



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

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

USCIS  
Form G-325A  
OMB No. 1615-0008  
Expires 10/31/2027

## Part 1. Information About You

1. Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Current Physical Address ([USPS ZIP Code Lookup](#))

Street Number and Name	Apt. Ste. Fl.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date From (mm/yyyy)  Date To (mm/yyyy)

3. Current Mailing Address or Safe Address (if applicable)

In Care Of Name (if any)

Street Number and Name	Apt. Ste. Fl.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Date of Birth (mm/dd/yyyy)

5. Sex

Male  Female

6. USCIS Online Account Number (if any)

▶

7. Alien Registration Number (A-Number) (if any)

▶ A-

8. All Other Names Used (include names by previous marriages)

**NOTE:** Provide all other names you have ever used, including family name at birth, other legal names, nicknames, aliases, and assumed names. If extra space is needed to complete this section, use the space provided in **Part 8. Additional Information.**

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. City or Town of Birth

10. Country of Birth

11. Country of Citizenship or Nationality

**Part 1. Information About You** (continued)

**Your Prior Residences**

12. Please list your previous addresses for the last five years excluding your current physical address.

Street Name and Number	City	Province or State	ZIP Code/ Postal Code	Country	From		To	
					Month	Year	Month	Year

**Your Most Recent Entry into the United States**

Please provide the following information regarding your most recent entry into the United States.

13.a. Date You Entered the United States, On or About (mm/dd/yyyy)

13.b. Location at Which You Last Entered the United States

13.c. Immigration Status at the Time of Entry into the United States (for example, H-2 temporary worker, H-1B temporary worker, no status)

13.d. Date Status Expires/Expired (mm/dd/yyyy)

If you were issued a Form I-94 Arrival-Departure Record Number:

14.a. Form I-94 Arrival-Departure Record Number  14.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy)

**Information About Your Mother**

15. Family Name (Last Name)  Given Name (First Name)  16. Date of Birth (mm/dd/yyyy)

17. City or Town of Birth (if known)  18. Country of Birth (if known)

19. Current City or Town of Residence (if living)  20. Current Country of Residence (if living)

**Information About Your Father**

21. Family Name (Last Name)  Given Name (First Name)  22. Date of Birth (mm/dd/yyyy)

23. City or Town of Birth (if known)  24. Country of Birth (if known)

25. Current City or Town of Residence (if living)  26. Current Country of Residence (if living)

**Information About Your Current Husband or Wife** (If none, type or print "none")

27. Family Name (Last Name)  Given Name (First Name)  28. Date of Birth (mm/dd/yyyy)

**Part 1. Information About You (continued)**

Place of Birth

29.a. City or Town

29.b. Country

Place of Marriage

30.a. City or Town

30.b. State or Province

30.c. Country

31. Date of Marriage

**Part 2. Deferred Action Request**

1. Please select the request type:

- Initial Request
- Subsequent Request

2. Please select the filing type for your deferred action request:

- A.  Labor Investigation-Based (LIB DA)
- B.  Special Immigrant Juvenile (SIJ DA)
- C.  Spouse, Widow(er), Parent, Son, or Daughter of Active Duty Service Member of U.S. Armed Forces or Individual in the Selected Reserve of the Ready Reserve (MIL DA)
- D.  Spouse, Widow(er), Parent, Son, or Daughter of Individual (Whether Living or Deceased) who Previously Served on Active Duty or in the Selected Reserve of the Ready Reserve (and was not Dishonorably Discharged) (MIL DA)
- E.  Medical or Humanitarian
- F.  Statelessness
- G.  Government Referral (Other than a Labor Agency)
- H.  Other (Please review the form instructions before completing this field)

3. **Supporting Statement**

In addition to submitting evidence required to support your request for deferred action, please provide a brief statement as to why your request for deferred action should be considered and why you warrant deferred action as a matter of discretion. If extra space is needed to complete this section, use the space provided in **Part 8. Additional Information**.

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**Part 3. Employment Authorization**

1. I am requesting an Employment Authorization Document (EAD) upon being granted deferred action:  Yes  No

### Part 3. Employment Authorization (continued)

If "Yes," please provide the following information regarding your economic necessity for employment (this information is not required if you are requesting the SIJ DA filing type):

2.a. My current annual income is:  2.b. My current annual expenses are:  2.c. The total current value of my assets is:

2.d. If you would like to provide an explanation regarding your current financial information or your economic need for employment authorization, please use this space below. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

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### Part 4. Social Security Card

If you select "Yes" on **Part 3. Employment Authorization, Item Number 1.**, please complete the following questions to receive a Social Security card through this process. If the below questions and questions in **Part 1.** are not completed, you will not receive a Social Security card through this process.

- Do you want the Social Security Administration (SSA) to issue you an original or replacement Social Security card?  
 Yes (Complete **Item Numbers 2. - 3.**)  
 No (Go to **Part 5.**)
- Provide your Social Security Number (SSN) (if any).  
▶
- Consent for Disclosure:** I authorize disclosure of information from this application and USCIS systems to  Yes  No the SSA as required for the purpose of assigning me an SSN and issuing me an original or replacement Social Security card.

**NOTE:** If you answered "Yes" to **Item Number 1.**, you must also answer "Yes" to **Item Number 3.**, Consent for Disclosure, to receive a card.

### Part 5. Requestor's Contact Information, Certification, and Signature

#### *Requestor's Contact Information*

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

- Requestor's Daytime Telephone Number
- Requestor's Mobile Telephone Number (if any)
- Requestor's Email Address (if any)

#### *Requestor's Certification and Signature*

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my request, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 6.**, understood, all of the responses and information contained in, and submitted with, my request, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

- Requestor's Signature  Date of Signature (mm/dd/yyyy)

**Part 6. Interpreter's Contact Information, Certification, and Signature**

***Interpreter's Full Name***

1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

***Interpreter's Contact Information***

3. Interpreter's Daytime Telephone Number  4. Interpreter's Mobile Telephone Number (if any)
5. Interpreter's Email Address (if any)

***Interpreter's Certification and Signature***

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the request and Instructions and interpreted the requestor's answers to the questions in that language, and the requestor informed me that he or she understood every instruction, question, and answer on the request.

6. Interpreter's Signature  Date of Signature (mm/dd/yyyy)

**Part 7. Contact Information, Certification, and Signature of the Person Preparing this Request, if Other Than the Requestor**

***Preparer's Full Name***

1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name

***Preparer's Contact Information***

3. Preparer's Daytime Telephone Number  4. Preparer's Mobile Telephone Number (if any)
5. Preparer's Email Address (if any)

***Preparer's Certification and Signature***

I certify, under penalty of perjury, that I prepared this request for the requestor at his or her request and with express consent and that all of the responses and information contained in and submitted with the request are complete, true, and correct and reflects only information provided by the requestor. The requestor reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the request.

6. Preparer's Signature  Date of Signature (mm/dd/yyyy)

**Part 8. Additional Information**

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name)                      Given Name (First Name)                      Middle Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. A-Number (if any) ▶ A-

3. Page Number    Part Number    Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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4. Page Number    Part Number    Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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5. Page Number    Part Number    Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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6. Page Number    Part Number    Item Number

<input type="text"/>	<input type="text"/>	<input type="text"/>
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