

NATURALIZATION DATA SHEET

GENERAL INFORMATION:

Last Name _____ First Name _____ Middle Name _____

Gender _____ Title _____

Other Names Used (include maiden name, if applicable) _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Phone Number(work) _____ (home) _____

Immigration Status: _____ Date/Place Permanent Residence Granted _____

ABSENCES FROM THE U.S. SINCE BECOMING A PERMANENT RESIDENT:

Date Left U.S.	Date Returned to U.S.	Destination	Reason for Trip
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RESIDENCE: List all addresses for the last 5 years.

Address (city/state/county/zip code) _____ Dates: From (month/day/year) To (month/day/year)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EMPLOYMENT: List all employment for the last 5 years.

Employer's Name Address Occupation From (month/day/year) To (month/day/year)

MARITAL HISTORY:

Marital Status _____ Date of Marriage _____ Place of Marriage _____

Nam of Spouse _____ Date of Birth _____

Place of Birth (city/country) _____ Citizenship _____

Address _____

Social Security # _____ A # _____

Spouse's Current Immigration Status _____ Date Granted _____

If Spouse is Naturalized Indicate City, State and Date of Naturalization _____

PRIOR MARRIAGES:

Name of Prior Spouse _____ Date of Birth _____

Place of Birth _____ Citizenship _____

Date Married _____ Date Divorced _____ Place of Divorce _____

Reason for Divorce _____ Immigration Status of Prior Spouse _____

Name of Prior Spouse _____ Date of Birth _____

Place of Birth _____ Citizenship _____

Date Married _____ Date Divorced _____ Place of Divorce _____

Reason for Divorce _____ Immigration Status of Prior Spouse _____

Name of Prior Spouse _____ Date of Birth _____

Place of Birth _____ Citizenship _____

Date Married _____ Date Divorced _____ Place of Divorce _____

Reason for Divorce _____ Immigration Status of Prior Spouse _____

IMMEDIATE RELATIVES:

Mother's Maiden Name _____ Date of Birth _____

Natural Parent? Yes ___ No ___ Adoptive Parent? Yes ___ Date _____ No ___

Other(explain) _____ Date _____

Permanent Resident Yes ___ Date Granted _____ No ___

U.S. Citizen Yes ___ If Naturalized, give date _____ Place (city/state) _____ No ___

Father's Name _____ Date of Birth _____

Natural Parent Yes ___ No ___ Adoptive Parent Yes ___ Date _____ No ___

Other(explain) _____ Date _____

Permanent Resident Yes ___ Date Granted _____ No ___

U.S. Citizen Yes ___ If Naturalized, give date _____ Place (city/state) _____ No ___

CHILDREN, if any:

Name _____ Date of Birth _____

Place of Birth (city and country) _____ Citizenship _____

Current Address _____

A#, if applicable _____ Current immigration status _____

Name _____ Date of Birth _____

Place of Birth (city and country) _____ Citizenship _____

Current Address _____

A#, if applicable _____ Current immigration status _____

Name _____ Date of Birth _____

Place of Birth (city and country) _____ Citizenship _____

Current Address _____

A#, if applicable _____ Current immigration status _____

Name _____ Date of Birth _____

Place of Birth (city and country) _____ Citizenship _____

Current Address _____

A#, if applicable _____ Current immigration status _____

MEMBERSHIPS AND ORGANIZATIONS: List present and past memberships or affiliations including any military service.

Group or Organization	Address	Dates	Type of Organization
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever received public benefits? Yes ____ No ____ Type of Assistance? _____
When? _____

Have you ever failed to file a federal income tax return? Yes ____ Explain _____ No ____

Have you ever filed a federal income tax return as nonresident during your permanent resident status?
Yes ____ Explain _____ No ____

Have you even been in deportation (removal) proceedings? Yes ____ Date ____ Explain ____ No ____

Have you ever failed to comply with Selective Services law? Yes ____ Explain _____ No ____

If you registered with Selective Services provide your Selective Service number and date of registration

If you registered with Selective Services before 1978 provide your local board number and classification

Signature: _____ Date: _____