#### Department of Homeland Security

U.S. Citizenship and Immigration Services

# **G-325, Biographic Information**

(Family Name) (First Name)	(Middle Name)		Male Bir Female	th Da	ate (mm/dd/	yyyy) Citiz	enship/Na		File Number A			
All Other Names Used (Including names by previous marriages)			City and Country of Birth       U.S. Social Security # (If any)									
Family Name Father Mother (Maiden Name)	First Nar	First Name Date, City and Co		L City and Country	ry of Birth (If known)			City an	City and Country of Residence			
Husband or Wife (If none, Family Name so state.) (For wife, give maiden na		e) First Name Birth Date (mm/dd/yy		Birth Date (mm/dd/yyyy)				Date of	ate of Marriage Place of Marriage			
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name)	lame	me Birth Date Date and Place (mm/dd/yyyy)		of M	f Marriage Date and		d Place of Termination of		of Marriage			
Applicant's residence last five years. Li	t procent	addross fir	ct				<u> </u>	F	rom	T	0	
Street and Number		City		Province or State		Country Month			Year	Month	Year	
		eny	-					Wohan	1 cui	Present		
Annlicant's last address outside the Uni	ed States	of more th	an on	e vear				Fr	om	To		
Street and Number	Applicant's last address outside the United States of more than one year.           Street and Number         City         Province or S			Province or State	;	Соц	untry	Month	Year	Month	Year	
Applicant's employment last five years.	(If none, s	so state.) Li	st pre	sent employm	ent f	first.		Fr	om	To	)	
Full Name and Address of Employer				0	ccupation (S	Specify)	Month	Year	Month	Year		
										Present	t Time	
Show below 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         Naturalization       Other (Specify):												
Submit all copies of this form. If your native alphabet is in other than Roman letters, write your name in your native alphabet below:												
Penalties: Severe penalties	re provide	d by law for	knowi	ngly and willful	ly fal	sifying or c	oncealing a	material	fact.			

## **Applicant:** Be sure to put 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)		

#### Department of Homeland Security

U.S. Citizenship and Immigration Services

# **G-325, Biographic Information**

			Male Female	Birth D	ate (mm/dd/	yyyy) Citiz	enship/Na		File Number A		
				and Country of Birth U.S. Social Security # (If any)							
Family Name First Name Date, City and Countr				try of Birth (If known) City and Country of Residence							
Family Name Father Mother (Maiden Name)	First Nam	ie	Date,	City and Cou	ntry of I	Birth (If kno	wn)	City ar	id Country	of Residence	2
Husband or Wife (If none, Family Name so state.) (For wife, give maiden nat	maiden name)		1	Birth Date (mm/dd/yyyy) City and Countr		ntry of Birth	Birth Date of Marriage		Place of Marriage		
Former Husbands or Wives (If none, so state) First N Family Name (For wife, give maiden name)			ce of M	of Marriage Date and Place of			e of Termination of Marriage				
		11 6	4								
Applicant's residence last five years. Lis	present a	City	1				inter i	Month	rom Year		o Year
Street and Number		City		Province or State Country			Monui	Tear	Month Year Present Time		
										I Tesen	
Applicant's last address outside the United States of more than one year.								Fr	om	T	)
Street and Number City		Province or State Country		intry	Month	Year	Month	Year			
Applicant's employment last five years. (If none, so state.) List present employm					ment f	ent first. H		Fı	om	То	
Full Name and Address of Employer					0	Occupation (Specify)			Year	Month	Year
								Presen	t Time		
					_						
Show below 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       Naturalization     Other (Specify):     Date       Status as Permanent Resident     Status as Permanent Resident     Date											
Submit all copies of this form. 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:** Be sure to put 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)
(Other Ag	ency Use)		USCIS Use (Office of Origin)
			Office Code:
			Type of Case:
			Date:

# Instructions

### 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. Complete and submit all copies of this form with your petition or 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 1101 and 1255. We may provide this information to other Government agencies. Failure to provide this information may delay a final decision or result in denial of your application or petition.

### 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 appropriate application or petition for filing purposes is 15 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, 111 Massachusetts Avenue, N.W., Washington, D.C. 20529; OMB No. 1615-0008. **Do not send your form to this Washington, D.C. address.**