## G-325B, Biographic Information

(Family Name) (First Name) (Middle Name)						☐ Male     Birth Date (mm/dd/yyyy)     Citizenship/Nationality     File Number       ☐ Female     A											
All Other Names Used (Including names by previous marriages)						City and Country of Birth  U.S. Social Security # (if any)											
Father Mother					Date,	e, City and Country of Birth (If known)  City and Country of Residence											
(Maiden Name)  Husband or Wife (If none, so state)  Family Name First Name (For wife, give maiden name)			First Name	<u> </u>	Birth Date (mm/dd/yyyy) City and Country of Birth			irth	Date of Marriage			Place of Marriage					
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				Birth Date (mm/dd/yyy	/y)	Date and Place of Marriage Date and					te and Pla	Place of Termination of Marriage					
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Street an	d Number		(	City		Province or S	State		Cou	ıntry		Month	Year		onth Present	Year	
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Street and Nu		Province or Sta	ovince or State Country					Month Year		Мо	nth	Year					
Applicant's employment last five years. (If none, so state.) List present employment													Year	Mo	onth	Year	
Full Name and Address of Employer						Occupation (Specify)			)	Month	i eai	_	Present				
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Show below last occupat	ion abroad if not	listed at	ove. (Inc	clude all in	torma	tion request	ted at	ove.)									
This form is submitted in	connection with a	an applica	ation for														
This form is submitted in connection with an application for:  Naturalization  Other (Specify):																	
Status as Permanent Resident																	
If serving or ever served in t complete the following:	he Armed Forces of	the United	l States,							US	CIS USI	E (Office	e of Origin	n)			
Branch of Service Rank Service Number								office									
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																	
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	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 All organizations, clubs or societies in the United States, or in any other country, dates thereof. (If none, show "None.")	of which subject was a member at any time, and
All arrests, convictions, disciplinary actions, court martial proceedings and illegal including dates and results thereof. (If none, show "None.")	or immoral conduct in which subject involved,
Details of any oral or written statements, conduct, behavior or associations of the preference or sympathy for Communism, or any other foreign ideology inconsiste government of the United States or attachment to the principles of the U.S. Consti	ent with loyalty to the United States, or the form of
Additional information or references.	
I certify that the information here given concerning the person named is correct as	ccording to the records of the
000 10	rtment or Organization)
Official Signature	
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# G-325B, Biographic Information

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	Date:
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The records of this Department show the following with respect to the subject of years All organizations, clubs or societies in the United States, or in any other country, of dates thereof. (If none, show "None.")	f which subject was a member at any time, and
All arrests, convictions, disciplinary actions, court martial proceedings and illegal including dates and results thereof. (If none, show "None.")	or immoral conduct in which subject involved,
Details of any oral or written statements, conduct, behavior or associations of the spreference or sympathy for Communism, or any other foreign ideology inconsister government of the United States or attachment to the principles of the U.S. Constit	nt with loyalty to the United States, or the form of
Additional information or references.	
I certify that the information here given concerning the person named is correct according to the person named according to the person named according to the pe	cording to the records of the
(Name of Depart	ment or Organization)
Official Signature	
Ву	

### **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, 111Massachusetts Avenue, N.W., Washington, D.C. 20529; OMB No. 1615-0008. **Do not send your form to this Washington, D.C. address.** 

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