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

## OMB No. 1615-0008; Expires 05/31/09 G-325B, Biographic Information

(Family Name) (First Name) (Middle Name)						Male Birth Date (mm/dd/yyyy) Citizenship/Nationality File Number   Female A											
All Other Names Used (Including names by previous marriages)						City and Country of Birth   U.S. Social Security # (if any)											
Family Name     First Name       Father     Mother       (Maiden Name)     Image: Content of the second					Date, Ci	, City and Country of Birth (If known)						City and Country of Residence					
Husband or Wife (If none, so state) Family Name (For wife, give maiden name) First Name						Birth Date (mm/dd/yyyy) City and Country of Birth					Date of I	Marriage	Place of M	Place of Marriage			
Former Husbands or Wives (If none, so state)     First Name     Birth Date       Family Name (For wife, give maiden name)     First Name     Imm/dd/y						Date and Place of Marriage Date and					d Place of Termination of Marriage						
Applicant's residence la	st five vears. List	nresent a	address fir	rst.							F	rom		То			
		presente			D	rovince or State		Con			Month	Year					
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												_	Pre	sent Time			
Applicant's last address	outside the Unite	ed States	of more th	han one ye	ear.						F	rom		То			
Street and Number City Province or State Country										Month	Year	Month	Year				
Applicant's employmen	t last five years. (	If none, s	o state.) L	list presen	t emplo	yment first.					From			То			
	Full Name and A	ddress of E	mployer				Occ	upation (S	pecify)		Month	Year	Month	Year			
													Pres	sent Time			
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Show below last occupa	tion abroad if not	listed ab	ove. (Incl	ude all inf	formatio	on requested at	oove.)										
This form is submitted in	n connection with	an applica	ation for:							I			•	<b>!</b>			
Naturalization	Ot	her (Spec	ify):														
Status as Permanent	Resident																
If serving or ever served in		the United	l States,						USC	IS USH	E (Office	of Origin	)				
complete the following: Branch of Service	Rank	Corri	ce Number								-	0					
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To Other Agency: Please f	I urnish on Pages 2 and	d 4 of this !	form or by	attachment h	hereto an	T	ype of	Case									
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MID     PROV.     Fort Meade, Maryland 20755       SEE O.I. 328.1 FOR     G-2     MAR.     ATTENTION: Liaison Office       MAILING ADDRESS     MID     G-2     MAR.     U.S. Citizenship and Immigration												L 105 4	C	R:Visa			
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See Instructions on Page 5

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, show "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, show "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, show "None.")

Additional information or references.

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

Official Signature

(Name of Department or Organization)

By

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

# OMB No. 1615-0008; Expires 05/31/09 G-325B, Biographic Information

(Family Name)	amily Name) (First Name) (Middle				Name) Male Birth			h Date (mm/dc	) Citizer	enship/Nationality File Number			ber			
All Other Names Used (Including names by previous marriages)							City and Country of Birth U.S. Social Security # (if any)									
Family Name First Name   Father Mother   (Maiden Name) Image: Comparison of the second sec					Date,	City and Cour	Birth (If know		City and Country of Residence							
Husband or Wife (If none, so state)	band or Wife (If none, Family Name First Name					Birth Date (mm/dd/yyyy) City and Country of Birth					Date of Marriage F			Place of Marriage		
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name) First Name (mm/dd/						Date and Place of Marriage Date and					d Place of Termination of Marriage					
Applicant's residence last five years. List present address first.											From			To		
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Naturalization Other (Specify):																
Status as Permanent	Resident															
If serving or ever served in	the Armed Forces of	the Unite	d States,						U	SCIS US	E (Office	e of Orig	gin)			
complete the following:									-		, .	8				
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To Other Agency: Please f	urnish on Pages 2 and	14 of this	form or b	v attachment	hereto	anv	T	ype of Case								
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MID     PROV.     Fort Meade, Maryland 20755       SEE O.I. 328.1 FOR     G-2     MAR.     ATTENTION: Liaison Office											SEE O	I 105 4			R:Visa	
MAILING ADDRESS U.S. Citizenship and Immigration Services									SEE O.I. 105.4 FOR MAILING ADDRESS ORM							

See Instructions on Page 5

Form G-325B (Rev. 07/14/06)Y Page 3

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, show "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, show "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, show "None.")

Additional information or references.

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

Official Signature

(Name of Department or Organization)

By

\_\_\_\_\_

# Instructions

### What Is the Purpose of This Form?

Complete this biographical information form and include it with the application 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. Complete and submit all copies of this form with your application.

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 you are seeking. Our legal right to ask for this information is in 8 USC 1439 and 1440. 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 application.

#### **Paperwork Reduction Act Notice.**

A person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

We try to create forms and instructions that are accurate, can be easily understood and that impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex.

The estimated average time to gather the requested information, complete the form and include it with the application for filing purposes is 25 minutes. If you have any comments regarding the accuracy of this estimate or suggestions for making this form simpler, write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111Massachusetts Avenue, N.W., Washington, D.C. 20529; OMB No. 1615-0008. **Do not send your form to this Washington, D.C. address.**