

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER
ALL OTHER NAMES USED (Including names by previous marriages)			CITY AND COUNTRY OF BIRTH		SOCIAL SECURITY NO. (If any)	
FATHER		MOTHER (Maiden name)		FAMILY NAME		FIRST NAME
DATE, CITY AND COUNTRY OF BIRTH (If known)		CITY AND COUNTRY OF RESIDENCE				
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
FORMER HUSBANDS OR WIVES (If none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & 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
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	YEAR
<i>Show below last occupation abroad if not shown above. (Include all information requested above.)</i>						
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:			SIGNATURE OF APPLICANT			
<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT			DATE			
<input type="checkbox"/> OTHER (SPECIFY):						
Are all copies legible? <input checked="" type="checkbox"/> Yes			If your native alphabet is other than roman letters, write your name in your native alphabet here:			

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)

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER
ALL OTHER NAMES USED (Including names by previous marriages)			<input type="checkbox"/> FEMALE	CITY AND COUNTRY OF BIRTH		A- SOCIAL SECURITY NO. (If any)
FATHER		MOTHER (Maiden name)		FAMILY NAME		FIRST NAME
HUSBAND (If none, so state) OR WIFE		FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH
FORMER HUSBANDS OR WIVES (If none, so state)		FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & 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
						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
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
						PRESENT TIME
<i>Show below last occupation abroad if not shown above. (Include all information requested above.)</i>						
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<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT			DATE			
<input type="checkbox"/> OTHER (SPECIFY):						
Are all copies legible? <input checked="" type="checkbox"/> Yes			If your native alphabet is other than roman letters, write your name in your native alphabet here:			

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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)
(OTHER AGENCY USE)		INS USE (Office of Origin) OFFICE CODE: TYPE OF CASE: DATE:	

(Family name)		(First name)	(Middle name)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER A-	
ALL OTHER NAMES USED (Including names by previous marriages)				CITY AND COUNTRY OF BIRTH		SOCIAL SECURITY NO. (If any)		
FATHER		FAMILY NAME	FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (If known)	CITY AND COUNTRY OF RESIDENCE			
MOTHER (Maiden name)								
HUSBAND (If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE		
FORMER HUSBANDS OR WIVES (If none, so state)								
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & 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	
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		
PRESENT TIME								
<i>Show below last occupation abroad if not shown above. (Include all information requested above.)</i>								
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY):				SIGNATURE OF APPLICANT				DATE
Are all copies legible? <input checked="" type="checkbox"/> Yes				If your native alphabet is other than roman letters, write your name in your native alphabet here:				

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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)
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(OTHER AGENCY USE)</p> </div> <div style="width: 35%;"> <p>INS USE (Office of Origin)</p> <p>OFFICE CODE:</p> <p>TYPE OF CASE:</p> <p>DATE:</p> </div> </div>						
Form G-325 A (Rev. 10-1-82) (3) C.						

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER
ALL OTHER NAMES USED (Including names by previous marriages)			<input type="checkbox"/> FEMALE	CITY AND COUNTRY OF BIRTH		A- SOCIAL SECURITY NO. (If any)
FATHER		MOTHER (Maiden name)		FAMILY NAME		FIRST NAME
HUSBAND (If none, so state) OR WIFE		FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH
FORMER HUSBANDS OR WIVES (If none, so state)		FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	DATE & 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
						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
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
						PRESENT TIME
<i>Show below last occupation abroad if not shown above. (Include all information requested above.)</i>						
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<input type="checkbox"/> NATURALIZATION <input type="checkbox"/> STATUS AS PERMANENT RESIDENT			DATE			
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COMPLETE THIS BOX (Family Name)	(Given name)	(Middle name)	(Alien registration number)
(OTHER AGENCY USE)		INS USE (Office of Origin) OFFICE CODE: TYPE OF CASE: DATE:	
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