



G-325/G-325 A QUESTIONNAIRE

I. PERSONAL INFORMATION (APPLICANT/BENEFICIARY) (Select that Apply)			
Name:			
Any Aliases (Including Maiden Name):			
Alien #:			
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Social Security Number:			
Date of Birth:		City/Country of Birth:	

II.	Details	First Name	Last Name	Date of Birth/ City, Country of Birth	City, Country of Residence
	Father				
	Mother				
	Current Spouse				
	Maiden Name (Wife)			Date & Place of Marriage	
	Previous Spouse				
	Maiden Name (Wife)			Date & Place of Marriage	

III. RESIDENCE IN THE LAST FIVE YEARS (LIST PRESENT FIRST)

Street & Number	City	State	Country	From Month	Year	To Month	Year
						Present	

What was your last address outside the United States of more than one year?

IV. EMPLOYMENT HISTORY DURING THE LAST 5 YEARS (START WITH MOST RECENT)

Employer's Name:	Work Address:	Your occupation:	From Month	Year	To Month	Year