U.S. Department of Justice Immigration and Naturalization Service

OMB No. 1115-0066 BIOGRAPHIC INFORMATION

(Family name)	(First name)	(Middle na	ame)	MALE	TBIRTHD	ATE (MoDay-Yr.	.) NATIONALI	TY	FILE NUMBER		
(Turing hame,	my name) (mid		nic,	FEMALE		THE AME:	, To the local content of		A		
ALL OTHER NAMES USED (Including names by previous marriages)				CITY AND	COUNTR	RY OF BIRTH		SOCIAL SECURITY NO. (If any)			
F	FAMILY NAME	FIRST NAME	DAT	E, CITY AND	COUNTR	RY OF BIRTH (If	f known) CITY	AND COUN	NTRY OF RES	SIDENCE.	
FATHER											
MOTHER (Maiden name)											
HUSBAND (If none, so state) FAMILY NAME FIRST NAME BIRTHDATE CITY & COUNTRY OF BIRTH DATE OF MARRIAGE PLACE OF MARRI OR (For wife, give maiden name) WIFE								1ARRIAGE			
FORMER HUSBANDS OR WIV FAMILY NAME (For wife, g	ST NAME BIRTH	HDATE	DATE & P	LACE OF	MARRIAGE DA	ATE AND PLACE	OF TERMI	NATION OF N	MARRIAGE		
THE PECIDENC				1							
APPLICANT'S RESIDENCE		1				T		ROM	TO		
STREETANI) NUMBER	CITY	PK	ROVINCE OR	STAIL	COUNTRY	Y MONTH	H YEAR	MONTH	YEAR	
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APPLICANT'S LAST ADD		JNITED STATES OF						ROM	TO	TO	
STREETAND) NUMBER	CITY	PR/	ROVINCE OR	STATE	COUNTRY	Y MONTH	H YEAR	MONTH	YEAR	
APPLICANT'S EMPLOYM	ENT LAST FIVE YEAR	S. (IF NONE, SO ST	ATE) LIS	3T PRESENT	EMPLOY	MENT FIRST	FF	ROM	TO)	
FULL NAME AND ADDRI	ESS OF EMPLOYER				OCC	CUPATION (SPE	CIFY) MONTH	H YEAR	MONTH	YEAR	
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Show below last occup	oation abroad if not si	hown above. (Inclu	de all ın	formation re	:questea i	above.)			•		
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THIS FORM IS SUBMITTED IN NATURALIZATION STATUS AS PERMANEN	ECIFY):	NATUR	re of Applic	ANT			DA	ATE			
		IF YO	I ID NATIVE	AI PHARFT IS IN C	THER THAN F	POMAN I FTTERS, WRI	TE YOUR NAME IN YOU	ID NIATIVE ALPI	⊔∆RFT IN THIS SPA	ICE.	
Submit both cop		K Nest.	ALTITODE	TIEN TO	JIVIAN EET E		K INDITE.				
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 nan	ne)		(Middle r	name)	(Alien regist	ration num	her)		
COMPLETE THIS BOX ((i diriii) ridirio)	(Orrori mai	,		•	•	` 3		ibci)	1	

Family name) (First name) (Middle			ne)	MALE BIRTHDATE (MoDa			y-Yr.) NATIONALITY			FILE NUMBER		
ALL OTHER NAMES USED (Including nam		CITY AND COUNTRY OF BIRTH				SOCIAL SECURI			ITY NO.			
FAMILY NAME FIRST NAME DATE, CITY AND COUNTRY OF BIRTH (If known) CITY AND COUNTRY OF RESIDENCE. FATHER MOTHER (Maiden name)												
HUSBAND (If none, so state) FAMILY NAME (For wife, give ma		FIRST NAME	ST NAME BIRTHDATE CITY			ITY & COUNTRY OF BIRTH DATE OF MAR			ARRIAGE	RIAGE PLACE OF MARRIAGE		
FORMER HUSBANDS OR WIVES (if none, so state) FAMILY NAME (For wife, give maiden name) FIRST NAME B			BIRTHDATE DATE & PLACE OF MARRIA			MARRIAGE	E DATE AND PLACE OF TERMINATION OF MARRIAGE					
APPLICANT'S RESIDENCE LAST FIVE YE	•		ADDRESS FIRST.				FROM			ТО		
STREETAND NUMBER	С	CITY	PROVINCE OR ST		ATE COUNTRY		ITRY	MONTH YEAR		MONTH YEAR PRESENT TIME		
			<u> </u>							_		
	APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES			OF MORE THAN ONE YEAR				FROM		ТО		
STREETAND NUMBER		CITY				COUNTRY		MONTH	YEAR	MONTH	YEAR	
APPLICANT'S EMPLOYMENT LAST FIVE FULL NAME AND ADDRESS OF EMPLOY	., SO STAT				CCUPATION (SPECIFY)		FRO MONTH	YEAR	MONTH PRESENT	H YEAR		
					<u> </u>							
Show below last occupation abroad in	f not shown abov	e. (Include	e all in	formation reque	ested	above.)						
THIS FORM IS SUBMITTED IN CONNECTION WIT NATURALIZATION OTH STATUS AS PERMANENT RESIDENT	SIGN	SIGNATURE OF APPLICANT DATE						_				
Submit both copies of this	IF YOUR I	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:										
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)					
(OTHER AGENCY USE)							OFF TYF	S USE (O FICE CODE: PE OF CASE TE:		of Origin)		
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