

G-325A, Biographic Information

(Family Name)	(First Name)	(Middle Name)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (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)
Family Name		First Name	Date, City and Country of Birth (If known)		City and Country of Residence	
Father Mother (Maiden Name)						
Husband or Wife (If none, so state.) Family Name (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 (For wife, give maiden name)		First Name	Birth Date (mm/dd/yyyy)	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
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
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
Show below last occupation abroad if not shown above. (Include all information requested above.)						
This form is submitted in connection with an application for:		Signature of Applicant			Date	
<input type="checkbox"/> Naturalization <input type="checkbox"/> Other (Specify): _____						
<input type="checkbox"/> Status as Permanent Resident						
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)

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(Family Name)		(First Name)	(Middle Name)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (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)		
Family Name Father Mother (Maiden 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 (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 (For wife, give maiden name)		First Name	Birth Date (mm/dd/yyyy)	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 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
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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)
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Family Name Father Mother (Maiden 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 (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 (For wife, give maiden name)		First Name	Birth Date (mm/dd/yyyy)	Date and Place of Marriage		Date and Place of Termination of Marriage			
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Family Name		First Name		Date, City and Country of Birth (If known)				City and Country of Residence									
Father Mother (Maiden Name)																	
Husband or Wife (If none, so state.)		Family Name (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 (For wife, give maiden name)		First Name		Birth Date (mm/dd/yyyy)		Date and Place of Marriage		Date and Place of Termination of Marriage							
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Street and Number				City		Province or State		Country		Month		Year		Month		Year	
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