

**G-325A, Biographic Information**

|   |  |   |  |  |                            |   |                         |                     |      |
|---|--|---|--|--|----------------------------|---|-------------------------|---------------------|------|
| (Family Name)   |  | (First Name)                                | (Middle Name)  | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Birth Date (mm/dd/yyyy)    | Citizenship/Nationality                   | File Number<br><b>A</b> |                     |      |
| All Other Names Used (Including names by previous marriages)  |  |   |  | City and Country of Birth  |                            | U.S. Social Security # (If any)           |                         |                     |      |
| Father<br>Mother<br>(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<br>(For wife, give maiden name) | First Name   | Birth Date<br>(mm/dd/yyyy)                                       | City and Country of Birth  | Date of Marriage                          | Place of Marriage       |                     |      |
| Former Husbands or Wives (If none, so state.)   |  | Family Name<br>(For wife, give maiden name) | First Name   | Birth Date<br>(mm/dd/yyyy)                                       | Date and Place of Marriage | Date and Place of Termination of Marriage |                         |                     |      |
|   |  |   |  |  |                            |   |                         |                     |      |
|   |  |   |  |  |                            |   |                         |                     |      |
| <b>Applicant's residence last five years. List present address first.</b>                               |  |   |  |  |                            | <b>From</b>                               |                         | <b>To</b>           |      |
| Street and Number   |  | City  | Province or State  | Country  | Month                      | Year                                      | Month                   | Year                |      |
|   |  |   |  |  |                            |   | <b>Present Time</b>     |                     |      |
|   |  |   |  |  |                            |   |                         |                     |      |
|   |  |   |  |  |                            |   |                         |                     |      |
|   |  |   |  |  |                            |   |                         |                     |      |
| <b>Applicant's last address outside the United States of more than one year.</b>                        |  |   |  |  |                            | <b>From</b>                               |                         | <b>To</b>           |      |
| Street and Number   |  | City  | Province or State  | Country  | Month                      | Year                                      | Month                   | Year                |      |
|   |  |   |  |  |                            |   |                         |                     |      |
| <b>Applicant's employment last five years. (If none, so state.) List present employment first.</b>      |  |   |  |  |                            | <b>From</b>                               |                         | <b>To</b>           |      |
| Full Name and Address of Employer   |  |   |  | Occupation (Specify)   |                            | Month                                     | Year                    | Month               | Year |
|   |  |   |  |  |                            |   |                         | <b>Present Time</b> |      |
|   |  |   |  |  |                            |   |                         |                     |      |
|   |  |   |  |  |                            |   |                         |                     |      |
|   |  |   |  |  |                            |   |                         |                     |      |
| <b>Show below last occupation abroad if not shown above. (Include all information requested above.)</b> |  |   |  |  |                            |   |                         |                     |      |
|   |  |   |  |  |                            |   |                         |                     |      |
| This form is submitted in connection with an application for:   |  |   |  | <b>Signature of Applicant</b>                                    |                            |   |                         | <b>Date</b>         |      |
| <input type="checkbox"/> Naturalization <input type="checkbox"/> Other (Specify): _____                 |  |   |  |  |                            |   |                         |                     |      |
| <input type="checkbox"/> Status as Permanent Resident   |  |   |  |  |                            |   |                         |                     |      |
| <b>Submit all copies of this form.</b>  |  |   | 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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|---|--|---|--|--|----------------------------|---|-------------------------|------|
| (Family Name)   |  | (First Name)                                | (Middle Name)  | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Birth Date (mm/dd/yyyy)    | Citizenship/Nationality                   | File Number<br><b>A</b> |      |
| All Other Names Used (Including names by previous marriages)  |  |   |  | City and Country of Birth  |                            | U.S. Social Security # (If any)           |                         |      |
| Father<br>Mother<br>(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<br>(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<br>(For wife, give maiden name) | First Name   | Birth Date (mm/dd/yyyy)  | Date and Place of Marriage | Date and Place of Termination of Marriage |                         |      |
| <b>Applicant's residence last five years. List present address first.</b>   |  |   |  |  |                            |   |                         |      |
| Street and Number   |  |   |  | City   | Province or State          | Country                                   |                         |      |
|   |  |   |  |  |                            | From<br>Month Year                        | To<br>Month Year        |      |
|   |  |   |  |  |                            |   | <b>Present Time</b>     |      |
|   |  |   |  |  |                            |   |                         |      |
|   |  |   |  |  |                            |   |                         |      |
|   |  |   |  |  |                            |   |                         |      |
| <b>Applicant's last address outside the United States of more than one year.</b>  |  |   |  |  |                            |   |                         |      |
| Street and Number   |  |   |  | City   | Province or State          | Country                                   |                         |      |
|   |  |   |  |  |                            | From<br>Month Year                        | To<br>Month Year        |      |
|   |  |   |  |  |                            |   |                         |      |
| <b>Applicant's employment last five years. (If none, so state.) List present employment first.</b>  |  |   |  |  |                            |   |                         |      |
| Full Name and Address of Employer   |  |   |  |  | Occupation (Specify)       | From<br>Month Year                        | To<br>Month Year        |      |
|   |  |   |  |  |                            |   | <b>Present Time</b>     |      |
|   |  |   |  |  |                            |   |                         |      |
|   |  |   |  |  |                            |   |                         |      |
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|   |  |   |  |  |                            |   |                         |      |
| This form is submitted in connection with an application for:<br><input type="checkbox"/> Naturalization <input type="checkbox"/> Other (Specify): _____<br><input type="checkbox"/> Status as Permanent Resident |  |   |  | <b>Signature of Applicant</b>                                    |                            |   |                         | Date |
| <b>Submit all copies of this form.</b>  |  |   | If your native alphabet is in other than Roman letters, write your name in your native alphabet below: |  |                            |   |                         |      |

