

G-325A, Biographic Information

Family Name	First Name	Middle Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Citizenship/Nationality	File Number A
All Other Names Used (include names by previous marriages)			City and Country of Birth		U.S. Social Security No. (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) 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) Family Name (For wife, give maiden name)	First Name	Date of Birth (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 Name 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 1 year.

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

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			

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: Print 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)
			A

Instructions

What Is the Purpose of This Form?

USCIS will use the information you provide on this form to process your application or petition.

Complete this biographical information form and include it with the application or petition you are submitting to U.S. Citizenship and Immigration Services (USCIS).

If you have any questions on how to complete the form, call our National Customer Service Center at **1-800-375-5283**. For TDD (hearing impaired) call: **1-800-767-1833**.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this benefit application, and the associated evidence, is collected under the Immigration and Nationality Act (INA) section 103 and 8 U.S.C. 1103(a)(1), which gives the Secretary of Homeland Security (the Secretary) general authority to enforce and administer the immigration laws.

PURPOSE: The primary purpose for providing the requested information on this form is to determine eligibility of discretionary deferred action on a case-by-case basis, for certain family members of military personnel, military personnel who previously served, and Delayed Entry Program enlistees. The Department of Homeland Security (DHS) will use the information you provide to grant or deny the immigration benefit you are seeking.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information, and any requested evidence, may delay the naturalization process.

ROUTINE USES: DHS may share the information you provide on this form with other Federal, state, local, and foreign government agencies and other authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS-007 - Benefits Information System, October 19, 2016, 81 FR 72069 and DHS/USCIS/ICE/CBP-001 - Alien File, Index, and National File Tracking System of Records, November 21, 2013, 78 FR 69864 (A-File)] which you can find at www.dhs.gov/privacy. DHS may also share the information, as appropriate, for law enforcement purposes or in the interest of national security.

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 Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue, NW, Washington, DC 20529-2140, OMB No. 1615-0008. **Do not mail your completed Form G-325A to this address.**