Please complete this form and bring it to your appointment!

► Your Information:

t Name: First Name:			Middle:					
Address:				Date of Birth: / /				
hone Number:	I	Email Addres	ss:					
Other names used (maider	n name or name on passp	oort):						
ast Name:	ast Name: First Name:			Middle:				
Doc'donosa, Whom how	linal familes mark	5 2 9 .C4.						
Residences: Where have you lived for the past 5 years? Start with where you live Addresses (during the last 5 years)					Date 10ved-in		Date moved-out	
Current Address (Where	e you live now):							
Previous Address:								
Previous Address:								
Name of Current Employment/School and Position/Title			hool during the past 5 Address		Date Started		Date Ended	
	,			1				
Travel Dates: Provide the			·					
Date Left U.S.	Date Returned to	o U.S.	Country	Tota	al Days	More	More than 6 months?	

Please complete this form and bring it to your appointment!

► Your Parent's Information	1:			
Father's Last Name:		First Name:		Middle:
Date of Birth: / /	Country of Birth:		Permanent Resident: U Yes	s 🗆 No
A#:	U. S. Citizen: ☐ Yes ☐ N	No Date Father Became	a Citizen://	
Mother's Last Name:		First Name:		Middle:
Date of Birth://	Country of Birth:		Permanent Resident: U Yes	s 🗆 No
A#:	U. S. Citizen: ☐ Yes ☐ N	No Date Mother Became	a Citizen://	
► Marital Information:				
If married, provide the follo	wing information about your C	CURRENT spouse:		
Last Name:	First Name: _		Middle:	
Date of Birth://	Country of Birth:	Permanent Resident:	: • Yes • No A#:	
Marriage Date: / / _	U. S. Citizen: ☐ Yes ☐	No Date Spouse Becam	e a Citizen://	
Address:		F	Employer:	
►If <u>YOU</u> were previously m	narried, provide the following in	nformation about your Pl	RIOR spouse:	
Last Name:	First Name: _		Middle:	
DOB: / / C	ountry of Birth:	_ Marriage Date: / _	/ Divorce Date:	/ /
►If <u>YOU</u> were previously m	arried, provide the following i	nformation about your Pl	RIOR spouse:	
Last Name:	First Name: _		Middle:	
DOB: / / C	ountry of Birth:	_ Marriage Date: / _	/ Divorce Date:	//
►If <u>YOUR SPOUSE</u> was pr	eviously married, provide the f	following information abo	out their prior spouse:	
Last Name:	First Name: _		Middle:	
DOB: / / C	ountry of Birth:	_ Marriage Date: / _	/ Divorce Date:	/ /

Please complete this form and bring it to your appointment!

Provide the following inform Child #1:	nation about your children (use ar	other sheet if	necessary):	#	
	First Name:	First Name:			Middle:
	Country of Birth:				
Address:					
Child #2:					
Last Name:	First Name:				Middle:
Date of Birth: / / _	Country of Birth:	A#:	-		U. S. Citizen: 🗖 Yes 🗖 No
Address:					
Child #3:					
Last Name:	First Name:				Middle:
Date of Birth: / / _	Country of Birth:	A#:			U. S. Citizen: 🗆 Yes 🗖 No
Address:					······································
Child #4:					
Last Name:	First Name:				Middle:
Date of Birth: / /	Country of Birth:	A#:			U. S. Citizen: 🗆 Yes 🗖 No
Address:					
Child #5:					
Last Name:	First Name:				Middle:
Date of Birth://	Country of Birth:	A#:			U. S. Citizen: 🗆 Yes 🗖 No
Address:					