

General Information for Individual Client

1.First Name:	
2.Last Name:	
3.Middle Name:	
4.Maiden Name:	
5.Title (Mr, Ms, Mrs):	
6.Marital Status:	
7.Gender:	
8.Date of Birth (mm/dd/yyyy):	
9.City of Birth:	
10.State of Birth:	
11.Country of Birth:	
12.Day Phone:	
13.Cell Phone:	
14.Evening Phone:	
15. Fax:	
16.Email:	
17.SSN (Social Security Number):	
18. Nationality:	
19.Alien Number:	
20.Passport #:	
21.Passport Issuing Country:	
22.Passport Issue Date:	
23.Passport Valid until:	
24.Arrival Date:	
25.Arrival City:	
26.Arrival State:	
27.Major Field of Study (e.g. Computer Science, Medicine, Electrical Engineering, Economics):	
28.Degree (e.g. High School Diploma, Bachelors, Masters, PhD):	
29.Father Full Name:	

30.Father Date of Birth:	
31.Father Place of Birth:	
32.Father Nationality, and (A # if any):	
33.Mother Full Name:	
34.Mother Date of Birth:	
35.Mother Place of Birth:	
36.Mother Nationality, and (A # if any):	

Other Names for Individual Client

First Name	Middle Name	Last Name

Addresses for Individual Client

Mailing Address	
1.Care of:	
2.Street:	
3.Unit:	
4.City:	
5.State:	
6.Zip Code:	
7.Country:	

US Residence Address

1.Care of:	
2.Street:	
3.Unit:	
4.City:	
5.State:	
6.Zip Code:	

Abroad Residence Address

1.Care of:	
2.Street:	
3.Unit:	
4.City:	
5.State:	
6.Zip Code:	
7.Country:	

Consulate Address

1.Care of:	
2.Street:	
3.City:	
4.State:	
5.Zip Code:	
6.Country:	

General Information for Individual Client's Children #1

1.Child Full Name:	
2.Child date of Birth:	
3.Child Place of Birth:	
4.Child Nationality and (A # if any):	
5.Children's Full Address:	

General Information for Individual Client's Children #2

1.Child Full Name:	
2.Child date of Birth:	
3.Child Place of Birth:	
4.Child Nationality and (A # if any):	
5.Children's Full Address:	

General Information for Individual Client's Children #3

1.Child Full Name:	
2.Child date of Birth:	
3.Child Place of Birth:	
4.Child Nationality and (A # if any):	
5.Children's Full Address:	

General Information for Individual Client's Children #4

1.Child Full Name:	
2.Child date of Birth:	
3.Child Place of Birth:	
4.Child Nationality and (A # if any):	
5.Children's Full Address:	



Relative's Information for Individual Client

Relationship to you (this person is your Spouse, Son, Brother, etc.):	
1.First Name:	
2.Last Name:	
3.Middle Name:	
4.Maiden Name:	
5.Title (Mr, Ms, Mrs):	
6.Marital Status:	
7. Gender:	
8.Date of Birth (mm/dd/yyyy):	
9.City of Birth:	
10.State of Birth:	
11.Country of Birth:	
12.Day Phone:	
13.Cell Phone:	
14.Evening Phone:	
15. Fax:	
16.Email:	
17.SSN (Social Security Number):	
18. Nationality:	
19.Alien Number:	
20.Passport #:	
21.Passport Issuing Country:	
22.Passport Issue Date:	
23.Passport Valid until:	
24.Arrival Date:	
25.Arrival City:	
26.Arrival State:	
27.Major Field of Study (e.g. Computer Science, Medicine, Electrical Engineering, Economics):	
28.Degree (e.g. High School Diploma, Bachelors, Masters, PhD):	
29.Father Full Name:	
30.Father Date of Birth:	

31.Father Place of Birth:	
32.Father Nationality, and (A # if any):	
33.Mother Full Name:	
34.Mother Date of Birth:	
35.Mother Place of Birth:	
36.Mother Nationality, and (A # if any):	

Relative's Information for Individual Client's Children #1

1.Child Full Name:	
2.Child date of Birth:	
3.Child Place of Birth:	
4.Child Nationality and (A # if any):	
5.Children's Full Address:	

Relative's Information for Individual Client's Children #2

1.Child Full Name:	
2.Child date of Birth:	
3.Child Place of Birth:	
4.Child Nationality and (A # if any):	
5.Children's Full Address:	

Relative's Information for Individual Client's Children #3

1.Child Full Name:	
2.Child date of Birth:	
3.Child Place of Birth:	
4.Child Nationality and (A # if any):	
5.Children's Full Address:	

