

G-325A, Biographic Information

(Family Name) Gonzales	(First Name) Marie	(Middle Name)	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Birth Date (mm/dd/yyyy) 11/11/1971	Citizenship/Nationality Filipina	File Number A none	
All Other Names Used (Including names by previous marriages)			City and Country of Birth Manila Philippines		U.S. Social Security # (If any) none		
Father Mother (Maiden Name)	Family Name Gonzales Gonzales	First Name Jose Margarita	Date, City and Country of Birth (If known) 1/2/1945, Manila, Philippines 4/14/1949, Manila, Philippines		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
555 Royce Dr.	Manila		Philippines	Nov	1971	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
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
None			unemployed			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)
Gonzales	Marie		none

G-325A, Biographic Information

(Family Name) Gonzales		(First Name) Marie	(Middle Name)	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Birth Date (mm/dd/yyyy) 11/11/1971	Citizenship/Nationality Filipina	File Number A none	
All Other Names Used (Including names by previous marriages)				City and Country of Birth Manila Philippines		U.S. Social Security # (If any) none		
Father Gonzales		First Name Jose	Date, City and Country of Birth (If known) 1/2/1945, Manila, Philippines			City and Country of Residence same		
Mother (Maiden Name) Gonzales		First Name Margarita	Date, City and Country of Birth (If known) 4/14/1949, Manila, Philippines			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 Month Year	To Month Year		
555 Royce Dr.		Manila		Philippines	Nov 1971	Present Time		
Applicant's last address outside the United States of more than one year.								
Street and Number		City	Province or State	Country	From Month Year	To Month Year		
Applicant's employment last five years. (If none, so state.) List present employment first.								
Full Name and Address of Employer				Occupation (Specify)	From Month Year	To Month Year		
None				unemployed		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:					

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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) Gonzales	(Given Name) Marie	(Middle Name)	(Alien Registration Number) none
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G-325A, Biographic Information

(Family Name) Gonzales	(First Name) Marie	(Middle Name)	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Birth Date (mm/dd/yyyy) 11/11/1971	Citizenship/Nationality Filipina	File Number A none		
All Other Names Used (Including names by previous marriages)			City and Country of Birth Manila Philippines		U.S. Social Security # (If any) none			
Father Gonzales		First Name Jose	Date, City and Country of Birth (If known) 1/2/1945, Manila, Philippines		City and Country of Residence same			
Mother (Maiden Name) Gonzales		First Name Margarita	Date, City and Country of Birth (If known) 4/14/1949, Manila, Philippines		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 Month Year	To Month Year
555 Royce Dr.				Manila		Philippines	Nov 1971	Present Time
Applicant's last address outside the United States of more than one year.								
Street and Number				City	Province or State	Country	From Month Year	To Month Year
Applicant's employment last five years. (If none, so state.) List present employment first.								
Full Name and Address of Employer				Occupation (Specify)		From Month Year	To Month Year	
None				unemployed			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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Complete This Box (Family Name) Gonzales	(Given Name) Marie	(Middle Name)	(Alien Registration Number) none
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G-325A, Biographic Information

(Family Name) Gonzales	(First Name) Marie	(Middle Name)	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Birth Date (mm/dd/yyyy) 11/11/1971	Citizenship/Nationality Filipina	File Number A none
All Other Names Used (Including names by previous marriages)			City and Country of Birth Manila Philippines		U.S. Social Security # (If any) none	
Father Gonzales		First Name Jose	Date, City and Country of Birth (If known) 1/2/1945, Manila, Philippines		City and Country of Residence same	
Mother (Maiden Name) Gonzales		First Name Margarita	Date, City and Country of Birth (If known) 4/14/1949, Manila, Philippines		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
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
555 Royce Dr.				Manila		Philippines
Applicant's last address outside the United States of more than one year.						
Street and Number				City	Province or State	Country
Applicant's employment last five years. (If none, so state.) List present employment first.						
Full Name and Address of Employer				Occupation (Specify)		Month
None				unemployed		Year
						Month
						Year
						Month
						Year
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:			Signature of Applicant			Date
<input type="checkbox"/> Naturalization <input checked="" type="checkbox"/> Other (Specify): I-129F						
<input type="checkbox"/> Status as Permanent Resident						
Submit all copies of this form.		If your native alphabet is in other than Roman letters, write your name in your native alphabet below:				

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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)	(Given Name)	(Middle Name)	(Alien Registration Number)
Gonzales	Marie		none

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.**