

|  |              |               |  |                                      |                                 |                                  |
|--|--------------|---------------|--|--------------------------------------|---------------------------------|----------------------------------|
| (Family Name)  | (First Name) | (Middle Name) | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Date of Birth (mm/dd/yyyy)           | Citizenship/Nationality         | File Number<br><b>A</b>          |
| All Other Names Used (include names by previous marriages)                               |              |               | City and Country of Birth  |                                      | U.S. Social Security # (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)<br>Family Name (For wife, give maiden name)  |              | First Name    | Date of Birth (mm/dd/yyyy)                                       | City and Country of Birth            | Date of Marriage                | Place of Marriage                |
| Former Husbands or Wives (If none, so state)<br>Family Name (For wife, give maiden name) |              | First Name    | Birth Date (mm/dd/yyyy)  | Date (mm/dd/yyyy)                    | Place of Marriage               | Place of Termination of Marriage |

|  |      |                   |         |                     |      |           |      |
|--|------|-------------------|---------|---------------------|------|-----------|------|
| <b>Applicant's residence last 5 years. List present address first.</b> |      |                   |         | <b>From</b>         |      | <b>To</b> |      |
| Street and Number  | City | Province or State | Country | Month               | Year | Month     | Year |
|  |      |                   |         | <b>Present Time</b> |      |           |      |
|  |      |                   |         |                     |      |           |      |
|  |      |                   |         |                     |      |           |      |
|  |      |                   |         |                     |      |           |      |

|  |      |                   |         |             |      |           |      |
|--|------|-------------------|---------|-------------|------|-----------|------|
| <b>Applicant's last address outside the United States of more than 1 year.</b> |      |                   |         | <b>From</b> |      | <b>To</b> |      |
| Street and Number  | City | Province or State | Country | Month       | Year | Month     | Year |
|  |      |                   |         |             |      |           |      |

|   |  |                      |  |                     |      |           |      |
|---|--|----------------------|--|---------------------|------|-----------|------|
| <b>Applicant's employment last 5 years. (If none, so state.) List present employment first.</b> |  |                      |  | <b>From</b>         |      | <b>To</b> |      |
| Full Name and Address of Employer   |  | Occupation (Specify) |  | Month               | Year | Month     | Year |
|   |  |                      |  | <b>Present Time</b> |      |           |      |
|   |  |                      |  |                     |      |           |      |
|   |  |                      |  |                     |      |           |      |

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| <b>Last occupation abroad if not listed above. (Include all information requested above.)</b> |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |

|  |      |                |  |  |  |  |  |
|--|------|----------------|--|--|--|--|--|
| This form is submitted in connection with an application for:  |      |                | <b>USCIS USE (Office of Origin)</b>                      |  |  |  |  |
| <input type="checkbox"/> Naturalization <input type="checkbox"/> Other (Specify):<br><input type="checkbox"/> Status as Permanent Resident   |      |                |  |  |  |  |  |
| If serving or ever served in the Armed Forces of the United States, complete the following:  |      |                |  |  |  |  |  |
| Branch of Service  | Rank | Service Number | <b>Office Code</b><br><b>Type of Case</b><br><b>Date</b> |  |  |  |  |
| <b>To Other Agency:</b> Furnish on Page 2 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. |      |                |  |  |  |  |  |

|                                     |             |                                     |                                     |  |  |   |  |  |                                    |              |       |
|-------------------------------------|-------------|-------------------------------------|-------------------------------------|--|--|---|--|--|------------------------------------|--------------|-------|
| <b>(Other Agency)</b>               |             |                                     |                                     |  |  | <b>FOR STATE DEPARTMENT USE</b>   |  |  |                                    |              |       |
| <b>(All Defense Checks)</b>         |             |                                     |                                     |  |  | <input type="checkbox"/> SY<br><input type="checkbox"/> RSC<br><input type="checkbox"/> RMR<br><input type="checkbox"/> C:Visa<br><input type="checkbox"/> R:Visa<br><input type="checkbox"/> ORM |  |  |                                    |              |       |
| MIL PERS                            | AIR RESERVE | <input type="checkbox"/> OSI (USAF) | <input type="checkbox"/> ONI (USN)  |  |  |   |  |  | STATE (P.P.)                       | STATE (S.Y.) | OTHER |
| USAF PERS                           | ARMY PERS   | <input type="checkbox"/> MID G-2    | <input type="checkbox"/> PROV. MAR. |  |  |   |  |  | SEE O.I. 105.4 FOR MAILING ADDRESS |              |       |
| SEE O.I. 328. 1 FOR MAILING ADDRESS |             |                                     |                                     |  |  |   |  |  |                                    |              |       |

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, write "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, write "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, write "None.") \_\_\_\_\_

Additional information or references. \_\_\_\_\_

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

Name of Department or Organization \_\_\_\_\_

Official Signature \_\_\_\_\_

By \_\_\_\_\_

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## Instructions

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### 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 25 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.**