FORM G-325A BIOGRAPHIC INFORMATION

OMB No. 1115-0066 Approval expires 4-30-85

(Family name)	(First name)	(M	iddle name)	□MALE BI	RTHDAT	TE (MoDay-Yr.)	NAT	IONALITY		FILE NUMBER			
ALL OTHER NAMES US	SED (Including names by		CITY AND COUNTRY OF BIRTH SOCIAL SECURITY NO. (If any)										
FATHER MOTHER (Maiden name	FAMILY NAME	FIRST NAME	DATE, CITY AND	COUNTRY OF BI	RTH (If k	known)	CITY AI	ND COUNTRY (DF RESIDE	ENCE			
HUSBAND(If none, so st OR WIFE	<u> </u>	Figiden name)	IRST NAME B	RTHDATE C	TY & CC	DUNTRY OF BIRT	гн	DATE OF MARI	RIAGE	PLACE OF MA	ARRIAGE		
FORMER HUSBANDS C	OR WIVES (If none, so state) fe, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLAC	E OF M	ARRIAGE	DATE AN	ID PLACE OF T	ERMINATI	ON OF MARRI	AGE		
DDI ICANTIC DECIDI		C LICT DDECENT	ADDDESS FIDS					FRO		Т			
	ENCE LAST FIVE YEAR: T AND NUMBER	S, LIST PRESENT		OVINCE OR STA	TF	COUNTR	PΥ	MONTH	YEAR	MONTH	YEAR		
OTREE	T AND NOMBER	011	11.	OVIIVOL OITOTA		COUNTY	\	MOITI	TEAR	PRESENT TIME			
PPLICANT'S LAST A	ADDRESS OUTSIDE THE	 	OF MORE THA	N ONE YEAR				FRO	M	l TO)		
PPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF M STREET AND NUMBER CITY				OVINCE OR STA	TE COUNTRY			MONTH	YEAR	MONTH	YEAF		
PPLICANT'S EMPLO	DYMENT LAST FIVE YEA	ARS. (IF NONE, SO	STATE.) LIST F	RESENT EMP	OYME	NT FIRST		FROM	И	TC)		
FULL NAME AND ADDR	RESS OF EMPLOYER				occ	CUPATION (SPEC	CIFY)	MONTH	YEAR	MONTH	YEAR		
										PRESEN'	T TIME		
Show below last o	ecupation abroad if not s	hown above. (Inclu	de all information	n requested abo	ove.)								
	-	·											
THIS FORM IS SUBMITT NATURALIZATION OTHER (SPECIFY)		APPLICATION FOR: ERMANENT RESIDEN		URE OF APPLICA	ANT				DA	TE			
Are all copies le	gible? X Yes	If your na	tive alphabet is o	her than	roman letters, w	rite your n	ame in your na	tive alphab	et here:				
PENAL	TIES: SEVERE PENALTIES	ARE PROVIDED BY I	LAW FOR KNOWIN	IGLY AND WILLF	ULLY FA	ALSIFYING OR C	ONCEAL	ING A MATERIA	AL FACT.				
APPLIC		BE SURE TO THE BOX OU						TION NU	MBER	IN			
COMPLETE THIS BOX		(Given name)		Idle name)	טחט			on number)					

