

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 <b>A</b>
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, so state) Family Name (For wife, give maiden name)	First Name	Date of Birth (mm/dd/yyyy)	City and 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	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 Month	Year	To Month	Year
						<b>Present Time</b>	

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

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

**Applicant's employment last five years. (If none, so state.) List present employment first.**

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

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

This form is submitted in connection with an application for:		Signature of Applicant	Date
<input type="checkbox"/> Naturalization	<input type="checkbox"/> Other (Specify): _____	➔	
<input type="checkbox"/> Status as Permanent Resident			

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)
			<b>A</b>

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## Instructions

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### What Is the Purpose of This Form?

USCIS will use the information you provide on this form to process your application or petition.

Complete this biographical information form and include it with the application or petition you are submitting to U.S. Citizenship and Immigration Services (USCIS).

If you have any questions on how to complete the form, call our National Customer Service Center at **1-800-375-5283**. For TTY (hearing impaired) call: **1-800-767-1833**.

### DHS Privacy Notice

**AUTHORITIES:** The information requested on this application, and the associated evidence, is collected pursuant to section 103 of the Immigration and Nationality Act, 8 U.S.C. 1103 (a)(1).

**PURPOSE:** The primary purpose for providing the requested information on this application is to collect information to locate an immigration record to determine eligibility for the benefit you are requesting.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information, including your Social Security number (if applicable), and any requested evidence, may delay a final decision or result in denial of your application.

**ROUTINE USES:** DHS may share the information you provide on this application and any additional requested evidence with other Federal, state, local, and foreign government agencies and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System and DHS/USCIS-007 Benefits Information System] and the published privacy impact assessment [DHS/USCIS/PIA-061 Benefit Request Intake Process], which can be found at [www.dhs.gov/privacy](http://www.dhs.gov/privacy). DHS may also share the information, as appropriate, for law enforcement purposes or in the interest of national security.

### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 2 hours and 9 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue, NW, Washington, DC 20529-2140, OMB No. 1615-0008. **Do not mail your completed Form G-325A to this address.**