Immigration and Naturalization Service

BIOGRAPHIC INFORMATION

OMB No. 1115-0066
Approval expires 4-30-85

(Family name) (First name)	(Middle nam	e)	□MALE □FEMALE	BIRTHDAT	ΓΕ (MoDay-Yr.	.) N	IATIONALITY		FILE NUMBER		
ALL OTHER NAMES USED (Including names by								OCIAL SECURIT any)	Y NO.		
FAMILY NAME	FIRST NAME DATE, C	ITY AND (COUNTRY OF	BIRTH (If I	known)	CITY	AND COUNTRY	OF RESIDI	ENCE		
FATHER MOTHER (Maiden name)											
HUSBAND(If none, so state) FAMILY NAME (For wife, give m	ME BIRTHDATE CITY & COUNTRY OF BIRTH				RTH	DATE OF MARI	RIAGE	PLACE OF MARRIAGE			
FORMER HUSBANDS OR WIVES (If none, so state) FAMILY NAME (For wife, give maiden name)		IDATE	DATE & PLA	ACE OF M.	ARRIAGE	DATE	AND PLACE OF T	ERMINAT	ION OF MARRI	AGE	
APPLICANT'S RESIDENCE LAST FIVE YEAR	S LIST PRESENT ADDRES	S FIRST					FRO	M	ТС)	
STREET AND NUMBER	CITY	PROVINCE OR STAT			COUNT		MONTH	YEAR	MONTH	YEAR	
									PRESENT	TIME	
		1									
APPLICANT'S LAST ADDRESS OUTSIDE TH	 E UNITED STATES OF MO	L RE THAN	N ONE YEAR				FRO	<u> </u> М	TC)	
STREET AND NUMBER CIT		PROVINCE OR STAT			COUNTRY		MONTH	YEAR	MONTH	YEAR	
		<u> </u>									
APPLICANT'S EMPLOYMENT LAST FIVE YEAR FULL NAME AND ADDRESS OF EMPLOYER	ARS. (IF NONE, SO STATE.) LIST PI	RESENTEM		UPATION (SPI	ECIEV)	FROM MONTH	VEAR	MONTH	YEAR	
TOLE NAME AND ADDITION OF LIMIT LOTER				000	OU ATION (OI I	LOII 1)	WONTT	TEAR	PRESENT		
_											
Show below last occupation abroad if not s	hown above. (Include all in	formation	requested a	bove.)							
•	·										
THIS FORM IS SUBMITTED IN CONNECTION WITH NATURALIZATION OTHER (SPEC STATUS AS PERMANENT RESIDENT	SIGNATURE OF APPLICANT						DA	ATE			
		If your nat	ive alphabet is	other than	roman letters,	write you	ur name in your na	tive alphab	et here:		
Are all copies legible? X Yes											
PENALTIES: SEVERE PENALTIES	SARE PROVIDED BY LAW FOR	KNOWIN	GLY AND WILL	.FULLY FA	ALSIFYING OR	CONCE	ALING A MATERIA	AL FACT.			
APPLICANT:	BE SURE TO PUT Y THE BOX OUTLINE	D BY	HEAVY		ER BELC	OW.		MBER	IN		
COMPLETE THIS BOX (Family Name)	(Given name)	(Mid	dle name)		(Ali	en regist	ration number)				

BIOGRAPHIC INFORMATION

OMB No. 1115-0066 Approval expires 4-30-85

(Family name)	(First name)		(Middle name)			□MALE □FEMALE		THDATE	(MoDay-Yr.	1 (.:	NATIONALITY	FILE A-	NUMBER	
ALL OTHER NAMES USED (Including names by previous marriages)					CITY AND COUNTRY OF BIRTH				1		SO	SOCIAL SECURITY NO. (If any)		
	FAMILY NAME	FIRS	T NAME	DATE, CI	TY AND (COUNTRY O	F BIRT	H (If kno	own)	CIT	Y AND COUNTRY	OF RESIDE	ENCE	
FATHER MOTHER (Maiden name)														
HUSBAND(If none, so state) FAMILY NAME FIRST NAME E (For wife, give maiden name)						RTHDATE CITY & COUNTRY OF BIRTH DATE OF MARRIAGE PLACE OF MAR							RRIAG	
ORMER HUSBANDS OR	WIVES (If none, so state)			<u> </u>		1	1							
FAMILY NAME (For wife, give maiden name) FIRST NAME			BIRTHDATE		DATE & PLACE OF MARRIAGE			RRIAGE	DATE AND PLACE OF TERMINATION OF MARRIA				AGE	
	NCE LAST FIVE YEARS AND NUMBER	S, LIST I		ADDRESS TY		OVINCE OR S	STATE		COUNT	TDV	FROI MONTH	M YEAR	MONTH	YEA
SIREEI	AND NUMBER		CI	I Y	PRO	OVINCE OR S	SIAIE	:	COUNT	IKY	MONTH	YEAR	PRESENT	
													FINESEINT	TIIVIL
PPLICANT'S LAST AD	DRESS OUTSIDE THE	UNITE	D STATES	S OF MOR	L E THAN	N ONE YEA	ιR				FRO	M	TC)
STREET AND NUMBER CITY				TY	PROVINCE OR STATE			COUNTRY		MONTH	YEAR	MONTH	YEA	
PPLICANT'S EMPLOY ULL NAME AND ADDRE	MENT LAST FIVE YEA	RS. (IF	NONE, SC	STATE.)	LIST PI	RESENT EI	MPLC		IT FIRST IPATION (SPI	ECIEV)	FROM MONTH	И YEAR	TO MONTH	YEAI
OLE NAME AND ADDICE	33 OF LIMPLOTER							0000	FATION (SFI	LCII I)	WONTH	TLAK	PRESENT	
Show below last occ	supation abroad if not sl	hown ab	ove. (Inclu	ıde all info	ormation	ı requested	abov	e.)						
	T					1		/						
THIS FORM IS SUBMITTED	O IN CONNECTION WITH		TION FOR:	,	SIGNATU	JRE OF APP	LICAN	Т			•	DA	TE	
NATURALIZATION	OTHER (SPEC	IFY):												
STATUS AS PERMAI	NENT RESIDENT			If	your nat	ive alphabet	is othe	r than ro	oman letters,	write yo	our name in your na	tive alphab	et here:	
Are all copies leg	ible? X Yes				•						,	·		
PENALTI	ES: SEVERE PENALTIES	ARE PRO	OVIDED BY	LAW FOR P	KNOWING	GLY AND WI	LLFUL	LY FAL	SIFYING OR	CONC	EALING A MATERIA	AL FACT.		
	I	BE SL	JRE TO	PUT Y	OUR	NAME A	AND) ALI	EN REG	SISTE	RATION NU	MBER	IN	
APPLICA	NT:								R BELC					
COMPLETE THIS BOX (F	amily Name)	(Given	name)		(Mid	dle name)			(Alie	en regis	tration number)			
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