Relative's Information for Individual Client's Children #4

1.Child Full Name:	
2.Child date of Birth:	
3.Child Place of Birth:	
4.Child Nationality and (A # if any):	
5.Children's Full Address:	

Biographic Information for Individual Client

1.Ethnicity:					
2.Race:	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander				
3.Height:	<table border="1"> <tr> <td>Feet</td> <td></td> </tr> <tr> <td>Inches</td> <td></td> </tr> </table>	Feet		Inches	
Feet					
Inches					
4.Weight:					
5.Eye Color:					
6.Hair Color:					

Biographic Information for Relative

1.Ethnicity:					
2.Race:	<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander				
3.Height:	<table border="1"> <tr> <td>Feet</td> <td></td> </tr> <tr> <td>Inches</td> <td></td> </tr> </table>	Feet		Inches	
Feet					
Inches					
4.Weight:					
5.Eye Color:					
6.Hair Color:					

History of Address #1

NOTE: Please do NOT include your Current Address.

1.Street:	
2.Unit:	
3.City:	
4.State:	
5.Zip Code:	
6.Country:	
7.From	
(mm/dd/yyyy): 8.To	
(mm/dd/yyyy):	

History of Address #2 (if any)

NOTE: Please do NOT include your Current Address.

1. Street:	
2. Unit:	
3. City:	
4. State:	
5.Zip Code:	
6. Country:	
7.From (mm/dd/yyyy):	
8.To (mm/dd/yyyy):	

History of Address #3 (if any)

NOTE: Please do NOT include your Current Address.

1.Street:	
2.Unit:	
3.City:	
4.State:	
5.Zip Code:	
6.Country:	
7.From	
(mm/dd/yyyy): 8.To	
(mm/dd/yyyy):	

History of Address #4 (if any)

NOTE: Please do NOT include your Current Address.

1.Street:	
2.Unit:	
3.City:	
4.State:	
5.Zip Code:	
6.Country:	
7.From (mm/dd/yyyy):	
8.To (mm/dd/yyyy):	

History of International Travel #1

1.Countries Visited:	
2.Purpose of your trip:	
3.Date you left U.S.:	
4.Date you returned to U.S.:	
5.# of Days Outside U.S.:	
6.Trip Lasted 6 Months or More?	Yes No
7.Departure Port/city:	
8.Arrival Port/city:	
9.Entry Status:	
10.Check if Admitted:	<input type="checkbox"/>

History of International Travel #2 (if any)

1.Countries Visited:	
2.Purpose of your trip:	
3.Date you left U.S.:	
4.Date you returned to U.S.:	
5.# of Days Outside U.S.:	
6.Trip Lasted 6 Months or More?	Yes No
7.Departure Port/city:	
8.Arrival Port/city:	
9.Entry Status:	
10.Check if Admitted:	

History of International Travel #3 (if any)

1.Countries Visited:	
2.Purpose of your trip:	
3.Date you left U.S.:	
4.Date you returned to U.S.:	
5.# of Days Outside U.S.:	
6.Trip Lasted 6 Months or More?	Yes <input type="checkbox"/> No
7.Departure Port/city:	
8.Arrival Port/city:	
9.Entry Status:	
10.Check if Admitted:	



History of International Travel #4 (if any)

1.Countries Visited:	
2.Purpose of your trip:	
3.Date you left U.S.:	
4.Date you returned to U.S.:	
5.# of Days Outside U.S.:	
6.Trip Lasted 6 Months or More?	Yes No
7.Departure Port/city:	
8.Arrival Port/city:	
9.Entry Status:	
10.Check if Admitted:	<input type="checkbox"/>



History of Marriages #1

NOTE: Please include your Current History of Marriage.

Marriage Information	
1.Date of Marriage (mm/dd/yyyy):	
2.City:	
3.State:	
4.Country:	
5.Date of your divorce (if applicable) (mm/dd/yyyy):	
6.City:	
7.State:	
8.Country:	
9.Check if this is your Current Marriage:	

Spouse Information	
1.First Name:	
2.Last Name:	
3.Middle Name:	
4.Maiden Name:	
5.Date of Birth (mm/dd/yyyy):	
6.Gender:	
7. Nationality and (A # if any)	
8. Employer name and address (if any)	



History of Marriages #2 (if any)

Marriage Information	
1.Date of Marriage (mm/dd/yyyy):	
2.City:	
3.State:	
4.Country:	
5.Date of your divorce (if applicable) (mm/dd/yyyy):	
6.City:	
7.State:	
8.Country:	
9.Check if this is your Current Marriage:	

