

G-325R, Biographic Information (Registration)

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form G-325R

OMB No. 1615-0166 Expires 08/31/2025

Pa	rt 1. Information About You		
1.	Full Legal Name (Do not provide a nickname)		
	Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
2.	Current Physical Address (USPS ZIP Code Look)	īb)	
	Street Number and Name		Apt. Ste. Flr. Number
	City or Town		State ZIP Code
	Date From (mm/dd/yyyy)	Date To	
3.	Current Mailing Address or Safe Address (if applic	able)	
	In Care Of Name (if any)		
	Street Number and Name	ATA	Apt. Ste. Flr. Number
	a		
	City or Town		State ZIP Code
4.	Date of Birth (mm/dd/yyyy)		
→.	Date of Bitti (iliii/dd/yyyy)		
5.	USCIS Online Account Number (if any) 6.	Alien Registration Number	r (A-Number) (if any)
•	>	► A-	
7.	All Other Names Used (include names by previous ma	arriages)	
	NOTE: Provide all other names you have ever used		
	assumed names. If extra space is needed to complet		
	Family Name (Last Name)	Given Name (First Name)	Middle Name
8.	City or Town of Birth	9. Country of Bir	rth
10.	Country of Citizenship or Nationality		

Part 1. Information About You (continued)

Your Prior Residences

Please list your previous addresses for the last five years excluding your current physical address.

Street	Name and Number	City	Province or State	ZIP Code/ Postal Code	Country	From (mm/dd/yyyy)	To (mm/dd/yyyy)

	r Most Recent Entry into the Ur							
Plea	se provide the following info	rmation regarding	g your most re	ecent entry i	nto the United S	States.		
12.a.	Date You Last Entered the Un	ted States, On or A	About (mm/dd/y	уууу)				
12.b.	Location at Which You Last E	ntered the United S	States					
12.c.	Immigration Status at the Time status)	e of Entry into the V	United States (f	or example,	H-2 temporary w	orker, F	H-1B tempo	rary worker, no
			Λ					
12.d.	. Date Status Expires/Expired (r	nm/dd/yyyy)		V)			
13.a.	Form I-94 Arrival-Departure F	ecord Number		_	tion Date of Auth	orized S	Stay Showr	on Form I-94
14.	Since entry, in what activities	nave you been enga	aged?	_				
				Λ		1		
		31/						
15.	In what activities do you inten-	d to engage betwee	n now and you	r expected da	ate of departure?			
16.	How long do you expect to rer	nain in the United S	States?					
17.	What is your expected date	of departure (if an	ny)?					
	(mm/dd/yyyy)							
Info	rmation About Your Mother							
18.	Family Name (Last Name)		Given Name	e (First Name	e)	19. D	ate of Birth	(mm/dd/yyyy)
20.	City or Town of Birth (if know	n)	21.	Country o	of Birth (if known	.)		
22.	Current City or Town of Resid	ence (if living)	23.	Current C	ountry of Resider	nce (if l	iving)	

Par	art 1. Information About You (continued)				
Infor	formation About Your Father				
24.	Family Name (Last Name) Given Nam	ne (First Name)	25.	Date of Birth (mm/dd/yyyy)
26.	City or Town of Birth (if known)	7.	Country of Birth (if know	vn)	
28.	Current City or Town of Residence (if living) 29	9.	Current Country of Resid	dence (i	f living)
Infor	formation About Your Current Husband or Wife				
30.	Are you currently married?				Yes No
31	Family Name (Last Name) Given Nam	ne (First Name)	32.	Date of Birth (mm/dd/yyyy)
				\dashv	33337
Place	ace of Birth				
33.a.	a. City or Town	33.ł	Country		
				_	
Place	ace of Marriage			1	
34.a.	a. City or Town 34.b. State or Province		34.c Co	ountry	
35.	Date of Marriage				
	CIID	T			
Par	art 2. Biographic Information				
1.	Sex				
	Male Female				
2.	Ethnicity (Select only one box)				
	☐ Hispanic or Latino ☐ Not Hispanic or Latino				
3.	Race (Select all applicable boxes)				
	American Indian or Alaska Native Asian Black of	or A	frican American		
	☐ Native Hawaiian or Other Pacific Islander ☐ White				
4.	Height 5. Weight Feet Inches Pounds				
6.	Eye Color (Select only one box)				
	Black Blue Brown Gray Gree	een	Hazel Mar	coon	Pink
	Unknown/Other				
7.	Hair Color (Select only one box)				_
	Bald (No hair) Black Blond Brown	1	Gray Red		andy White
	Unknown/Other				

