

Department of Homeland Security
U.S. Citizenship and Immigration Services

**G-325A, Biographic Information
(for Deferred Action)**

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 Father Mother (Maiden Name)	First Name	Date of Birth (mm/dd/yyyy)	City, and Country of Birth (if known)		City and Country of Residence	
Current Husband or Wife (If none, type or print "none") Family Name (For wife, give maiden name)	First Name	Date of Birth (mm/dd/yyyy)	City and Country of Birth	Date of Marriage (mm/dd/yyyy)	Place of Marriage	
Former Husbands or Wives (If none, type or print "none") 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	ZIP Code/ Postal Code	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	ZIP Code/ Postal Code	Country	From Month Year	To Month Year

Applicant's employment last five years. (If none, type or print "none.") 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 for: <input type="checkbox"/> Deferred Action Request	Signature of Applicant ➔	Date (mm/dd/yyyy)
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If your native alphabet is in other than Roman letters, write your name in your native alphabet below:

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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)
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