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|                                 |              |               |                             |
|---------------------------------|--------------|---------------|-----------------------------|
| Complete This Box (Family Name) | (Given Name) | (Middle Name) | (Alien Registration Number) |
|                                 |              |               |                             |

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|---|--|---|--|--|----------------------------|---|-------------------------|------|
| (Family Name)   |  | (First Name)                                | (Middle Name)  | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Birth Date (mm/dd/yyyy)    | Citizenship/Nationality                   | File Number<br><b>A</b> |      |
| All Other Names Used (Including names by previous marriages)  |  |   |  | City and Country of Birth  |                            | U.S. Social Security # (If any)           |                         |      |
| Father<br>Mother<br>(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<br>(For wife, give maiden name) | First Name   | Birth Date<br>(mm/dd/yyyy)                                       | City and Country of Birth  | Date of Marriage                          | Place of Marriage       |      |
| Former Husbands or Wives (If none, so state.)   |  | Family Name<br>(For wife, give maiden name) | First Name   | Birth Date<br>(mm/dd/yyyy)                                       | Date and Place of Marriage | Date and Place of Termination of Marriage |                         |      |
| <b>Applicant's residence last five years. List present address first.</b>   |  |   |  |  |                            |   |                         |      |
| Street and Number   |  |   |  | City   | Province or State          | Country                                   |                         |      |
|   |  |   |  |  |                            | From<br>Month Year                        | To<br>Month Year        |      |
|   |  |   |  |  |                            |   | <b>Present Time</b>     |      |
|   |  |   |  |  |                            |   |                         |      |
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| Street and Number   |  |   |  | City   | Province or State          | Country                                   |                         |      |
|   |  |   |  |  |                            | From<br>Month Year                        | To<br>Month Year        |      |
|   |  |   |  |  |                            |   |                         |      |
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| Full Name and Address of Employer   |  |   |  |  | Occupation (Specify)       | From<br>Month Year                        | To<br>Month Year        |      |
|   |  |   |  |  |                            |   | <b>Present Time</b>     |      |
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|   |  |   |  |  |                            |   |                         |      |
| This form is submitted in connection with an application for:<br><input type="checkbox"/> Naturalization <input type="checkbox"/> Other (Specify): _____<br><input type="checkbox"/> Status as Permanent Resident |  |   |  | <b>Signature of Applicant</b>                                    |                            |   |                         | Date |
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| Father<br>Mother<br>(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<br>(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<br>(For wife, give maiden name) | First Name   | Birth Date (mm/dd/yyyy)  | Date and Place of Marriage    | Date and Place of Termination of Marriage |                         |
| <b>Applicant's residence last five years. List present address first.</b>   |  |   |  |  |                               |   |                         |
| Street and Number   |  |   |  | City   | Province or State             | Country                                   |                         |
|   |  |   |  |  |                               | From<br>Month                             | To<br>Month             |
|   |  |   |  |  |                               | Year                                      | Year                    |
|   |  |   |  |  |                               |   | <b>Present Time</b>     |
| <b>Applicant's last address outside the United States of more than one year.</b>  |  |   |  |  |                               |   |                         |
| Street and Number   |  |   |  | City   | Province or State             | Country                                   |                         |
|   |  |   |  |  |                               | From<br>Month                             | To<br>Month             |
|   |  |   |  |  |                               | Year                                      | Year                    |
| <b>Applicant's employment last five years. (If none, so state.) List present employment first.</b>  |  |   |  |  |                               |   |                         |
| Full Name and Address of Employer   |  |   |  |  | Occupation (Specify)          | From<br>Month                             | To<br>Month             |
|   |  |   |  |  |                               | Year                                      | Year                    |
|   |  |   |  |  |                               |   | <b>Present Time</b>     |
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|   |  |   |  |  | <b>Signature of Applicant</b> |   | Date                    |
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|---------------------------------|--------------|---------------|-----------------------------|
| Complete This Box (Family Name) | (Given Name) | (Middle Name) | (Alien Registration Number) |
|---------------------------------|--------------|---------------|-----------------------------|

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## Instructions

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### What Is the Purpose of This Form?

Complete this biographical information form and include it with the application or petition you are submitting to U.S. Citizenship and Immigration Services (USCIS).

USCIS will use the information you provide on this form to process your application or petition. Complete and submit all copies of this form with your petition or application.

If you have any questions on how to complete the form, call our National Customer Service Center at **1-800-375-5283**.

### Privacy Act Notice.

We ask for the information on this form and associated evidence to determine if you have established eligibility for the immigration benefit you are seeking. Our legal right to ask for this information is in 8 USC 1101 and 1255. We may provide this information to other Government agencies. Failure to provide this information may delay a final decision or result in denial of your application or petition.

### Paperwork Reduction Act Notice.

A person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

We try to create forms and instructions that are accurate, can be easily understood and that impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex.

The estimated average time to gather the requested information, complete the form and include it with the appropriate application or petition for filing purposes is 15 minutes. If you have any comments regarding the accuracy of this estimate or suggestions for making this form simpler, write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., Washington, D.C. 20529; OMB No. 1615-0008. **Do not send your form to this Washington, D.C. address.**