FORM G-325A **BIOGRAPHIC INFORMATION**

OMB No. 1115-0066 Approval expires 4-30-85

(Family name)	(First name)	(First name) (Middle name			MALE	BIRTHE	DATE (MoDay-Yr	:.) NA	NATIONALITY		FILE NUMBER		
				[FEMALE					A-			
ALL OTHER NAMES US	ED (Including names by)		CITY AND (COUNTR	Y OF BIRTH				CIAL SECURIT any)	Y NO.		
	FAMILY NAME	FIRST NAME	DATE, CI	TY AND CO	OUNTRY O	F BIRTH	(If known)	CITY	AND COUNTRY	OF RESIDE	ENCE		
FATHER MOTHER (Maiden name))												
HUSBAND(If none, so sta OR WIFE	FIRST NAME	E BIR	THDATE CITY & COUNTRY OF BIRTH DATE OF MAN				RIAGE	IAGE PLACE OF MARRIAGE					
FAMILY NAME (For wife	R WIVES (If none, so state) e, give maiden name)	FIRST NAME	BIRTH	DATE	DATE & PI	LACE OF	MARRIAGE	DATE A	IND PLACE OF T	ERMINAT	ION OF MARRI	AGE	
APPLICANT'S RESIDE	NCE LAST FIVE YEAR	S, LIST PRESEN	T ADDRESS	S FIRST					FRO	М	TC)	
STREET	T AND NUMBER		CITY	PRO\	/INCE OR S	STATE	COUN	TRY	MONTH	YEAR	MONTH	YEAR	
											PRESENT	TIME	
									+				
APPLICANT'S LAST A	DDRESS OUTSIDE TH	<u> </u>	ES OF MOR	E THAN	ONE YEA	ıR			FRO	M	TC)	
	T AND NUMBER		CITY		/INCE OR S		COUN	TRY	MONTH	YEAR	MONTH	YEAR	
APPLICANT'S EMPLO	YMENT LAST FIVE YEA	ARS. (IF NONE, S	SO STATE.)	LIST PR	ESENT E	MPLOYI	MENT FIRST		FROI	M	TO		
FULL NAME AND ADDRE	ESS OF EMPLOYER					0	CCUPATION (SP	ECIFY)	MONTH	YEAR	MONTH	YEAR	
											PRESENT	TIME	
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Show below last oc	scupation abroad if not s	snown above. (Inc	riude all illic	omation	requested	above.)							
THIS FORM IS SUBMITTE	ED IN CONNECTION WITH	APPLICATION FOR	: :	SIGNATUF	RE OF APPI	LICANT				DA	TE		
NATURALIZATION		ERMANENT RESID											
OTHER (SPECIFY):													
, ,			If	f your nativ	e alphabet i	is other th	nan roman letters,	write your	name in your na	tive alphab	et here:		
Are all copies leg	gible? X Yes	5											
PENAL	TIES: SEVERE PENALTIES	ARE PROVIDED B	Y LAW FOR I	KNOWING	LY AND WI	LLFULLY	FALSIFYING OR	CONCEA	LING A MATERIA	AL FACT.			
		BE SURE TO	O PUT Y	OUR N	JAMF A	AND 4	AI IEN REG	SISTRA	LIN NOITA	MRFR	IN		
APPLICA		THE BOX O							***************************************				
COMPLETE THIS BOX (Family Name)	(Given name)		(Middl	e name)		(Ali	en registra	ation number)				
	(OT	HER AGE	NCY U	SE)					NS USE	(Offic	e of Ori	gin)	
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FORM G-325A BIOGRAPHIC INFORMATION

OMB No. 1115-0066 Approval expires 4-30-85

(Family name)	(First name)		(Middle name)			MALE BIRTHDATE (MoDay-			TIONALITY	FILE	FILE NUMBER		
					FEMALE					A-			
ALL OTHER NAMES USED	(Including names by)	CITY AND COUNTRY OF BIRTH SOCIAL SECURI (If any)								Y NO.		
	FAMILY NAME	FIRST NAME	DATE, CI	TY AND C	OUNTRY OF	BIRTH ((If known)	CITY	AND COUNTRY (OF RESIDE	ENCE		
FATHER													
MOTHER (Maiden name)													
HUSBAND(If none, so state) OR WIFE	FAMILY NAME (For wife, give m	aiden name)	FIRST NAMI	E BIR	THDATE	CITY &	COUNTRY OF BI	RTH	DATE OF MARE	RIAGE	PLACE OF MA	RRIAGE	
WII L													
FORMER HUSBANDS OR W	IVES (If none, so state))	1		1								
FAMILY NAME (For wife, gi	ve maiden name)	FIRST NAME	BIRTH	DATE	DATE & PL	ACE OF	MARRIAGE	DATE A	ND PLACE OF T	ERMINATI	ON OF MARRIA	AGE	
APPLICANT'S RESIDENC					W. 105 05 0		201111	ED) (FROM		TC		
SIREELAN	ID NUMBER	'	CITY	PRO	VINCE OR S	IAIE	COUNT	RY	MONTH	YEAR	MONTH	YEAR	
_											PRESENT	TIME	
APPLICANT'S LAST ADDI	RESS OUTSIDE TH	E UNITED STATI	ES OF MOF	RE THAN	ONE YEAR	₹			FROM	VI	TC)	
STREET AN	ID NUMBER		CITY	PRO	VINCE OR S	TATE	COUNT	TRY	MONTH	YEAR	MONTH	YEAR	
APPLICANT'S EMPLOYM		ARS. (IF NONE, S	SO STATE.)	LIST PF	RESENT EM	I			FROM		TO		
FULL NAME AND ADDRESS	OF EMPLOYER					0	CCUPATION (SP	ECIFY)	MONTH	YEAR	MONTH	YEAR	
						_					PRESENT	TIME	
						-							
						-							
Show below last occup	oation abroad if not s	shown above. (Inc	clude all info	ormation	requested a	above.)			1				
					-								
THIS FORM IS SUBMITTED II	N CONNECTION WITH	APPLICATION FOR	t:	SIGNATU	RE OF APPL	ICANT				DA	TE		
NATURALIZATION	STATUS AS P	ERMANENT RESID	ENT										
OTHER (SPECIFY):													
Are all copies legib	le? X Yes	•		f your nati	ve alphabet is	other th	nan roman letters,	write your	name in your nat	ive alphab	et here:		
	S: SEVERE PENALTIES		N/	ICNIONA/INIO	N V AND W		EAL OIEVINO OD	CONOTA	LINO A MATERIA	AL FACT			
PENALTIES	SEVERE PENALTIES	S ARE PROVIDED B	Y LAW FOR	KNOWING	SLY AND WIL	LFULLY	FALSIFYING OR	CONCEA	LING A MATERIA	AL FACT.			
A DDT TCAI		BE SURE TO							ATION NUI	MBER	IN		
APPLICA		THE BOX O	UTLINE	D BY	HEAVY	BOR	DER BELC	W.					
COMPLETE THIS BOX (Fam	nily Name)	(Given name)		(Midd	le name)		(Ali	en registra	tion number)				
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	(01)	HER AGE	NCY U	SE)				II	NS USE	(Offic	e of Ori	gin)	
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FORM G-325A BIOGRAPHIC INFORMATION

