(Family Name) (First Nar	ne)	(Middle Na	me)	Male Birt	izenship/Nationality File Number							
				Female		A						
All Other Names Used (Including names by previous marriages)				City and Count	City and Country of Birth U.S. Social Security # (If							
_	John Social Security in (1) and)											
Family Name	Family Name First Name Da			City and Country	y of Birth (If kn	own)	City an	d Country	of Residence			
Father												
Mother												
(Maiden Name)												
Husband or Wife (If none, Family Name		First Name		Birth Date	City and Co	untry of Bir	th Date of	th Date of Marriage Place of Marriage				
so state.) (For wife, give mai	iden name)			(mm/dd/yyyy))							
Former Husbands or Wives (If none, so state)	First Name	Birth Da		Date and Place	of Marriage	Date and	l Place of Te	ermination	of Marriage			
Family Name (For wife, give maiden name)		(mm/dd/y	уууу)									
Applicant's residence last five years	3. List prese	ent address fi	rst.				F	rom	T	To		
Street and Number		City		Province or State	Co	ountry	Month	Year	Month	Year		
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	Applicant's last address outside the United States of more than on							om	To			
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Applicant's employment last five ye	ars. (If non	ne, so state.) L	ist pre	esent employm	ent first.		Fr	om	To)		
Full Name and	Address of E	Employer			Occupation	(Specify)	Month	Year	Month	Year		
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	•• •				<u> </u>							
Show below last occupation abroad	if not show	n above. (Incl	lude al	l information 1	requested abo	ove.)						
This form is submitted in connection with	an application	n for: Signa	ature of	f Applicant	1		1		Date			
Naturalization Other (Specify)				••								
Status as Permanent Resident												
	If your n	ative alphabet is	in othe	er than Roman lett	ters write your	name in vo	ur native alr	habet belo	w.			
Submit all copies of this form.	II your in	aurve arpinaeet is	, in othe	a thun Roman let	iers, write your	name m yo	ar naure ar	muser ser	,,,,			
	lties are nros	vided by law for	r knowi	ingly and willfull	ly falsifying or	concealing	a material	fact.				
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Penalties: Severe pena Applicant: Be sure to put y	•	and Alien R	egistr	ation Numbe	r in the box	outlined	by heav	y bordei	r below.			
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(Family Name) (First Name)	Name) (Middle Name)				Date (mm/dd	izenship/Nat	Nationality File Number A			
All Other Names Used (Including names by previous marriages)				City and Country		U.S. Social Security # (If any)				
Family Name Father Mother (Maiden Name)	First Name Date, C			City and Country of Birth (If known)			City and Country of Residence			
Husband or Wife (If none, Family Name so state.) Family Name (For wife, give maiden name)	band or Wife (If none, Family Name First Name			Birth Date (mm/dd/yyyy)				Marriage	Place of Marriage	
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name) First N	lame	Birth Date (mm/dd/yy		Date and Place o	f Marriage	Date and	Place of Te	rmination	of Marriage	
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Complete This Box (Family Name)	((Given Nam	e)		(Middle Na	me)	(A	Alien Regi	stration Nun	nber)

(Family Name) (First Name	Male Birth Date (mm/dd/yyyy) Citizenship/Nationality File Number A									
All Other Names Used (Including names by previous marriages)				City and Country of Birth U.S. Social Security # (If						# (If any)
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(Family Name) (First Name)	rth Date (mm/dd/yyyy) Citizenship/Nationality File Number											
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Complete This Box (Family Name)	Complete This Box (Family Name) (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. 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.**