

G-325, Biographic Information

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|---|--|--|--|--|--|---|---------------------------------------|---------------------------------------|--|---|-------------------|--------------|--|--------------|--|
| (Family Name) Doe | | (First Name) John | | (Middle Name) | | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Birth Date (mm/dd/yyyy) 01/01/1970 | Citizenship/Nationality American | File Number A none | | | | | | |
| All Other Names Used (Including names by previous marriages) | | | | | | City and Country of Birth LA USA | | | U.S. Social Security # (If any) 123456789 | | | | | | |
| Father Doe | | First Name Bob | | Date, City and Country of Birth (If known) 05/05/1935, LA, USA | | | | City and Country of Residence same | | | | | | | |
| Mother (Maiden Name) Doe | | First Name Jane | | Date, City and Country of Birth (If known) 06/06/1936, LA, USA | | | | City and Country of Residence same | | | | | | | |
| Husband or Wife (If none, so state.) none | | Family Name (For wife, give maiden name) | | First Name | | Birth Date (mm/dd/yyyy) | | City and Country of Birth | | Date of Marriage | Place of Marriage | | | | |
| Former Husbands or Wives (If none, so state.) none | | Family Name (For wife, give maiden name) | | First Name | | Birth Date (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 and Number | | | | City | | Province or State | | Country | | From | | To | | | |
| 123 Main St. | | | | LA | | CA | | USA | | Jan | | 1970 | | Present Time | |
| Applicant's last address outside the United States of more than one year. | | | | | | | | | | | | | | | |
| Street and Number | | | | City | | Province or State | | Country | | From | | To | | | |
| none | | | | | | | | | | | | | | | |
| Applicant's employment last five years. (If none, so state.) List present employment first. | | | | | | | | | | | | | | | |
| Full Name and Address of Employer | | | | | | Occupation (Specify) | | From | | To | | | | | |
| Acme Electronics 456 Chip Way LA CA 91010 USA | | | | | | Software Engineer | | Oct | | 2002 | | Present Time | | | |
| Show below last occupation abroad if not shown above. (Include all information requested above.) | | | | | | | | | | | | | | | |
| none | | | | | | | | | | | | | | | |
| This form is submitted in connection with an application for: <input type="checkbox"/> Naturalization <input checked="" type="checkbox"/> Other (Specify): I-129F <input type="checkbox"/> Status as Permanent Resident | | | | | | Signature of Applicant | | | | 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) |
| Doe | John | | none |

G-325, Biographic Information

| | | | | | | | |
|---|--|---------------------------|--|---|---|-----------------------|------|
| (Family Name) Doe | (First Name) John | (Middle Name) | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Birth Date (mm/dd/yyyy) 01/01/1970 | Citizenship/Nationality American | File Number A none | |
| All Other Names Used (Including names by previous marriages) | | | City and Country of Birth LA USA | | U.S. Social Security # (If any) 123456789 | | |
| Father Mother (Maiden Name) | Family Name Doe Doe | First Name Bob Jane | Date, City and Country of Birth (If known) 05/05/1935, LA, USA 06/06/1936, LA, USA | | City and Country of Residence same same | | |
| Husband or Wife (If none, so state.) none | Family Name (For wife, give maiden name) | First Name | Birth Date (mm/dd/yyyy) | City and Country of Birth | Date of Marriage | Place of Marriage | |
| Former Husbands or Wives (If none, so state.) Family Name (For wife, give maiden name) none | First Name | Birth Date (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. | | | | From | | To | |
| Street and Number | City | Province or State | Country | Month | Year | Month | Year |
| 123 Main St. | LA | CA | USA | Jan | 1970 | Present Time | |
| Applicant's last address outside the United States of more than one year. | | | | From | | To | |
| Street and Number | City | Province or State | Country | Month | Year | Month | Year |
| none | | | | | | | |
| Applicant's employment last five years. (If none, so state.) List present employment first. | | | | From | | To | |
| Full Name and Address of Employer | | | Occupation (Specify) | Month | Year | Month | Year |
| Acme Electronics 456 Chip Way LA CA 91010 USA | | | Software Engineer | Oct | 2002 | Present Time | |
| Show below last occupation abroad if not shown above. (Include all information requested above.) | | | | | | | |
| none | | | | | | | |
| This form is submitted in connection with an application for: <input type="checkbox"/> Naturalization <input checked="" type="checkbox"/> Other (Specify): I-129F <input type="checkbox"/> Status as Permanent Resident | | | Signature of Applicant | | | Date | |
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Applicant: Be sure to put your name and Alien Registration Number in the box outlined by heavy border below.

| | | | |
|--|----------------------|---------------|---|
| Complete This Box (Family Name) Doe | (Given Name) John | (Middle Name) | (Alien Registration Number) none |
| (Other Agency 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.**