



LONG, CHANG & ASSOCIATES, L.L.P.
IMMIGRATION ATTORNEYS

N-400 BIOGRAPHICAL DATA

INFORMATION ABOUT YOU

Gender: (Circle) M F	Height: Feet Inches	Weight: Pounds
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Family Name (Last Name)	INS "A" - Number: A#:
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Given Name (First Name)	Full Middle Name (If applicable)
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Your name exactly as it appears on your Permanent Resident Card.

Family Name (Last Name)

Given Name (First Name)	Full Middle Name (If applicable)
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Other Names used (include maiden and all names used):

Name Change (Optional)

Would you like to legally change your name? (Circle one) Yes No
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If "YES" Family Name (Last Name):
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If "YES" Given Name (First Name)	If "YES" Full Middle Name
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Social Security Number	Date of Birth (Month/Day/Year) / /	Date You Became a Permanent Resident (Month/Day/Year) / /
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Country of Birth	Country of Nationality:
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Are either of your parents U.S. citizens? (Circle One) Yes No
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Marital Status: (Circle one) Single, Married, Divorced, Widowed	Date of Current Marriage: (Month/Day/Year) / /
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Residence Information

Please list all residence addresses for the past FIVE (5) years (List Present Address FIRST)

Home Address - Street Number & Name (PRESENT)			
City	State	Zip Code	Country
From: (Month/Year)	To: (Month/Year)		
Daytime Phone Number (If any): ()		E-mail Address (If any):	

Home Address - Street Number & Name			
City	State	Zip Code	Country
From: (Month/Year)	To: (Month/Year)		

Home Address - Street Number & Name			
City	State	Zip Code	Country
From: (Month/Year)	To: (Month/Year)		

Home Address - Street Number & Name			
City	State	Zip Code	Country
From: (Month/Year)	To: (Month/Year)		

Home Address - Street Number & Name			
City	State	Zip Code	Country
From: (Month/Year)	To: (Month/Year)		

Employment or School Information

Please list all employment for the **past FIVE (5) years (List Present Address First)**

Employer or School Name: (PRESENT)			Occupation:
Street Number & Name			
City	State	Zip Code	Country
From: (Month/Year)	To: (Month/Year)		

Employer or School Name:			Occupation:
Street Number & Name			
City	State	Zip Code	Country
From: (Month/Year)	To: (Month/Year)		

Employer or School Name:			Occupation:
Street Number & Name			
City	State	Zip Code	Country
From: (Month/Year)	To: (Month/Year)		

Employer or School Name:			Occupation:
Street Number & Name			
City	State	Zip Code	Country
From: (Month/Year)	To: (Month/Year)		

Time Outside the United States (Including Trips to Canada, Mexico, and the Caribbean Islands)

How many total days did you spend outside of the U.S. during the past 5 years ?	<input type="text"/>	days
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How many trips of 24 hours or more have you taken outside of the U.S. during the past 5 years ?	<input type="text"/>	trips
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Departure from the United States Since First Arrival

Port of Departure (City, State)	Date you Left the United States (Month, Day, Year)
Purpose of Travel	Total Days Out of the United States: <input type="text"/> days
Port of Arrival (City, State)	Date You Returned to the United States (Month, Day, Year)
Countries to Which You Traveled	

Port of Departure (City, State)	Date you Left the United States (Month, Day, Year)
Purpose of Travel	Total Days Out of the United States: <input type="text"/> days
Port of Arrival (City, State)	Date You Returned to the United States (Month, Day, Year)
Countries to Which You Traveled	

Port of Departure (City, State)	Date you Left the United States (Month, Day, Year)
Purpose of Travel	Total Days Out of the United States: <input type="text"/> days
Port of Arrival (City, State)	Date You Returned to the United States (Month, Day, Year)
Countries to Which You Traveled	

Port of Departure (City, State)	Date you Left the United States (Month, Day, Year)
Purpose of Travel	Total Days Out of the United States: <input type="text"/> days
Port of Arrival (City, State)	Date You Returned to the United States (Month, Day, Year)
Countries to Which You Traveled	

Information About Your Marital History

How many times have YOU been married (including annulled marriages)?

