U.S. Citizenship and Immigration Services

	OMB No. 1615-0008; Exp. 05/31/09
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(Family Name) (First Name)		(Middle Nan	ne)		Date (mm/dd	/yyyy) Citize	enship/Na		File Number	
				Female						
All Other Names Used (Including names by pre-	ious marri	ages)		City and Country of Birth U.S. Social Security # ( <i>If any</i> )						
Family Name	First Na	me	Date,	City and Country of	of Birth (If kno	own)	City ar	nd Country	of Residence	;
Father Mother										
(Maiden Name)										
Husband or Wife (If none, Family Name	   E	rst Name		Birth Date	City and Cou	ntry of Birth	Date of	f Marriage	Place of Ma	rriago
so state.) (For wife, give maiden na		ist ivaille		(mm/dd/yyyy)	City and Cou	nu y or Dirur	Date 0	i wiaiiiage		llage
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This form is submitted in connection with an app	lication fo	r: Signa	ture of	Applicant					Date	
Naturalization Other (Specify):										
Status as Permanent Resident										
Submit all copies of this form.	your nativ	e alphabet is	in othe	r than Roman letter	rs, write your r	name in your	native alj	phabet belo	ow:	
Penalties: Severe penalties a	re provide	d by law for	knowi	ngly and willfully	falsifying or o	concealing a	material	fact.		

http://www.jdsupra.com/post/doc

Complete This Box (Family Name)	(Given Name)	(Middle Name)	(Alien Registration Number)

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US	Citizenship	and Im	miorat	tion	Services
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(Family Name) (First Nam	ne)	(Middle Name)		Male Birth	Date (mm/dd/	yyyy) Citize	enship/Na	hip/Nationality File Number A		
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Family Name Father Mother (Maiden Name)	First N	lame	Date,	City and Country	City and Country of Birth (If known) City and			and Country of Residence		
Husband or Wife (If none, Family Name so state.) (For wife, give maiden name)		Birth Date (mm/dd/yyyy)     City and Country of Birth     Date of			e of Marriage Place of Marriage					
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name)	First Name	Birth Date (mm/dd/yy		Date and Place of	Marriage	Date and P	lace of Te	rmination	of Marriage	
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Submit all copies of this form.	If your nat	tive alphabet is	in othe	r than Roman lette	rs, write your n	ame in your	native alp	habet belo	ow:	
Penalties: Severe penal	ties are provi	ded by law for	knowi	ngly and willfully	falsifying or c	oncealing a	material	fact.		

Complete This Box (Family Name)	(Given Name)	(Middle Name)	(Alien Registration Number)			

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US	Citizenship	and Im	miorat	tion	Services
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Submit all copies of this form.	If your nativ	ve alphabet is i	n other	than Roman letter	rs, write your n	ame in your	native alp	habet belo	ow:	
Penalties: Severe penaltie	es are provide	ed by law for	knowir	ngly and willfully	falsifying or c	oncealing a	material	fact.		

Complete This Box (Family Name)	(Given Name)	(Middle Name)	(Alien Registration Number)		

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Husband or Wife (If none, Family Name so state.) (For wife, give main			Birth Date (mm/dd/yyyy)				of Marriage Place of Marriage				
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name)	First Name	Birth Date (mm/dd/yy		Date and Place o	of Marı	riage	Date and Pl	ace of Te	rmination	of Marriage	
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Submit all copies of this form.	If your native	e alphabet is	in othe	r than Roman lette	ers, wr	rite your na	ame in your	native alp	habet belo	ow:	
Penalties: Severe penal	ties are provide	d by law for	knowi	ngly and willfully	y falsif	fying or co	oncealing a	material	fact.		

Complete This Box (Family Name)	Box (Family Name) (Given 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.**