Spouse Information	
1.First Name:	
2.Last Name:	
3.Middle Name:	
4.Maiden Name:	
5.Date of Birth (mm/dd/yyyy):	
6.Gender:	
7. Nationality and (A # if any)	
8. Employer name and address (if any)	



History of Marriages #3 (if any)

Marriage Information	
1.Date of Marriage (mm/dd/yyyy):	
2.City:	
3.State:	
4.Country:	
5.Date of your divorce (if applicable) (mm/dd/yyyy):	
6.City:	
7.State:	
8.Country:	
9.Check if this is your Current Marriage:	

Spouse Information	
1.First Name:	
2.Last Name:	
3.Middle Name:	
4.Maiden Name:	
5.Date of Birth (mm/dd/yyyy):	
6.Gender:	
7. Nationality and (A # if any)	
8. Employer name and address (if any)	



History of Marriages #4 (if any)

Marriage Information	
1.Date of Marriage (mm/dd/yyyy):	
2.City:	
3.State:	
4.Country:	
5.Date of your divorce (if applicable) (mm/dd/yyyy):	
6.City:	
7.State:	
8.Country:	
9.Check if this is your Current Marriage:	

Spouse Information	
1.First Name:	
2.Last Name:	
3.Middle Name:	
4.Maiden Name:	
5.Date of Birth (mm/dd/yyyy):	
6.Gender:	
7. Nationality and (A # if any)	
8. Employer name and address (if any)	

History of Employment #1

NOTE: Please include your Current Employment.

1. Employer Name:	
2. Business Type:	
3. Job Title:	
4. Job Description:	
5. Supervisor Name:	
6. Hours Per Week:	
7. Street:	
8. Unit:	
9. City:	
10. State:	
11. Zip Code:	
12. Country:	
13. Email:	
14. Phone:	
15. Fax:	
16. From (mm/dd/yyyy) 17.	
To (mm/dd/yyyy)	
18. Check if this is your current Employment:	



History of Employment #2 (if any)

1. Employer Name:	
2. Business Type:	
3. Job Title:	
4. Job Description:	
5. Supervisor Name:	
6. Hours Per Week:	
7. Street:	
8. Unit:	
9. City:	
10. State:	
11. Zip Code:	
12. Country:	
13. Email:	
14. Phone:	
15. Fax:	
16. From (mm/dd/yyyy) 17.	
To (mm/dd/yyyy)	
18. Check if this is your current Employment:	

History of Employment #3 (if any)

1. Employer Name:	
2. Business Type:	
3. Job Title:	
4. Job Description:	
5. Supervisor Name:	
6. Hours Per Week:	
7. Street:	
8. Unit:	
9. City:	
10. State:	
11. Zip Code:	
12. Country:	
13. Email:	
14. Phone:	
15. Fax:	
16. From (mm/dd/yyyy) 17.	
To (mm/dd/yyyy)	
18. Check if this is your current Employment:	

History of Employment #4 (if any)

1. Employer Name:	
2. Business Type:	
3. Job Title:	
4. Job Description:	
5. Supervisor Name:	
6. Hours Per Week:	
7. Street:	
8. Unit:	
9. City:	
10. State:	
11. Zip Code:	
12. Country:	
13. Email:	
14. Phone:	
15. Fax:	
16. From (mm/dd/yyyy) 17.	
To (mm/dd/yyyy)	
18. Check if this is your current Employment:	

Citations, Arrests, Convictions (if any)

1. Why were you arrested, cited, detained, or charged?	
2. Date arrested, cited, detained, or charged:	
3. Where were you arrested, cited, detained or charged? (City, State, Country)	
4. Outcome or disposition of the arrest, citation, detention or charge. (No charges filed, charges dismissed, jail, probation, etc.)	

Naturalization Specific Questions

If you answer "Yes" to any of these questions by setting the checkbox to the left of the questions, include an explanation. Your explanation should (1) explain why your answer was "Yes", and (2) provide any additional information that helps to explain your answer.

1. Have you ever claimed to be a U.S. citizen (in writing or any other way)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Have you ever registered to vote in any Federal, state, or local election in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you ever voted in any Federal, State, or local election in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Since becoming a lawful permanent resident, have you ever failed to file a required Federal, State, or local tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Do you owe any Federal, State, or local taxes that are overdue?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do you have any title of nobility in any foreign country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Have you ever been declared legally incompetent or been confined to a mental institution within the last five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Since becoming a Lawful Permanent Resident of the United States have you ever called yourself a "nonresident" on a Federal, State, or local tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Since becoming a Lawful Permanent Resident of the United States have you ever failed to file a Federal, State, or local tax return because you considered yourself to be a "nonresident"?	<input type="checkbox"/> Yes <input type="checkbox"/> No	