

# WORLDESQUIRE G-325 QUESTIONNAIRE

# FAX

To: WorldEsquire From:           

Fax: (661) 294-0915 Pages:           

Phone: (661) 294-0911 Date:           

Re: G-325A CC:           

Urgent     For Review     Please Comment     Please Reply     Please Recycle

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## INSTRUCTIONS:

Please fill out and either fax or e-mail to [info@worldesquire.com](mailto:info@worldesquire.com) or [amk@worldesquire.com](mailto:amk@worldesquire.com)

### Your Information

#### *Personal Identification*

Family Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
All Other Names Used (including names by previous marriages)

Gender

( ) Male

( ) Female

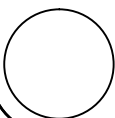
File Number

\_\_\_\_\_  
U.S. Social Security # (if any)

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
City of Birth

\_\_\_\_\_  
Country of Birth



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\_\_\_\_\_  
Citizenship/Nationality  
\_\_\_\_\_

## **Your Parents Information**

*Father Information:*

Family Name  
\_\_\_\_\_

First Name  
\_\_\_\_\_

Date of Birth  
\_\_\_\_\_

City and Country of Birth (if known)  
\_\_\_\_\_

City and Country of Residence  
\_\_\_\_\_

*Mother Information:*

Family (Maiden) Name  
\_\_\_\_\_

First Name  
\_\_\_\_\_

Date of Birth  
\_\_\_\_\_

City and Country of Birth (if known)  
\_\_\_\_\_

City and Country of Residence  
\_\_\_\_\_

## **Your Current Spouse Information**

*Husband or Wife (If none, so state)*

Family Name (for wife, give maiden name)  
\_\_\_\_\_

First Name  
\_\_\_\_\_

Birthdate  
\_\_\_\_\_

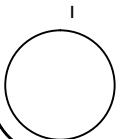
City and Country of Birth  
\_\_\_\_\_

Date of Marriage  
\_\_\_\_\_

Place of Marriage  
\_\_\_\_\_

## **Your Former Spouse Information**

*Former Husbands or Wives (If none, so state)*



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*This dialog will repeat for each former spouse. When the last former spouse has been entered, press Finish.*

Family Name (for wife, give maiden name) [1]

\_\_\_\_\_  
First Name [1]

\_\_\_\_\_  
Birth Date [1]

\_\_\_\_\_  
Date of Marriage [1]

\_\_\_\_\_  
Place of Marriage [1]

\_\_\_\_\_  
Date of Termination of Marriage [1]

\_\_\_\_\_  
City [1]

\_\_\_\_\_  
Country [1]

## **Your Present Address**

Street and Number

\_\_\_\_\_  
City

\_\_\_\_\_  
Province or State

\_\_\_\_\_  
Country

\_\_\_\_\_  
*At this address*

From:

## **Your Applicant's Former Addresses** (Last 5 years; complete separate sheet if needed)

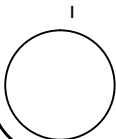
Street and Number [1]

\_\_\_\_\_  
Address Line 2 [1]

\_\_\_\_\_  
City [1]

\_\_\_\_\_  
Province or State [1]

\_\_\_\_\_  
Country [1]



# WORLD<sup>ES</sup>QUIRE G-325 QUESTIONNAIRE

*At this address*

From: [1]

\_\_\_\_\_  
To: [1]  
\_\_\_\_\_

## **Your Last Address Outside U.S.**

*Applicant's Last Address Outside the United States of More than One Year*

Street and Number

\_\_\_\_\_  
City

\_\_\_\_\_  
Province or State

\_\_\_\_\_  
Country  
\_\_\_\_\_

*At this address:*

From:

\_\_\_\_\_  
To:  
\_\_\_\_\_

## **Your Present Employment**

*List Present Employment First (If none, so state)*

Employer Name

\_\_\_\_\_  
Street Number and Name

\_\_\_\_\_  
Additional Address Information (if any)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

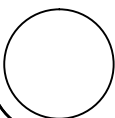
\_\_\_\_\_  
ZIP/Postal Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Occupation (specify)

*At this occupation:*

From  
\_\_\_\_\_



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**Your Former Employment Information** (Last 5 years; complete separate sheet if needed)

Employer Name [1]

Street and Number [1]

Additional Address Information (if any) [1]

City [1]

Province or State [1]

ZIP/Postal Code [1]

Country [1]

Occupation [1]

*At this occupation*

From [1]

To [1]

## **Last Occupation Abroad**

*Show last occupation abroad below if not entered previously (include all information requested).*

Employer Name

Street Number and Name

Additional Address Information (if any)

City

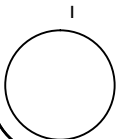
State

ZIP/Postal Code

Country

Occupation (specify)

*At this occupation:*



# WORLDESQUIRE G-325 QUESTIONNAIRE

From:

\_\_\_\_\_  
To:  
\_\_\_\_\_

## Application Information

This form is submitted in connection with application for:

- Naturalization
- Status as permanent resident
- Other

If "other" please specify below.

\_\_\_\_\_  
Date  
\_\_\_\_\_