OMB No. 1115-0066 Approval expires 4-30-85

(Family name) (F	(First name) (Middle name)				e)	MALE BIRTHDATE (MoDay-Y				.) N/	ATIONALITY	FIL A-	FILE NUMBER		
ALL OTHER NAMES USED (Including	CITY AND COUNTRY OF BIRTH SOCIAL SECURITY NO. (If any)														
FATHER	ILY NAME	FIRST	Г NAME	DATE, C	ITY AND (COUNTRY O	F BIRT	TH (If k	known)	CITY	AND COUNTRY (OF RESID	ENCE		
MOTHER (Maiden name)				FIDOT NAME	- DI	TUD A TE	OIT		N. IN. ITON (OF DI	DTU	DATE OF 1440	214.05	DI 405 05 14	1001105	
HUSBAND(If none, so state) FAM OR (For WIFE	IILY NAME wife, give m	aiden nam	e)	FIRST NAM	E BIF	RTHDATE	CITY	Y & CC	OUNTRY OF BI	RTH	DATE OF MARE	RIAGE	PLACE OF MA	ARRIAGE	
FORMER HUSBANDS OR WIVES (If no	ne, so state)	<u> </u>			1									
FAMILY NAME (For wife, give maiden			NAME	BIRTH	DATE	DATE & P	LACE	OF MA	ARRIAGE	DATE	AND PLACE OF T	ERMINAT	ION OF MARRI	AGE	
APPLICANT'S RESIDENCE LAST F	IVE YEAR	S, LIST P	PRESENT	ADDRES	S FIRST				•		FROM	И	TC)	
STREET AND NUMBE	R		С	ITY	PROVINCE OR STAT			E	COUN	TRY	MONTH	YEAR	MONTH	YEAR	
													PRESENT	TIME	
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APPLICANT'S LAST ADDRESS OL	JTSIDE TH	E UNITE	D STATE	S OF MOF	RE THAN	ONE YEA	NR .				FROM	M	TC)	
STREET AND NUMBE	R		С	ITY	PRO	OVINCE OR	STATE	E	COUN	TRY	MONTH	YEAR	MONTH	YEAR	
A DRIVING A MITTIN EMPLOYMENT LAND		150 //5		0.07475	LIGTO	25051155		0) (1.15	LITEIDOT						
APPLICANT'S EMPLOYMENT LAS		ARS. (IF I	NONE, SO	OSIAIE.) LIST PI	RESENTE	MPLC		UPATION (SP	ECIEV)	FROM MONTH	// YEAR	MONTH	YEAR	
FULL NAME AND ADDRESS OF EMPL	OTER							000	JUPATION (SP	ECIFT)	WONTH	TEAR	PRESEN*		
													TREGEN	I THVIL	
Show below last occupation abr	oad if not s	shown abo	ove. (Incl	ude all inf	ormation	requested	abov	/e.)			1			1	
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OTHER (SPECIFY):	1711007101		VI KLOIDE												
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Are all copies legible?	X Yes	S													
PENALTIES: SEVERE	PENALTIES	ARE PRO	VIDED BY	LAW FOR	KNOWING	GLY AND WI	LLFUL	LLY FA	ALSIFYING OR	CONCE	ALING A MATERIA	AL FACT.			
APPLICANT:									IEN REG		ATION NUI	MBER	IN		
COMPLETE THIS BOX (Family Name)		(Given r				dle name)					ation number)				
	(OT	HER	AGEN	ICY U	ISE)						NS USE	(Offic	ce of Ori	gin)	
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