

Department of Homeland Security
U.S. Citizenship and Immigration Services

**G-325A, Biographic Information
(for Deferred Action)**

Family Name	First Name	Middle Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	Citizenship/Nationality	File Number A <input type="text"/>
All Other Names Used (include names by previous marriages)			City and Country of Birth		U.S. Social Security No. (if any)	
Family Name Father Mother (Maiden Name)	First Name	Date of Birth (mm/dd/yyyy)	City, and Country of Birth (if known)		City and Country of Residence	
Current Husband or Wife (If none, type or print "none") Family Name (For wife, give maiden name)	First Name	Date of Birth (mm/dd/yyyy)	City and Country of Birth	Date of Marriage (mm/dd/yyyy)	Place of Marriage	
Former Husbands or Wives (If none, type or print "none") Family Name (For wife, give maiden name)	First Name	Date of Birth (mm/dd/yyyy)	Date and Place of Marriage		Date and Place of Termination of Marriage	

Applicant's residence last five years. List present address first.

Street Name and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
						Present Time	

Applicant's last address outside the United States of more than 1 year.

Street Name and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year

Applicant's employment last five years. (If none, type or print "none.") List present employment first.

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year
				Present Time	

Last occupation abroad if not shown above. (Include all information requested above.)

This form is submitted for:		Signature of Applicant ➔	Date (mm/dd/yyyy)
<input type="checkbox"/> Deferred Action Request			

If your native alphabet is in other than Roman letters, write your name in your native alphabet below:

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Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.

Applicant: Print 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)
			A