

G-325A, Biographic Information

(Family Name)	(First Name)	(Middle Name)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (mm/dd/yyyy)	Citizenship/Nationality	File Number A		
All Other Names Used (Including names by previous marriages)			City and Country of Birth		U.S. Social Security # (If any)			
Father Mother (Maiden Name)	Family Name	First Name	Date, City and Country of Birth (If known)		City and Country of Residence			
Husband or Wife (If none, so state.)	Family Name (For wife, give maiden name)	First Name	Birth Date (mm/dd/yyyy)	City and 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	Birth Date (mm/dd/yyyy)	Date and 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 an application for: <input type="checkbox"/> Naturalization <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> 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)	(Given Name)	(Middle Name)	(Alien Registration Number)

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Husband or Wife (If none, so state.)		Family Name (For wife, give maiden name)	First Name	Birth Date (mm/dd/yyyy)	City and 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	Birth Date (mm/dd/yyyy)	Date and Place of Marriage	Date and Place of Termination of Marriage		
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Street and Number				City	Province or State	Country		
						From Month	To Month	
						Year	Year	
							Present Time	
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Former Husbands or Wives (If none, so state.)		Family Name (For wife, give maiden name)	First Name	Birth Date (mm/dd/yyyy)	Date and Place of Marriage	Date and Place of Termination of Marriage		
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