



Questionnaire Information

Personal Information

Your Complete Name: _____ Other Names Used: _____
 Name on Alien Registration Card: _____
 Address in U.S (including the County): _____
 Date of Birth: (mm/dd/yyyy) ▶ _____ Country of Birth: _____
 Citizenship: _____ Alien Number: _____ Social Security #: _____
 Telephone: _____ Email Address (if any): _____
 Date you became a Permanent Resident (mm/dd/yyyy): _____
 Port of Entry or USCIS Office where Status was Adjusted: _____
 Present Marital Status: Married Widowed Divorced Single Sex: Male Female
 Height: Weight: _____
 Eye Color: Brown Blue Green Hazel Gray Black Pink Maroon Other: _____
 Hair Color: Black Brown Blonde Gray White Red Sandy Bald (No Hair)
 Race: White Asian Black or African American American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander
 Can you speak, read, and write English? Yes No

Current Spouse Information

Complete Name: _____
 Current Address: _____
 Telephone: _____
 Date of Birth: (mm/dd/yyyy) ▶ _____ Country of Birth: _____
 Date and Place Married: _____
 Immigration Status (if not U.S Citizen): _____ Citizenship: _____
 Social Security #: _____ Alien Number (if any): _____
 Date and Place of Naturalization: _____

Previous Marriage Information

I have been married _____ time(s). (*If you or your spouse were previously married, please provide the following information for all your prior marriages.)

Yourself

Current Spouse

Name of Prior Spouse:

When & Where Married:

When & How Marriage Ended:

Immigration Status of Prior Spouse:

Additional Information About You

A. List all addresses where you have lived during the last 5 years or since becoming a permanent resident, whichever is less.

1. Street Number and Name:

Apt. Number:

City:

State:

Zip Code:

Country:

From/To (Mo/Day/Yr):

2. Street Number and Name:

Apt. Number:

City:

State:

Zip Code:

Country:

From/To (Mo/Day/Yr):

3. Street Number and Name:

Apt. Number:

City:

State:

Zip Code:

Country:

From/To (Mo/Day/Yr):

4. Street Number and Name:

Apt. Number:

City:

State:

Zip Code:

Country:

From/To (Mo/Day/Yr):

5. Street Number and Name:

Apt. Number:

City:

State:

Zip Code:

Country:

From/To (Mo/Day/Yr):

B. Your employment history during the last 5 years; start with most recent.

1. Employer's Name:

Work Address:

Your Occupation:

From/To (Mo/Day/Yr):

2. Employer's Name:

Work Address:

Your Occupation:

From/To (Mo/Day/Yr):

3. Employer's Name:

Work Address:

Your Occupation:

From/To (Mo/Day/Yr):

4. Employer's Name:

Work Address:

Your Occupation:

From/To (Mo/Day/Yr):

5. Employer's Name:

Work Address:

Your Occupation:

From/To (Mo/Day/Yr):

Additional Information About You Continued...

C. Absences from the U.S. since becoming a permanent resident. Please be accurate. (If none, write "none")

- | | | |
|-----------|-------------------------|------------------------|
| 1. | Date Departed/Returned: | Absence over 6 months? |
| | Destination: | Reason for trip? |
| 2. | Date Departed/Returned: | Absence over 6 months? |
| | Destination: | Reason for trip? |
| 3. | Date Departed/Returned: | Absence over 6 months? |
| | Destination: | Reason for trip? |
| 4. | Date Departed/Returned: | Absence over 6 months? |
| | Destination: | Reason for trip? |
| 5. | Date Departed/Returned: | Absence over 6 months? |
| | Destination: | Reason for trip? |

List all trips of more than 24 hours. If you need more room, use a separate sheet of paper.

How many children do you have? Please complete the following information for each child.

