

G-325A, Biographic Information

(Family Name)	(First Name)	(Middle Name)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (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	Family Name (For wife, give maiden name)	First Name	Birthdate	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	Birthdate	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 listed 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):					

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)
---------------------------------	--------------	---------------	-----------------------------

G-325A, Biographic Information

(Family Name)		(First Name)	(Middle Name)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (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 #(f 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 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	Birthdate	Date and 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

Applicant's employment last five years. (If none, so state.) List present employment first.

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year
					Present Time

Show below last occupation abroad if not listed above. (Include all information requested above.)

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year

This form is submitted in connection with application for:

Naturalization Status as Permanent Resident

Other (Specify): _____

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)
(Other Agency Use)			USCIS Use (Office of Origin)
			Office Code:
			Type of Case:
			Date:

G-325A, Biographic Information

(Family Name)	(First Name)	(Middle Name)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (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 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 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	Birthdate	Date and 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

Applicant's employment last five years. (If none, so state.) List present employment first.

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year
					Present Time

Show below last occupation abroad if not listed above. (Include all information requested above.)

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year

This form is submitted in connection with application for:

Naturalization Status as Permanent Resident

Other (Specify):

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)
(Other Agency Use)			USCIS Use (Office of Origin) Office Code: Type of Case: Date:

G-325A, Biographic Information

(Family Name)	(First Name)	(Middle Name)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate (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 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 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	Birthdate	Date and 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

Applicant's employment last five years. (If none, so state.) List present employment first.

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year
				Present Time	

Show below last occupation abroad if not listed above. (Include all information requested above.)

Full Name and Address of Employer	Occupation (Specify)	Month	Year	Month	Year

This form is submitted in connection with application for: <input type="checkbox"/> Naturalization <input type="checkbox"/> Status as Permanent Resident <input type="checkbox"/> Other (Specify):	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)
(Other Agency Use)		USCIS Use (Office of Origin) Office Code: Type of Case: Date:	