

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		FAMILY NAME	FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (If known)	CITY AND COUNTRY OF RESIDENCE				
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	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)

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		FAMILY NAME	FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (If known)	CITY AND COUNTRY OF RESIDENCE			
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)				DATE & PLACE OF MARRIAGE		DATE AND PLACE OF TERMINATION OF MARRIAGE		
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE						
APPLICANT'S RESIDENCE LAST FIVE YEARS, LIST PRESENT ADDRESS FIRST								
STREET AND NUMBER				CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR	TO MONTH YEAR
							PRESENT TIME	
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR								
STREET AND NUMBER				CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR	TO MONTH YEAR
APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST								
FULL NAME AND ADDRESS OF EMPLOYER				OCCUPATION (SPECIFY)		FROM MONTH YEAR		TO MONTH YEAR
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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)		(2) Rec Br.		

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BIOGRAPHIC INFORMATION

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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							
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
						PRESENT TIME	
APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR							
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
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(OTHER AGENCY USE)		INS USE (Office of Origin) OFFICE CODE: TYPE OF CASE: DATE:	

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FATHER		MOTHER (Maiden name)		FAMILY NAME		FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (If known)	
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	
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FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE			
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STREET AND NUMBER				CITY	PROVINCE OR STATE	COUNTRY	FROM MONTH YEAR TO MONTH YEAR	
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