

BIOGRAPHIC INFORMATION

U.S. Department of Justice

OMB No. 1115-0066

Immigration and Naturalization Service

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE	BIRTHDATE (Mo.-Day-Yr.)	NATIONALITY	FILE NUMBER A-
ALL OTHER NAMES USED (Including names by previous marriages)				CITY AND COUNTY OF BIRTH		SOCIAL SECURITY NO. (If any)
FATHER		MOTHER (Maiden name)		FAMILY NAME		FIRST NAME
DATE, CITY AND COUNTRY OF BIRTH (If known)		CITY AND COUNTRY OF RESIDENCE		DATE OF MARRIAGE		PLACE OF MARRIAGE
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 AND PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE	

APPLICANTS RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET 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 ONE YEAR.

FROM	TO

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

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (Specify)	FROM		TO	
		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:

NATURALIZATION OTHER (Specify)

STATUS AS PERMANENT RESIDENT

<p>If serving or ever served in the Armed Forces of the United States, complete the following:</p> <p>Branch of Service Rank Service Number</p> <p>To Other Agency: Please furnish on the reverse of this form, or by attachment hereto, any derogatory information that may be contained in your records concerning the above person, for use in connection with consideration of above application and return to U.S. Immigration and Naturalization Service.</p>	<p>INS USE (Office of Origin)</p> <p>Office Code</p> <p>Type of Case</p> <p>Date</p>
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(OTHER AGENCY)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>MIL PERS</td><td>AIR RESERVE</td></tr> <tr><td>USAF PERS</td><td>ARMY PERS</td></tr> </table> <p>SEE O.I. 328. 1 FOR MAILING ADDRESS</p>	MIL PERS	AIR RESERVE	USAF PERS	ARMY PERS	<p>(ALL DEFENSE CHECKS)</p> <p>MAIL TO:</p> <p>DIRECTOR, UNITED STATES ARMY INVESTIGATIVE RECORDS REPOSITORY ATTN: ICIRR-A FOR MEADE, MARYLAND 20755 ATTENTION: LIAISON OFFICE IMMIGRATION AND NATURALIZATION SERVICE</p>	<p>FOR STATE DEPARTMENT USE</p> <p><input type="checkbox"/> SY</p> <p><input type="checkbox"/> RSC</p> <p><input type="checkbox"/> RMR</p> <p><input type="checkbox"/> C:Visa</p> <p><input type="checkbox"/> R:Visa</p> <p><input type="checkbox"/> ORM</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>STATE (P.P.)</td> <td>STATE (S.Y.)</td> <td>OTHER</td> </tr> <tr> <td colspan="3" style="text-align: center;">SEE O.I. 105.4 FOR MAILING ADDRESS</td> </tr> </table>	STATE (P.P.)	STATE (S.Y.)	OTHER	SEE O.I. 105.4 FOR MAILING ADDRESS		
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USAF PERS	ARMY PERS												
STATE (P.P.)	STATE (S.Y.)	OTHER											
SEE O.I. 105.4 FOR MAILING ADDRESS													

Date _____ 20 ____

Date of entry into service
Date of seperation
Service number

The records of this Department show the following with respect to the subject of your inquiry:

All organizations, clubs or societies in the United States, or in any other country, of which subject was a member at any time, and dates thereof. (If none, show "None".) _____

All arrests, convictions, disciplinary actions, court martial proceedings, and illegal or immoral conduct in which subject involved, including dates and results thereof. (If none, show "None".) _____

Details of any oral or written statements, conduct, behavior or associations of the subject which may indicate belief in, advocacy of or preference or sympathy for Communism or any other foreign ideology inconsistent with loyalty to the United States or the form of government of the United States or attachment to the principles of the United States Constitution. (If none, show "None".) _____

Additional information or references. _____

I certify that the information here given concerning the person named is correct according to the records of the

(Name of Department or organization)

Official signature _____

By _____

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APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
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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	MONTH	YEAR
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<input type="checkbox"/> NATURALIZATION	<input type="checkbox"/> OTHER (Specify)
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