- | | | |
|-----------|---------------------|-------------------------------|
| 1. | Full Name of Child: | Date of Birth: (mm/dd/yyyy) ▶ |
| | Birth Country: | Citizenship: Alien #: |
| | Current Address: | |
| 2. | Full Name of Child: | Date of Birth: (mm/dd/yyyy) ▶ |
| | Birth Country: | Citizenship: Alien #: |
| | Current Address: | |
| 3. | Full Name of Child: | Date of Birth: (mm/dd/yyyy) ▶ |
| | Birth Country: | Citizenship: Alien #: |
| | Current Address: | |
| 4. | Full Name of Child: | Date of Birth: (mm/dd/yyyy) ▶ |
| | Birth Country: | Citizenship: Alien #: |
| | Current Address: | |
| 5. | Full Name of Child: | Date of Birth: (mm/dd/yyyy) ▶ |
| | Birth Country: | Citizenship: Alien #: |
| | Current Address: | |
| 6. | Full Name of Child: | Date of Birth: (mm/dd/yyyy) ▶ |
| | Birth Country: | Citizenship: Alien #: |
| | Current Address: | |
| 7. | Full Name of Child: | Date of Birth: (mm/dd/yyyy) ▶ |
| | Birth Country: | Citizenship: Alien #: |
| | Current Address: | |
| 8. | Full Name of Child: | Date of Birth: (mm/dd/yyyy) ▶ |
| | Birth Country: | Citizenship: Alien #: |
| | Current Address: | |

If you are a permanent resident child of U.S. citizen parent(s), please complete the following:

How many of your parents are U.S. citizens? One Both

Complete name of one U.S. citizen parent:

Address:

Relationship to you: Natural Parent Adoptive Parent Parent of child legitimized after birth

If you were adopted or legitimized after birth, give date of adoption or legitimization:

Your parent was: Born in the U.S. Naturalized: Certificate No.

Does this parent have legal custody of you? Yes No

Memberships and Organizations

Are you currently a member of any organization, club, or group (including military service)? Have you ever been a member of any organization? Please list:

1. Name and Location of Organization:

Dates From/To:

Nature of Organization:

2. Name and Location of Organization:

Dates From/To:

Nature of Organization:

3. Name and Location of Organization:

Dates From/To:

Nature of Organization:

4. Name and Location of Organization:

Dates From/To:

Nature of Organization:

5. Name and Location of Organization:

Dates From/To:

Nature of Organization:

Other Factors

1. Have you ever aided, supported, or been a member of a totalitarian or communist party? Yes No

2. Nazi affiliations? Yes No

3. Participated in the persecution of any person because of race, religion, national origin, or political opinion? Yes No

4. Deserted the Armed Forces of the U.S. or avoided being drafted? Yes No

5. Have you ever registered under Selective Service? Yes No

If so, complete the following:

Selective Service Number:

Date Registered:

If not, were you required to do so? If required (males between 18 and 26 years old), why didn't you register?

6. Have you ever applied for exemption from military service? Yes No

Other Factors Continued...

7.	Since becoming a permanent resident, have you		
	▶ failed to file a federal income tax return?	Yes	No
	▶ failed to file a tax return because you considered yourself a nonresident?	Yes	No
	▶ filed a tax return as a nonresident?	Yes	No
8.	Have you ever been deported or had deportation proceedings against you?	Yes	No
9.	Have you ever practiced, used, or been involved in any of the following:		
	▶ alcohol abuse/alcoholism?	Yes	No
	▶ polygamy?	Yes	No
	▶ prostitution?	Yes	No
	▶ illegal entry of foreigners?	Yes	No
	▶ drugs (narcotics)?	Yes	No
	▶ illegal gambling?	Yes	No
10.	Have you given false testimony for immigration benefits?	Yes	No
11.	Have you ever claimed to be a U.S. citizen?	Yes	No
12.	Have you ever declared legally incompetent or confined as a mental patient?	Yes	No
13.	Do you hold nobility in any foreign state? Ties or lineage?	Yes	No
14.	Have you ever committed any crime or ever been arrested for violating any law (excluding traffic regulations)?	Yes	No
15.	Have you ever been on probation?	Yes	No
	If so, why?		
	When did probation end?		
16.	If you have children not living with you, are you under financial child support obligations?	Yes	No
	If so, what are they?		
	Have you always complied with those obligations?	Yes	No
	If not, are you in compliance now?	Yes	No

Allegiance to the U.S.

1.	Do you believe in the U.S. government and the Constitution, and are you willing to take the oath of allegiance to the U.S.?	Yes	No
2.	If required, would you be willing to bear arms, perform noncombatant services, and other civilian work on behalf of the U.S.?	Yes	No