U.S. Department of Justice
Immigration and Naturalization Service

FORM G-325C
BIOGRAPHIC INFORMATION

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

(FAMILY NAME)	(FIRST NAME)	(MIDDLE NAME)	☐ MALE ☐ FEMALE	BIRTHDATE (MO. - DAY - YR.)	NATIONALITY
ALL OTHER NAMES USED			CITY AND COUNTRY OF BIRTH		

	FAMILY NAME	FIRST NAME	DATE, CITY AND COUNTRY OF BIRTH (IF KNOWN)	CITY AND COUNTRY OF RESIDENCE
FATHER				
MOTHER (MAIDEN NAME)				

HUSBAND OR WIFE (IF NONE, SO STATE)	FAMILY NAME (FOR WIFE, GIVE MAIDEN NAME)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE

FORMER HUSBANDS OR WIVES (FILL IN THE BLOCKS BELOW. IF NONE, STATE "NONE".)

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	FROM YEAR	TO MONTH	TO YEAR
						PRESENT TIME	

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST.

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION	FROM MONTH	FROM YEAR	TO MONTH	TO YEAR
				PRESENT TIME	

APPLICANT FOR REFUGEE STATUS

IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET BELOW:

DATE

(SIGNATURE OF APPLICANT)

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (FAMILY NAME)	(GIVEN NAME)	(MIDDLE NAME)