Citizenship/Nationality File Number						
All Other Names Used (Including names by pre	City and Country of BirthU.S. Social Security # (If any)											
Family Name Father Mother (Maiden Name)	First Na	ame	City and Country	ountry of Birth (If known) City ar					ity and Country of Residence			
Husband or Wife (If none, Family Name so state.) (For wife, give maiden n	First Name			Birth Date (mm/dd/yyyy) City and Country of Birth				Date of	f Marriage	Place of Marriage		
Former Husbands or Wives (If none, so state) First Family Name (For wife, give maiden name)	Name	ame Birth Date Date and Place of (mm/dd/yyyy)			of Ma	arriage	Date and	and Place of Termination of Marriage				
		<u> </u>	- 4									
Applicant's residence last five years. Li Street and Number	st presen	City		Province or State		Cou	ntry		rom Year	T Month	0 Year	
Street and Number		City		Province of State		Cou	nuy	Month	Year	Presen		
	4. 4 64.4							Fr		Te		
Applicant's last address outside the Un Street and Number	ited State	City		e year. Province or State		Cou	ntry				Year	
Street and Number		City		Tiovinee of State		000	linu y	wionui	1 cai	WOItti	I cai	
	( <b>If</b>							E.	om	T		
Applicant's employment last five years.	· ·	,	st pre	esent employme				Month	Year	Month	Year	
Full Name and Add	less of Em	ployer			Oc	cupation (S	pecify)	womm	1 cai	Presen		
										Presen	t Time	
Show below last occupation abroad if no	ot shown	above. (Inclu	ude al	l information r	eque	ested abov	/e.)		-			
This form is submitted in connection with an ap Naturalization Other (Specify): Status as Permanent Resident	plication fo	or: Signat	ture of	Applicant			·			Date		
	f your nati	ve alphabet is	in othe	r than Roman lett	ers, v	write your n	ame in you	native alj	phabet belo	ow:		
Penalties: Severe penalties	are nrovid	led by law for	knowi	nolv and willfull	v fale	sifving or c	oncealing	material	fact			

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

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U.S. Citizenship and Immigration Services

# G-325A, Biographic Information

(Family Name)	(First Na	me)	(Middle Name)			Male Female		Date	(mm/dd/y	yyyy) Citi	Citizenship/Nationality 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, C			L City and Co	ountry o	ry of Birth (If known) City a					City and Country of Residence			
Husband or Wife (If none, so state.)	Husband or Wife (If none, Family Name First Name			•	Birth Date (mm/dd/yyyy)City and Country of BirthDate				h Date	ate of Marriage Place of Marriage						
Former Husbands or Wives Family Name (For wife, give		First Na	ame Birth Date (mm/dd/yyyy) Date and Place of the second s			lace of	Marri	age	Date and	te and Place of Termination of Marriage						
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Applicant's residenc	nd Number	s. List			Lity		Province or	State		Cou	ntry	Month	Year	Month	Year	
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Applicant's employin	Full Name an				-	st pre	sent empi			pation (S	nacify)	Month	Year	Month	Vear	
	i un ivanie an	a Address	OI LI	прюу					Occuj	pation (5	peeny)	wonth	1 car		it Time	
													-	ITCSCI		
Show below last occu	ipation abroad	l if not s	hown	abo	ve. (Inclu	ıde al	informat	ion ree	quest	ed abov	/e.)					
This form is submitted in connection with an application for:       Signature of Applicant       Date         Naturalization       Other (Specify):       Date																
Status as Permanen	t Kesident															
Submit all copies	of this form.	If y	our na	tive a	lphabet is	in othe	r than Roma	in letter	rs, writ	te your na	ame in you	ir native a	lphabet be	elow:		
Penal	ties: Severe pen	alties are	provi	ded l	by law for	knowi	ngly and wi	illfully	falsify	ying or co	oncealing	a materia	ıl fact.			

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

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(Family Name) (First Name	e)	(Middle Nar	ne)	Male Birth	irth Date (mm/dd/yyyy) Citizenship/Nationality File Number						
All Other Names Used (Including names by previous marriages) City and Countr						Intry of Birth U.S. Social Security # (If any)					
Family Name Father Mother (Maiden Name)	First N	Name	Date,	City and Country	of Birth (If I	xnown)	City a	City and Country of Residence			
Husband or Wife (If none, Family Name so state.) (For wife, give maid	Isband or Wife (If none, Family Name First Name			Birth Date (mm/dd/yyyy) City and Country of Birth Da					Date of Marriage Place of Marriage		
Former Husbands or Wives (If none, so state) Fi Family Name (For wife, give maiden name)	rst Name	ame Birth Date (mm/dd/yyyy) Date and Place of			Marriage	Date and	Place of T	ermination	of Marriage		
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Applicant's residence last five years.	List prese		1	Duovinas au Stata		7annter :		From		lo Vaar	
Street and Number		City		Province or State		Country	Month	Year	Month Presen	Year t Time	
Applicant's last address outside the	United Stat	tes of more th	l Ian on	e vear			F	rom	Т	)	
Street and Number		City	1	Province or State	(	Country	Month Year Month			Year	
Applicant's employment last five yea	rs. (If non	e, so state.) L	ist pre	sent employme	nt first.		F	rom	T	)	
Full Name and A				i	Occupation	n (Specify)	Month	Year	Month	Year	
					1				Presen	t Time	
Show below last occupation abroad in	not showr	1 above. (Incl	ude al	l information re	quested a	bove.)					
					1						
This form is submitted in connection with an application for:   Naturalization Other (Specify):   Status as Permanent Resident     Status as Permanent Resident											
Submit all copies of this form.	If your na	tive alphabet is	in othe	er than Roman lette	rs, write you	ır name in yo	ur native al	phabet belo	ow:		
Penalties: Severe penalt	ies are provi	ided by law for	knowi	ngly and willfully	falsifying o	r concealing	a materia	l fact.			

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