

BIOGRAPHIC INFORMATION

(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		MOTHER (Maiden name)		FAMILY NAME		FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (If known)	
HUSBAND (If none, so state) OR WIFE		FAMILY NAME (For wife, give maiden name)		FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE 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								
Show below last occupation abroad if not shown above. (Include all information requested above.)								
THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR: <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> OTHER (SPECIFY): <input type="checkbox"/> STATUS AS PERMANENT RESIDENT				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:				

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)

BIOGRAPHIC INFORMATION

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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	FROM MONTH YEAR TO MONTH YEAR	
							PRESENT TIME	
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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		
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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: