

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):	

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:	

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):	

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:	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:	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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Departure Port/city:	
8. Arrival Port/city:	
9. Entry Status:	
10. Check if Admitted:	<input type="checkbox"/>

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Departure Port/city:	
8. Arrival Port/city:	
9. Entry Status:	
10. Check if Admitted:	<input type="checkbox"/>

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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:	<input type="checkbox"/>

Spouse Information	
1. First Name:	
2. Last Name:	
3. Middle Name:	
4. Maiden Name:	
5. Date of Birth (mm/dd/yyyy):	
6. Gender:	

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:	<input type="checkbox"/>

Spouse Information	
1. First Name:	
2. Last Name:	
3. Middle Name:	
4. Maiden Name:	
5. Date of Birth (mm/dd/yyyy):	
6. Gender:	

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:	<input type="checkbox"/>

Spouse Information	
1. First Name:	
2. Last Name:	
3. Middle Name:	
4. Maiden Name:	
5. Date of Birth (mm/dd/yyyy):	
6. Gender:	

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:	<input type="checkbox"/>

Spouse Information	
1. First Name:	
2. Last Name:	
3. Middle Name:	
4. Maiden Name:	
5. Date of Birth (mm/dd/yyyy):	
6. Gender:	

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:	<input type="checkbox"/>

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:	<input type="checkbox"/>

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:	<input type="checkbox"/>

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:	<input type="checkbox"/>

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	

10. Have you ever been a habitual drunkard?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Have you ever been a prostitute, or procured anyone for prostitution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Have you ever sold or smuggled controlled substances, illegal drugs or narcotics?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Have you ever been married to more than one person at the same time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Have you ever helped anyone enter or try to enter the United States illegally?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Have you ever gambled illegally or received income from illegal gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Have you ever failed to support your dependents or to pay alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Have you ever given false or misleading information to any U.S. Government official while applying for any immigration benefit or to prevent deportation, exclusion, or removal?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Have you ever lied to any U.S. Government official to gain entry or admission into the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Have you ever been arrested for, charged with, or convicted of a felony or misdemeanor in the United States? Do not include minor traffic violations that only resulted in a fine, unless it was alcohol- or drug-related?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Have you ever been arrested for, charged with, or convicted of a crime in any country other than the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Have you ever engaged in or do you continue to engage in or plan to engage in terrorist activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Are you now or have you ever been a member of a gang?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Have you ever engaged in, ordered, incited, assisted or otherwise participated in Acts involving torture, genocide, or human trafficking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Have you ever engaged in, ordered, incited, assisted or otherwise participated in Killing any person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Have you ever engaged in, ordered, incited, assisted or otherwise participated in Severely injuring any person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Have you ever engaged in, ordered, incited, assisted or otherwise participated in Any kind of sexual contact or relations with any person who was being forced or threatened?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27. Have you ever been a member of or associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28. Have you ever been a member of or in any way associated (either directly or indirectly) with the Communist Party?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
29. Have you ever been a member of or in any way associated (either directly or indirectly) with any other totalitarian party?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30. Have you ever been a member of or in any way associated (either directly or indirectly) with a terrorist organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Have you ever advocated (either directly or indirectly) the overthrow of any government by force or violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

32. Have you ever persecuted (either directly or indirectly) any person because of race, religion, national origin, membership in a particular social group, or political opinion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
33. Between March 23, 1933, and May 8, 1945, did you work for or associate in any way (either directly or indirectly) with the Nazi government of Germany?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Between March 23, 1933, and May 8, 1945, did you work for or associate in any way (either directly or indirectly) with any government in any area (1) occupied by, (2) allied with, or (3) established with the help of the Nazi government of Germany?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
35. Between March 23, 1933, and May 8, 1945, did you work for or associate in any way (either directly or indirectly) with any German, Nazi, or S.S. military unit, paramilitary unit, self-defense unit, vigilante unit, citizen unit, police unit, government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, or transit camp?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
36. Have you ever committed a crime or offense for which you were not arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
37. Have you ever been arrested, cited or detained by any law enforcement officer (including USCIS or former INS and military officers) for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Have you ever been charged with committing any crime or offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
39. Have you ever been convicted of a crime or offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
40. Have you ever been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
41. Have you ever received a suspended sentence, been placed on probation, or been paroled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
42. Have you ever been in jail or prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No	