U.S. Department of Justice
Immigration and Naturalization Service

FORM G-325A

BIOGRAPHIC INFORMATION

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

(Family name)	(First name)	(Middle name)	☐ MALE ☐ 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)

	FAMILY NAME	FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH(If known)	CITY AND COUNTRY OF RESIDENCE
FATHER				
MOTHER (Maiden name)				

	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
HUSBAND (If none, so state) OR WIFE						

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 MONTH	FROM YEAR	TO MONTH	TO 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	FROM YEAR	TO MONTH	TO 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	FROM YEAR	TO MONTH	TO 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:
☐ **NATURALIZATION** ☐ **STATUS AS PERMANENT RESIDENT**
☐ **OTHER (SPECIFY):**

SIGNATURE OF APPLICANT DATE

Are all copies legible? ☐ **Yes**

IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:

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)