# G-325C, Biographic Information

(Family Name)	(First Name	(Middle Nam	ne)	Male Birth Date (mm/dd/yyyy			Citize	Citizenship/Nationality File Number					
All Other Names Used (Including names by previous marriages)  City and Country of Birth  U.S. Social Security # (If any,											)		
An Outer Names Osed (Including maines by previous maintages)  City and Country of Bruit												.y).	
Family Name First Name					Date, City and Country of Birth (If known)  City and Country of Residence								
Father				,,, (		,		1 ,		,			
Mother													
(Maiden Name)													
Husband or Wife (If none, Family Name			First Name	Birth Date City and Cou			of Birth	Date of M	of Marriage Place of Marriage				
so state) (For wife, give maiden name)			)		(mm/dd/yyyy)								
Former Husbands or Wives (If none, so state) First Na					Date and Place of N		Marriage D		and Place of Termination of Marriage				
Family Name (For wife, give maiden name)			(mm/dd/yyy	yy)									
Applicant's residence last five years. List present address first.									F	rom	To	0	
Street and Number			City		Province or State		Country		Month	Year	Month	Year	
											Present	Time	
Applicant's employmen	t last five years. (	If none, so	state.) List prese	ent er	nplovment first.				Fr	om	To	) D	
Full Name and Address of Employer					r	Occupation (Specify)			Month	Year	Month Year		
			1 3			•				Present	Time		
										+			
										+			
												<u> </u>	
Applicant for	If your native	alphabet i	is in other thar	Ror	nan letters, wri	te you	ur name i	in your na	tive alph	abet belo	ow:		
Applicant for Refugee Status													
iteragee status													
							Dono	Itiog: Cov	ra nanalt	ios oro ne	ovidad by le	w for	
							<b>Penalties</b> : Severe penalties are provided by law for knowingly and willfully falsifying or concealing a						
Date	(Signature of Applicant)							material fact.					
							l						
Applicant:	Be sure to	put your	name and Al	lien 1	Registration N	lumb	per in th	e box out	lined by	heavy	border bel	ow.	
G 14 min ===================================			(21	, .		er -							
Complete This Box (Family Name)			(Given N	(Given Name)			(Middle Name)			(Alien Registration Number)			

#### **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.

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 1157. 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.**