

**G-325A, Biographic Information**

(Family Name) DOALLY	(First Name) Jane	(Middle Name) Joan	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth (mm/dd/yyyy) 03/13/1975	Citizenship/Nationality Australian	File Number A None
All Other Names Used (include names by previous marriages) [if there is none put none]			City and Country of Birth Sydney, Australia		U.S. Social Security # (if any) None	
Family Name Father Doally Mother (Maiden Name) Brown	First Name Jack Jane	Date of Birth (mm/dd/yyyy) 04/04/1952 07/13/1954	City, and Country of Birth (if known) Sydney, Australia Melbourne, Australia		City and Country of Residence Sydney, Australia Melbourne, Australia	
Current Husband or Wife (If none, so state) Family Name (For wife, give maiden name) [if none put none]	First Name	Date of Birth (mm/dd/yyyy)	City and Country of Birth	Date of Marriage	Place of Marriage	
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name) [if none put none]	First Name	Date of Birth (mm/dd/yyyy)	Date and Place of Marriage		Date and Place of Termination of Marriage	

**Applicant's residence last five years. List present address first.**

Street and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
35 Chamberlain Street	Sydney	NSW	Australia	06	2006	Present Time	
164 Victoria Street	Sydney	NSW	Australia	03	1975	06	2006
[don't leave gaps in time]							

**Applicant's last address outside the United States of more than 1 year.**

Street and Number	City	Province or State	Country	From		To	
				Month	Year	Month	Year
35 Chamberlain Street	Sydney	NSW	Australia	06	2006	01	2010

**Applicant's employment last five years. (If none, so state.) List present employment first.**

Full Name and Address of Employer	Occupation (Specify)	From		To	
		Month	Year	Month	Year
[list all your employers, if not enough space use additional sheet and write "Form G325A, Q: Employment last five years", Make a notation here to see 'attachment'. Do not leave gaps in time. If unemployed, state those dates.]					Present Time

**Last occupation abroad if not shown above. (Include all information requested above.)**

This form is submitted in connection with an application for: <input type="checkbox"/> Naturalization <input checked="" type="checkbox"/> Other (Specify): I-129F <input type="checkbox"/> Status as Permanent Resident		Signature of Applicant [sign here in ink]	Date 01/31/2011
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If your native alphabet is in other than Roman letters, write your name in your native alphabet below:

N/A

**Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.**

**Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.**

Complete This Box (Family Name) DOALLY	(Given Name) Jane	(Middle Name) Joan	(Alien Registration Number) A None
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## Instructions

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### What Is the Purpose of This Form?

Complete this biographical information form and include it with the application or petition you are submitting to U.S. Citizenship and Immigration Services (USCIS).

USCIS will use the information you provide on this form to process your application or petition.

If you have any questions on how to complete the form, call our National Customer Service Center at **1-800-375-5283**.

### Privacy Act Notice

We ask for the information on this form, and associated evidence, to determine if you have established eligibility for the immigration benefit for which you are filing. Our legal right to ask for this information can be found in the Immigration and Nationality Act, as amended. We may provide this information to other government agencies. Failure to provide this information, and any requested evidence, may delay a final decision or result in denial of your immigration benefit.

### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 15 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Products Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0008. **Do not mail your application to this address.**