

G-325B, 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)	
Father Mother (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 (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	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 an application for:

Naturalization Other (Specify):

Status as Permanent Resident

If serving or ever served in the Armed Forces of the United States, complete the following:			USCIS USE (Office of Origin)			
Branch of Service	Rank	Service Number	Office Code			
To Other Agency: Please furnish on Pages 2 and 4 of this form, or by attachment hereto, any derogatory information that may be contained in your records concerning the above person for use in connection with consideration of above application and return to U.S. Citizenship and Immigration Services.			Type of Case			
			Date			

(Other Agency)						FOR STATE DEPARTMENT USE		
(All Defense Checks)								
<input type="checkbox"/> MIL PERS	<input type="checkbox"/> AIR RESERVE	<input type="checkbox"/> OSI (USAF)	<input type="checkbox"/> ONI (USN)					
<input type="checkbox"/> USAF PERS	<input type="checkbox"/> ARMY PERS	<input type="checkbox"/> MID G-2	<input type="checkbox"/> PROV. MAR.			<input type="checkbox"/> SY	<input type="checkbox"/> RSC	<input type="checkbox"/> RMR
SEE O.I. 328.1 FOR MAILING ADDRESS				STATE (P.P.)	STATE (S.Y.)	OTHER	<input type="checkbox"/> C:Visa	<input type="checkbox"/> R:Visa
				SEE O.I. 105.4 FOR MAILING ADDRESS			<input type="checkbox"/> ORM	

Date:

Date of entry into service:

Date of separation:

Service number:

The records of this Department show the following with respect to the subject of your inquiry:

All organizations, clubs or societies in the United States, or in any other country, of which subject was a member at any time, and dates thereof. (If none, show "None.") _____

All arrests, convictions, disciplinary actions, court martial proceedings and illegal or immoral conduct in which subject involved, including dates and results thereof. (If none, show "None.") _____

Details of any oral or written statements, conduct, behavior or associations of the subject that may indicate belief in, advocacy of or preference or sympathy for Communism, or any other foreign ideology inconsistent with loyalty to the United States, or the form of government of the United States or attachment to the principles of the U.S. Constitution. (If none, show "None.") _____

Additional information or references.

I certify that the information here given concerning the person named is correct according to the records of the

Official Signature

(Name of Department or Organization)

By _____

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Street and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
							Present Time

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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

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USCIS USE (Office of Origin)

Office Code

Type of Case

Date

(Other Agency)						FOR STATE DEPARTMENT USE	
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SEE O.I. 328. 1 FOR MAILING ADDRESS				STATE (P.P.)	STATE (S.Y.)	OTHER	
				SEE O.I. 105.4 FOR MAILING ADDRESS			
						<input type="checkbox"/> SY <input type="checkbox"/> RSC <input type="checkbox"/> RMR <input type="checkbox"/> C:Visa <input type="checkbox"/> R:Visa <input type="checkbox"/> ORM	

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Additional information or references.

I certify that the information here given concerning the person named is correct according to the records of the

Official Signature

(Name of Department or Organization)

By _____

Instructions

What Is the Purpose of This Form?

Complete this biographical information form and include it with the application 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. Complete and submit all copies of this form with your 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 1439 and 1440. 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 application.

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 application for filing purposes is 25 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.**