Part 3. Police and Criminal Record

For **Item Numbers 1. - 5.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 1. - 5.**, provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended). You may, if you choose, submit certified police and court records for any criminal charges, arrests, or convictions you may have, as well as any evidence of a pardon, amnesty, rehabilitation decree, or other act of clemency.

Have you EVER been arrested, cited, charged, or permitted to participate in a diversion program (including	_	
pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States? Provide an explanation	_ Yes	☐ No
Have you EVER committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)?	Yes	☐ No
Provide an explanation		
Have you EVER pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)?	Yes	☐ No
Provide an explanation		
Trovide an explanation		
Have you EVER been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)?	Yes	□ N
Provide an explanation		

Par	rt 3. Police and Criminal Record (continued)
5.	Have you EVER violated (or attempted or conspired to violate) any controlled substance law or regulation Yes No of a state, the United States, or a foreign country?
	Provide an explanation
Par	rt 4. Registrant's Contact Information, Certification, and Signature
Reg	gistrant's Contact Information
Provi	ide your daytime telephone number, mobile telephone number (if any), and email address (if any).
1.	Registrant's Daytime Telephone Number 2. Registrant's Mobile Telephone Number (if any)
3.	Registrant's Email Address (if any)
Reg	gistrant's Certification and Signature
my re Starte responsional I und signated	tify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with egistration, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Getting ed, understood, all of the responses and information contained in, and submitted with, my registration, and that all of the onses and the information are complete, true, and correct. Herstand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or ature) and, at this time, I will be required to sign an oath reaffirming that: Everyweed and provided or authorized all of the information in my registration;
and	Inderstood all of the information contained in, and submitted with, my registration; If of this information is complete, true and correct at the time of filing.
eligil	nermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my bility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. igration law.
	I have read and agree to the registrant's statement
4.	Registrant's Signature Date of Signature (mm/dd/yyyy)
Pai	rt 5. Interpreter's Contact Information, Certification, and Signature
Int	erpreter's Full Name
1.	Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
2.	Interpreter's Business or Organization Name (if any)

Par	rt 5. Interpreter's Contact Information, Certification, and Signature (continued)
Inte	erpreter's Contact Information
3.	Interpreter's Daytime Telephone Number 4. Interpreter's Mobile Telephone Number (if any)
5.	Interpreter's Email Address (if any)
Inte	erpreter's Certification and Signature
I cert	tify, under penalty of perjury, that I am fluent in English and , and I have
	preted every question on the registration and Instructions and interpreted the registrant's answers to the questions in that language, the registrant informed me that he or she understood every instruction, question, and answer on the registration.
6.	Interpreter's Signature Date of Signature (mm/dd/yyyy)
-	
	rt 6. Contact Information, Certification, and Signature of the Person Preparing this Request, if Other an the Registrant
Duo	nanon's Evil Name
	parer's Full Name
1.	Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
2.	Preparer's Business or Organization Name
Pre	parer's Contact Information
3.	Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any)
5.	Preparer's Email Address (if any)
Pre	parer's Certification and Signature
	tify, under penalty of perjury, that I prepared this registration for the registrant at his or her request and with express consent and
	all of the responses and information contained in and submitted with the registration are complete, true, and correct and reflects information provided by the registrant. The registrant reviewed the responses and information and informed me that he or she
	rstands the responses and information in or submitted with the registration.
6.	Preparer's Signature Date of Signature (mm/dd/yyyy)

Part 7. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

 Middle Name	iven Name (First Name)	(Last Name)	Family Name (
		anv) ▶ A-	A-Number (if ε
			Page Number
	MP	SA	
) N(Part Number Item Number	Page Number
	JBM	Part Number Item Number	Page Number
		Part Number Item Number	Page Number
		Part Number Item Number	Page Number