Information About Your CURRENT Spouse

Spouse's Family Name (Last Name)	
Given Name (First Name)	Full Middle Name (If applicable)

Date of Birth (Month/Day/Year) / /	Date of Marriage (Month/Day/Year) / /	Spouse's Social Security Number	
Home Address of your CURRENT Spouse - Street Number & Name			
City	State	Zip Code	Country
From: (Month/Year)	To: (Month/Year)		
Is your spouse a U.S. citizen? (Circle one) Yes No			
If your spouse is a U.S. citizen , when did your spouse become a U.S. citizen? (Circle one) At Birth Other: _____			
Date your spouse became a U.S. citizen (Month/Day/Year) / /		Place your spouse became a U.S. citizen (City, State)	

If your spouse is NOT a U.S. citizen (give the following information):

Spouse's Country of Citizenship	Spouse's INS "Alien Number" (If applicable) A#:
Spouse's Immigration Status (Circle) Lawful Permanent Resident Other: _____	

Information About Your PRIOR Spouse

Prior Spouse's Family Name (Last Name)		
Given Name (First Name)		Full Middle Name (If applicable)
Prior Spouse's Immigration Status (Circle one) U.S. citizen Lawful Permanent Resident Other: _____		
Date of PRIOR Marriage (Month/Day/Year)	Date of PRIOR Marriage Ended (Month/Day/Year)	
How Marriage Ended (Circle one) Divorce Spouse Died Other: _____		

How many times has your CURRENT spouse been married (including annulled marriages)? (Circle one) 1 2 3 4 5
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PRIOR Spouse(s) of your CURRENT Spouse:

PRIOR Spouse's of your CURRENT Spouse's Family Name (Last Name)		
Given Name (First Name)		Full Middle Name (If applicable)
Prior Spouse's Immigration Status (Circle one) U.S. citizen Lawful Permanent Resident Other: _____		
Date of PRIOR Marriage (Month/Day/Year) / /	Date of PRIOR Marriage Ended (Month/Day/Year) / /	

How Marriage Ended (Circle one)		
Divorce	Spouse Died	Other: _____

Information About Your Children

How many sons and daughters have you had? (Circle one)							
1	2	3	4	5	6	7	

Your Child's Family Name (Last Name)			
Given Name (First Name)			Full Middle Name (If applicable)
Date of Birth (Month/Day/Year)	INS "A" - number (if any)		Country of Birth
Home Address - Street Number & Name			
City	State	Zip Code	Country
From: (Month/Year)	To: (Month/Year)		

Your Child's Family Name (Last Name)			
Given Name (First Name)			Full Middle Name (If applicable)
Date of Birth (Month/Day/Year)	INS "A" - number (if any)		Country of Birth
/	/		
Home Address - Street Number & Name			
City	State	Zip Code	Country
From: (Month/Year)	To: (Month/Year)		

Your Child's Family Name (Last Name)			
Given Name (First Name)			Full Middle Name (If applicable)
Date of Birth (Month/Day/Year)	INS "A" - number (if any)		Country of Birth
/	/		
Home Address - Street Number & Name			
City	State	Zip Code	Country
From: (Month/Year)	To: (Month/Year)		

Your Child's Family Name (Last Name)			
Given Name (First Name)			Full Middle Name (If applicable)
Date of Birth (Month/Day/Year) / /	INS "A" - number (if any)		Country of Birth
Home Address - Street Number & Name			
City	State	Zip Code	Country
From: (Month/Year)	To: (Month/Year)		

Criminal Record (if any)

Why were you arrested, cited, detained, or charged?
Date arrested, cited, detained, or charged (Month/Day/Year)
Where were you arrested, cited, detained, or charged? (City, State, Country)
Outcome or disposition of the arrest, citation, detention or charge (No charges filed, charges dismissed Jail, probation, etc.)

Additional Note:
