

G-325, Biographic Information

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|--|------------|-------------------------------|--|-------------------------------|---|-------------------------------------|
| Family Name | First Name | Middle Name | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth (mm/dd/yyyy) | Citizenship/Nationality | File Number A |
| All Other Names Used (include names by previous marriages) | | | City and Country of Birth | | U.S. Social Security No. (if any) | |
| Family Name | First Name | Date of Birth (mm/dd/yyyy) | City, and Country of Birth (if known) | | City and Country of Residence | |
| Father Mother (Maiden Name) | | | | | | |
| Current Husband or Wife (If none, so state) Family Name (For wife, give maiden name) | | First Name | Date of Birth (mm/dd/yyyy) | City and Country of Birth | Date of Marriage (mm/dd/yyyy) | Place of Marriage |
| Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name) | | First Name | Date of Birth (mm/dd/yyyy) | City and Country of Birth | Date of Termination of Marriage (mm/dd/yyyy) | Place of Termination of Marriage |
| | | | | | | |

Applicant's residence last five years. List present address first.

| Street Name 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 Name 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 | |
| | | | | | |
| | | | | | |

Last occupation abroad if not shown above. (Include all information requested above.)

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| 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 |
|---|--|

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: Print 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) |
| | | | A |

Instructions

What Is the Purpose of This Form?

USCIS will use the information you provide on this form to process your application or petition.

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

If you have any questions on how to complete the form, call our National Customer Service Center at **1-800-375-5283**. For TDD (hearing impaired) call: **1-800-767-1833**.

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 for which you are filing. Our legal right to ask for this information can be found in the Immigration and Nationality Act, as amended. We may provide this information to other government agencies. Failure to provide this information, and any requested evidence, may delay a final decision or result in denial of your immigration benefit.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 15 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue, NW, Washington, DC 20529-2140, OMB No. 1615-0008. **Do not mail your completed Form G-325 to this address.**