

| | | | | | | |
|--|--------------|---|--|-------------------------|---------------------------------|--------------------------|
| (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 | | |
| HUSBAND (If none, so state) OR WIFE | | FAMILY NAME (For wife, give maiden name) | | FIRST NAME | BIRTHDATE | CITY & COUNTRY OF BIRTH |
| FORMER HUSBANDS OR WIVES (if none, so state) | | FAMILY NAME (For wife, give maiden name) | | FIRST NAME | BIRTHDATE | DATE & PLACE OF MARRIAGE |

| APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST | | | | FROM | | TO | |
|---|------|-------------------|---------|-------|------|-------|--------------|
| STREET AND NUMBER | CITY | PROVINCE OR STATE | COUNTRY | MONTH | YEAR | MONTH | YEAR |
| | | | | | | | PRESENT TIME |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR | | | | FROM | | TO | |
|--|------|-------------------|---------|-------|------|-------|------|
| STREET AND NUMBER | CITY | PROVINCE OR STATE | COUNTRY | MONTH | YEAR | MONTH | YEAR |
| | | | | | | | |

| APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST | | | FROM | | TO | |
|---|----------------------|-------|------|-------|------|--------------|
| FULL NAME AND ADDRESS OF EMPLOYER | OCCUPATION (SPECIFY) | MONTH | YEAR | 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"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY): | SIGNATURE OF APPLICANT | DATE |
| Submit all four pages of this form. | 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) |
|---------------------------------|--------------|---------------|-----------------------------|

| | | | | | | |
|--|--------------|---|--|-------------------------|---------------------------------|--------------------------|
| (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 |
| HUSBAND (If none, so state) OR WIFE | | FAMILY NAME (For wife, give maiden name) | | FIRST NAME | BIRTHDATE | CITY & COUNTRY OF BIRTH |
| FORMER HUSBANDS OR WIVES (if none, so state) | | FAMILY NAME (For wife, give maiden name) | | FIRST NAME | BIRTHDATE | DATE & PLACE OF MARRIAGE |

| APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST | | | | FROM | | TO | |
|---|------|-------------------|---------|-------|------|-------|--------------|
| STREET AND NUMBER | CITY | PROVINCE OR STATE | COUNTRY | MONTH | YEAR | MONTH | YEAR |
| | | | | | | | PRESENT TIME |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR | | | | FROM | | TO | |
|--|------|-------------------|---------|-------|------|-------|------|
| STREET AND NUMBER | CITY | PROVINCE OR STATE | COUNTRY | MONTH | YEAR | MONTH | YEAR |
| | | | | | | | |

| APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST | | | FROM | | TO | |
|---|----------------------|--|-------|------|-------|--------------|
| FULL NAME AND ADDRESS OF EMPLOYER | OCCUPATION (SPECIFY) | | MONTH | YEAR | 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"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY): | SIGNATURE OF APPLICANT | DATE |
| Submit all four pages of this form. | 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) |
| (OTHER AGENCY USE) | | | INS USE (Office of Origin) OFFICE CODE: TYPE OF CASE: DATE: |

| | | | | | | |
|--|--------------|---|--|-------------------------|---------------------------------|--------------------------|
| (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 |
| HUSBAND (If none, so state) OR WIFE | | FAMILY NAME (For wife, give maiden name) | | FIRST NAME | BIRTHDATE | CITY & COUNTRY OF BIRTH |
| FORMER HUSBANDS OR WIVES (if none, so state) | | FAMILY NAME (For wife, give maiden name) | | FIRST NAME | BIRTHDATE | DATE & PLACE OF MARRIAGE |

| APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST | | | | FROM | | TO | |
|---|------|-------------------|---------|-------|------|-------|--------------|
| STREET AND NUMBER | CITY | PROVINCE OR STATE | COUNTRY | MONTH | YEAR | MONTH | YEAR |
| | | | | | | | PRESENT TIME |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR | | | | FROM | | TO | |
|--|------|-------------------|---------|-------|------|-------|------|
| STREET AND NUMBER | CITY | PROVINCE OR STATE | COUNTRY | MONTH | YEAR | MONTH | YEAR |
| | | | | | | | |

| APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST | | | FROM | | TO | |
|---|----------------------|--|-------|------|-------|--------------|
| FULL NAME AND ADDRESS OF EMPLOYER | OCCUPATION (SPECIFY) | | MONTH | YEAR | 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"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY): | SIGNATURE OF APPLICANT | DATE |
| Submit all four pages of this form. | 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) |
| (OTHER AGENCY USE) | | | INS USE (Office of Origin) OFFICE CODE: TYPE OF CASE: DATE: |

| | | | | | | |
|--|---|---------------|--|-------------------------|---|-------------------|
| (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) | |
| 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) 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 | | | | FROM | | TO | |
|---|------|-------------------|---------|-------|------|-------|------|
| STREET AND NUMBER | CITY | PROVINCE OR STATE | COUNTRY | MONTH | YEAR | MONTH | YEAR |
| PRESENT TIME | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR | | | | FROM | | TO | |
|--|------|-------------------|---------|-------|------|-------|------|
| STREET AND NUMBER | CITY | PROVINCE OR STATE | COUNTRY | MONTH | YEAR | MONTH | YEAR |
| | | | | | | | |
| | | | | | | | |

| APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST | | | FROM | | TO | |
|---|----------------------|-------|------|-------|------|--|
| FULL NAME AND ADDRESS OF EMPLOYER | OCCUPATION (SPECIFY) | MONTH | YEAR | 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"/> STATUS AS PERMANENT RESIDENT <input type="checkbox"/> OTHER (SPECIFY): | SIGNATURE OF APPLICANT | DATE |
| Submit all four pages of this form. | 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) |
| (OTHER AGENCY USE) | | | INS USE (Office of Origin) OFFICE CODE: TYPE OF CASE: DATE: |