# G-325A, Biographic Information

City and Country of Bitch   City, and Country of Bitch   U.S. Social Security # 6f anny														
All Other Names Used (include names by previous marriages)  First Name  Family Name  First Name  Curve of Birth  City, and Country of Birth  off known)  City and Country of Birth  off known)  Date of Marriage  First Name  Amaly Same (for wike, give maden name)  First Name  City  Province or State  Country  First Name  Applicant's residence last five years. List present address first.  Street and Number  City  Province or State  Country  First Name  Applicant's last address outside the United States of more than 1 year.  Street and Number  City  Province or State  Country  Manth  To  Month  Year  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)  Manth  To  Present Time  Present Time  Signature of Applicant  Four native alphabet is in other than Ronan letters, write your native alphabet below:  Complete This Box (Family Name)  (Given Name)  (Middle Name)  (Middle Name)  (Alien Registration Number)	(Family Name)	(First Name)	(Middle N		(ame)	☐ Ma	le		Citizenship/Nati		onality File Number			
City and Country of Birth   City and Country of Birth   City and Country of Birth   City and Country of Residence						For	nala	(mm/dd/yyyy)						
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#### **Instructions**

## 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.

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 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 Products Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0008. **Do not mail your application to this address.**