(Family Name) (First Name)	(Middle Name)			Male B	rth D	ate (mm/dd/	yyyy) Cit	tizenship/Na	zenship/Nationality File Number A			
All Other Names Used (Including names by previous marriages)				City and Country of Birth U.S. Social Security # (If						# (If any)		
Family Name Father Mother (Maiden Name)	First Name	First Name Da		City and Coun	ry of I	of Birth (If known)		City and Country		of Residence		
Husband or Wife (If none, Family Name so state.) First Name First Name			Birth Date (mm/dd/yyyy) City and Country of Birth				rth Date of	h Date of Marriage Place of Marriage				
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name)	rst Name Birth Date (mm/dd/yyy			Date and Place		of Marriage 1		Date and Place of Termination of Marr		of Marriage		
Applicant's residence last five years.	List present ad	dress fire	et .					F	rom	Т	0	
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This form is submitted in connection with an	application for	Signat	uro of	Applicant						D-4-		
Naturalization Other (Specify):	аррисацоп юг.	Signat	ure or	Applicant						Date		
Status as Permanent Resident		-										
Status as i cimanent resident	T.C: 1	1 1 4	- /1	.1 D 1		٠,		<i>e</i> 1	1 1 41 1			
Submit all copies of this form.	If your native al									ow:		
Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.												
Applicant: Be sure to put you	r name and A	lien Re	gistra	ation Numb	er in	the box o	outlined	l by heav	y borde	r below.		
Complete This Box (Family Name)	(C)	von Nom	a)		(Middle Name)			(Alien Registration Number)				
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(Family Name) (First Name)	Name) (First Name) (Middle Name)				Male Birth Date (mm/dd/yyyy) Citizenship/Nationality File Number Female A						
All Other Names Used (Including names by previous marriages)				City and Country of Birth U.S. Social Security # (If an							
Family Name Father Mother (Maiden Name)	First Name Date, O			City and Country o	City and Country of Residence						
Husband or Wife (If none, Family Name so state.) First Name First Name			Birth Date (mm/dd/yyyy)	City and Cour	ntry of Bir	rth Date of Marriage		Place of Marriage			
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This form is submitted in connection with an application for: Naturalization Other (Specify): Status as Permanent Resident Signature of 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)	Family Name) (Given Name)				(Middle Name)			(Alien Registration Number)			

(Family Name) (First Name)	e) (First Name) (Middle Name)				Male Birth Date (mm/dd/yyyy) Citizenship/Nationality File Number A					
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This form is submitted in connection with an application for: Naturalization Other (Specify): Status as Permanent Resident Signature of Applicant Date										
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Complete This Box (Family Name)	(Given Name)			(Middle Name)			(Alien Registration Number)			

(Family Name) (First Name)) (Middle Name)			Male Fema		Date (mm/dd	/yyyy) Cit	izenship/Na	nship/Nationality File Number A			
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 [City and Country of Birth (If known)				City and Country of Residence				
Husband or Wife (If none, Family Name so state.) First Name First Name			Birth Date (mm/dd/yyyy) City and Country			intry of Bir	f Birth Date of Marriage Place of Marriage			rriage		
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This form is submitted in connection with an application for: Naturalization Other (Specify): Status as Permanent Resident					t					Date		
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Complete This Box (Family Name)	(Given Name) (Middle Name) (Alien Registration Numb						nber)					