

FORM G-325A
BIOGRAPHIC INFORMATION

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER
			<input type="checkbox"/> FEMALE			A-
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH			SOCIAL SECURITY NO. (If any)
FATHER		MOTHER (Maiden name)		FAMILY NAME		FIRST NAME
				DATE, CITY AND COUNTRY OF BIRTH (If known)		CITY AND COUNTRY OF RESIDENCE
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & 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	BIRTHDATE	DATE & PLACE OF MARRIAGE		DATE AND PLACE OF TERMINATION OF MARRIAGE	
APPLICANT'S RESIDENCE LAST FIVE YEARS, LIST PRESENT ADDRESS FIRST						
				FROM		TO
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH YEAR
						PRESENT TIME
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR						
				FROM		TO
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH YEAR
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST						
			FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER			OCCUPATION (SPECIFY)		MONTH	YEAR
						PRESENT TIME
Show below last occupation abroad if not shown above. (Include all information requested above.)						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:						
<input type="checkbox"/> NATURALIZATION			<input type="checkbox"/> STATUS AS PERMANENT RESIDENT			SIGNATURE OF APPLICANT
<input type="checkbox"/> OTHER (SPECIFY):						DATE
Are all copies legible? <input checked="" type="checkbox"/> Yes			If your native alphabet is other than roman letters, write your name in your native alphabet here:			

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)

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER A-	
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH		SOCIAL SECURITY NO. (If any)		
FATHER		MOTHER (Maiden name)					
HUSBAND (If none, so state) OR WIFE		FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & 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	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		
APPLICANT'S RESIDENCE LAST FIVE YEARS, LIST PRESENT ADDRESS FIRST							
				FROM		TO	
STREET AND NUMBER		CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH YEAR
						PRESENT TIME	
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR							
				FROM		TO	
STREET AND NUMBER		CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH YEAR
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST							
				FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER				OCCUPATION (SPECIFY)		MONTH	YEAR
						PRESENT TIME	
Show below last occupation abroad if not shown above. (Include all information requested above.)							
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:				SIGNATURE OF APPLICANT			
<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT				DATE			
<input type="checkbox"/> OTHER (SPECIFY):							
Are all copies legible? <input checked="" type="checkbox"/> Yes				If your native alphabet is other than roman letters, write your name in your native alphabet here:			

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)
(OTHER AGENCY USE)		INS USE (Office of Origin)	
		OFFICE CODE:	
		TYPE OF CASE:	
		DATE:	

FORM G-325A
BIOGRAPHIC INFORMATION

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH		SOCIAL SECURITY NO. (If any)	
FATHER		MOTHER (Maiden name)		FAMILY NAME		FIRST NAME
HUSBAND (If none, so state) OR WIFE		FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH
FORMER HUSBANDS OR WIVES (If none, so state)		FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE
STREET AND NUMBER		CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH	TO MONTH
APPLICANT'S RESIDENCE LAST FIVE YEARS, LIST PRESENT ADDRESS FIRST				YEAR	YEAR	PRESENT TIME
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				YEAR	YEAR	
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST				YEAR	YEAR	
FULL NAME AND ADDRESS OF EMPLOYER				YEAR	YEAR	
OCCUPATION (SPECIFY)				YEAR	YEAR	
Show below last occupation abroad if not shown above. (Include all information requested above.)				YEAR	YEAR	
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:				SIGNATURE OF APPLICANT		DATE
<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT						
<input type="checkbox"/> OTHER (SPECIFY):						
Are all copies legible? <input checked="" type="checkbox"/> Yes				If your native alphabet is other than roman letters, write your name in your native alphabet here:		

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)
(OTHER AGENCY USE)		INS USE (Office of Origin)	
		OFFICE CODE:	
		TYPE OF CASE:	
		DATE:	
Form G-325 A (Rev. 10-1-82)		(3) C.	

FORM G-325A
BIOGRAPHIC INFORMATION

(Family name) (First name) (Middle name)			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER A-		
ALL OTHER NAMES USED (Including names by previous marriages)				CITY AND COUNTRY OF BIRTH		SOCIAL SECURITY NO. (If any)		
FATHER MOTHER (Maiden name)			DATE, CITY AND COUNTRY OF BIRTH (If known)		CITY AND COUNTRY OF RESIDENCE			
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & 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	BIRTHDATE	DATE & PLACE OF MARRIAGE		DATE AND PLACE OF TERMINATION OF MARRIAGE			
APPLICANT'S RESIDENCE LAST FIVE YEARS, LIST PRESENT ADDRESS FIRST						FROM	TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR	
						PRESENT TIME		
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR						FROM	TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR	
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST						FROM	TO	
FULL NAME AND ADDRESS OF EMPLOYER			OCCUPATION (SPECIFY)		MONTH	YEAR	MONTH	YEAR
						PRESENT TIME		
Show below last occupation abroad if not shown above. (Include all information requested above.)								
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:				SIGNATURE OF APPLICANT		DATE		
<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):								
Are all copies legible? <input checked="" type="checkbox"/> Yes				If your native alphabet is other than roman letters, write your name in your native alphabet here:				

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)
(OTHER AGENCY USE)		INS USE (Office of Origin) OFFICE CODE: TYPE OF CASE: DATE:	
Form G-325 A (Rev. 10-1-82)		(4) Consul	