



## Biographic Information from the Beneficiary

### Your Information

Family Name(s)		First Name		Middle Name	
Any Other Names Used (maiden name, other married names, etc.)				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth (month/day/year)	City of Birth	State/Province of Birth		Country of Birth	
Home Phone		Cell Phone		Other Phone	
Email Address				Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
Country(ies) of Citizenship	Social Security # (any number ever used)	Green Card # (A #)		Naturalization Certificate #	
Height Feet                  Inches	Weight lbs.	Eye Color		Hair Color	

### Your Physical Address

Address			City		
County	State	ZIP Code	Country		

### Your Mailing Address

Address			City		
County	State	ZIP Code	Country		

### Who is Filing Immigration Papers for You?

A Resident <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____	A Citizen <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____	I am Filing for Myself as a: <input type="checkbox"/> Refugee <input type="checkbox"/> Asylee <input type="checkbox"/> Victim <input type="checkbox"/> Other: _____
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### Your Parents' Information

Father's Family Name(s)	First Name	Middle Name	City and state of Birth	Country of Birth
Full current address			Date of Birth (month/day/year)	Date of Death (month/day/year)
Mother's Maiden Family Name(s)	First Name	Middle Name	City and state of Birth	Country of Birth
Full current address			Date of Birth (month/day/year)	Date of Death (month/day/year)

### Your Spouse's Information

Family Name(s) maiden name for wife		First and Middle Names		Date of Birth (month/day/year)	
City of Birth	Country of Birth	Date of Marriage (month/day/year)		Place of Marriage	
Address (if different than yours)			Occupation		

### Your Former Spouse's Information

List information for all of your former husbands or wives (divorce, death, annulment, etc.). If you need more space, use another sheet.

Family Name(s) maiden name for former wife		First Name		Date of Birth (month/day/year)	
Date & Place of Marriage			Date & Place of End of Marriage		

Family Name(s) maiden name for former wife		First Name		Date of Birth (month/day/year)	
Date & Place of Marriage			Date & Place of End of Marriage		

### Your Children's Information

List information for all of your children. If you need more space, use another sheet.

Full Name	Relationship	Date of Birth (month/day/year)	City, state, and country of birth	Green Card #	Address (if different than yours)	Applying with you?
	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Natural <input type="checkbox"/> Step <input type="checkbox"/> Adopted					<input type="checkbox"/> Yes <input type="checkbox"/> No

### Where Do You Plan to Live in the U.S.?

Street and Number	City	State	Zip Code

### Are you in the U.S. Right Now ?

If so, when and how did you arrive? If you need more space, use another sheet.

Date You Arrived (month/day/year)	Place You Entered (city, state)	Status You Entered With	Your Current Status
		<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other:	<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other:

### Have You Been in the U.S. Before?

Begin with your most recent trip to the U.S. If you need more space, use another sheet.

Where Were You in the U.S.??	What Kind of Visa Did You Have?	What Was the A# on the Visa?	From		To	
			Month	Year	Month	Year
	<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other:					
	<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other::					
	<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other:					
	<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other:					

	<input type="checkbox"/> Tourist <input type="checkbox"/> Without Visa <input type="checkbox"/> Other::					
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**Where Have You Lived**  **Since You Were 16 Years Old**  **The Last 5 years?**

List your current address first. If you need more space, use another sheet.

Street and Number	City	State / Province	Zip Code	Country	From		To	
					Month	Year	Month	Year
								present

**What was Your Last Address Outside the U.S.?**

If you have ever lived outside the U.S., then list your last address abroad before moving to the U.S.

Street and Number	City	State / Province	Country	From		To	
				Month	Year	Month	Year

**What Kind of Job Do You Plan to Have in the U.S.?**

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**Where Have You Worked for the**  **Last 5 Years**  **Last 10 Years**  **All Your Life?**

List your current job or school first. If you need more space, use another sheet.

Company or School Name	Complete Address	Specific Occupation	From		To	
			Month	Year	Month	Year
						present

**What was Your Last Job Outside of the U.S.?**

If you have ever worked or gone to school outside the U.S., then list your last job or school before moving to the U.S.

Company or School Name	Complete Address	Specific Occupation	From		To	
			Month	Year	Month	Year

**What Schools Have You Ever Attended After You Finished High School?**

If you need more space, use another sheet .

School Name	Location	Course of Study	Degree or Diploma	From		To	
				Month	Year	Month	Year

**What Languages Do You Speak or Read?**

**What is Your Preferred Language?**

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**What Public Benefits Have You Received?**

List all aid you've received: Food Stamps, Medicaid, TANF, SSI, etc. If you need more space, use another sheet.

Type of Aid	From		To	
	Month	Year	Month	Year

**Have You Ever Applied for a Green Card, Work Permit, or Visa Before?**

Kind of Application	City & State Where You Filed the Papers	Date of Filing the Papers	Outcome
<input type="checkbox"/> Green Card <input type="checkbox"/> Work Permit <input type="checkbox"/> Other: _____			<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied

**Have You Ever Been Deported Before?**

If so, when did that happen? How many times? Where did that happen? What was the result?

**Have You Ever Had Trouble with the Police Before?**

If so, when did that happen? How many times? Where did that happen? What was the result?

**Emergency Contact Name**

**Emergency Contact Phone Number**

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\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff's signature & credentials

\_\_\_\_\_  
Date