



Biographic Information from the Petitioner

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 #		Green Card # (A #)	
If you have a Green Card, City and State of your interview:		Did you get your Green Card through: <input type="checkbox"/> Adoption <input type="checkbox"/> Marriage <input type="checkbox"/> Other:		Did you become a U.S. citizen through: <input type="checkbox"/> Birth in the U.S. <input type="checkbox"/> Naturalization <input type="checkbox"/> Parent's Naturalization	
Preferred Language	Are you in active military service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Current Annual Household Income		
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	

Your Parents' Information

Father's Family Name(s)	First Name	Middle Name	City of Birth	Country of Birth	
City & Country of Current Residence		Date of Birth (month/day/year)		Date of Death (month/day/year)	
Mother's Maiden Family Name(s)	First Name	Middle Name	City of Birth	Country of Birth	
City & Country of Current Residence		Date of Birth (month/day/year)		Date of Death (month/day/year)	

Have You Ever Filed Immigration Papers for Another Family Member?

Family Member's Name	City & State Where You Filed the Papers	Date of Filing the Papers	Outcome
			<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied
			<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied

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			
If you are not currently living with your spouse, list here the address of the last place you did live together.					From		To	
Street and Number	City	State / Province	Zip Code	Country	Month	Year	Month	Year

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				

Where Have You Lived for the Last Five Years?

List your current address first. If you need more space, use another sheet.					From		To	
Street and Number	City	State / Province	Zip Code	Country	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.					From		To	
Street and Number	City	State / Province	Country	Month	Year	Month	Year	

Where Have You Worked or Gone to School for the Last Five Years?

List your current job or school first. If you need more space, use another sheet.				From		To	
Company or School Name	Complete Address		Specific Occupation	Month	Year	Month	Year
							present

What was Your Last Job or School 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.				From		To	
Company or School Name	Complete Address		Specific Occupation	Month	Year	Month	Year

Client's Signature

Date

Staff's signature & credentials

Date