

### General Information for Individual Client

#### Current Legal Name

First Name:	Middle Name:
Last Name:	

#### Other Names Used Since Birth.

First Name	Middle Name	Last Name

Gender:	Titles of Nobility: (if any)
Height: (feet +inches)	Weight: (pound)
Eye color:	Hair color:
Hispanic: (if yes, mark X) <input type="checkbox"/>	Not Hispanic: (if yes, mark X) <input type="checkbox"/>
Date of Birth:	Country of Birth:
State of Birth:	City of Birth:
Day phone:	Cellphone:
Evening phone: (if any)	Email:
Social Security Number: (if any)	Country of Nationality:
Alien Number: (if any)	USCIS Online Account Number: (if any)
Passport Number:	Passport issuing country:
Date of passport issuance:	Date of Passport Expiration:

Arrival Date:	Arrival City:
Arrival State:	I-94 Number: (if any)

#### Marital Status (Mark X)

Married: <input type="checkbox"/> If married, provide spouse's information: First Name: Middle Name: Last Name: Place of Birth: Country of Nationality: Residence Address: Marriage start date:	Divorced: <input type="checkbox"/> IF more than 1 time married, provide the information of each previous spouse: First Name: Middle Name: Last Name: Place of Birth: Country of Nationality: Marriage start date: Marriage end date:  If more than one previous marriage, use a separate paper for their information.
Single: <input type="checkbox"/>	Widow: <input type="checkbox"/>

<b>Education</b>	
Highest Degree:	Major Field of Study:
<b>Parents</b>	
Father's Full name:	Father's Date of Birth:
Father's Place of Birth:	Father's Nationality:
Father's Alien Number :(if any)	
Mother's Full name:	Mother's Date of Birth:
Mother's Place of Birth:	Mother's Nationality:
Father's Alien Number :(if any)	
<b>US Physical Address</b>	
Residence Address	
Care of:	
Street Number	Unit/Suite Number:
City:	State, Zip code:
<b>US Mailing Address</b>	
Care of:	
Street Number	Unit/Suite Number:
City:	State, Zip code:
<b>Abroad Residence Address (if applicable)</b>	
Care of:	
Street Number	Unit/Suite Number:
City/Town:	State/province:
Zip code/Postal code:	Country:
<b>Consulate Address (if Applicable)</b>	
Care of:	
Street Number	Unit/Suite Number:
City/Town:	State/province:
Zip code/Postal code:	Country:
<b>Client's Children Information</b>	
<b>Child (1)</b>	
First Name:	Middle Name:
Last Name:	Date of Birth:
Place of Birth:	Country of Nationality:
Alien Number (if any):	Passport Number ( if any):
Child's Residence Address:	

Street Number:		Unit/Suite:	
City, State, Zip code:			
<b>Child (2)</b>			
First Name:		Middle Name:	
Last Name:		Date of Birth:	
Place of Birth:		Country of Nationality:	
Alien Number (if any):		Passport Number ( if any):	
Child's Residence Address:			
Street Number:		Unit/Suite:	
City, State, Zip code:			
<b>Child (3)</b>			
First Name:		Middle Name:	
Last Name:		Date of Birth:	
Place of Birth:		Country of Nationality:	
Alien Number (if any):		Passport Number ( if any):	
Child's Residence Address:			
Street Number:		Unit/Suite:	
City, State, Zip code:			
<b>Child (4)</b>			
First Name:		Middle Name:	
Last Name:		Date of Birth:	
Place of Birth:		Country of Nationality:	
Alien Number (if any):		Passport Number ( if any):	
Child's Residence Address:			
Street Number:		Unit/Suite:	
City, State, Zip code:			
<b>Child (5)</b>			
First Name:			
Last Name:			
Place of Birth:			
Alien Number (if any):			
Child's Residence Address:			
Street Number:		Unit/Suite:	
City, State, Zip code:			

History of Address for Client							
<b>Previous Address #1</b>							
Street Number:					Unit/Suite:		
City:			State:		Zip Code:		
From: (mm/dd/yyyy)				To: (mm/dd/yyyy)			
<b>Previous Address #2</b>							
Street Number:					Unit/Suite:		
City:			State:		Zip Code:		
From: (mm/dd/yyyy)				To: (mm/dd/yyyy)			
<b>Previous Address #3</b>							
Street Number:					Unit/Suite:		
City:			State:		Zip Code:		
From: (mm/dd/yyyy)				To: (mm/dd/yyyy)			
<b>Previous Address #4</b>							
Street Number:					Unit/Suite:		
City:			State:		Zip Code:		
From: (mm/dd/yyyy)				To: (mm/dd/yyyy)			
<b>Client's International Travel History (in the last 5 past years)</b>							
Date you left the US. (mm/dd/yyyy)			Date you returned to the US. (mm/dd/yyyy)		Countries to which you traveled		
<b>History of Employment and School (in the last 5 years)</b>							
Employer or School					Employer or School Date		Occupation or field of Study
Name	City/Town	State/ Province	Zip code/ Postal code	Country	From (mm/dd/yyyy)	To (mm/dd/yyyy)	

If you are applying for your relative(s), use the following form.

General Information for Individual Client		
<b>Relationship to you: (e.g. father, mother, child, spouse...)</b>		
<b>Relative's Current Legal Name</b>		
First Name:	Middle Name:	
Last Name:		
<b>Relative's Other Names Used Since Birth</b>		
First Name	Middle Name	Last Name
<b>Gender:</b>		
Titles of Nobility: (if any)		
Date of Birth:	Country of Birth:	
State of Birth:	City of Birth:	
Day phone:	Cellphone:	
Evening phone: (if any)	Email:	
Social Security Number: (if any)	Country of Nationality:	
Alien Number: (if any)	USCIS Online Account Number: (if any)	
Passport Number:	Passport issuing country:	
Date of passport issuance:	Date of Passport Expiration:	
<b>If inside the US</b>		
Arrival Date:	Arrival City: (Port of Entry)	
Arrival State:	I-94 Number: (if any)	
<b>Relative's Marital Status (Mark X)</b>		
<input type="checkbox"/> Single:	<input type="checkbox"/> Widow:	<input type="checkbox"/> Divorced:
Married: <input type="checkbox"/> If married, provide spouse's information:  First Name: Middle Name: Last Name: Place of Birth: Country of Nationality: Residence Address:		
<b>Relative's Education</b>		
Highest Degree:	Major Field of Study:	

Relative's Parents	
Father's Full name:	Father's Date of Birth:
Father's Place of Birth:	Father's Nationality:
Father's Alien Number :(if any)	
Mother's Full name:	Mother's Date of Birth:
Mother's Place of Birth:	Mother's Nationality:
Father's Alien Number :(if any)	
Relative's US Physical Address (if inside the US)	
Residence Address	
Care of:	
Street Number	Unit/Suite Number:
City:	State, Zip code:
US Mailing Address	
Care of:	
Street Number	Unit/Suite Number:
City:	State, Zip code:
Abroad Residence Address (if applicable)	
Care of:	
Street Number	Unit/Suite Number:
City/Town:	State/province:
Zip code/Postal code:	Country:
Consulate Address (if Applicable)	
Care of:	
Street Number	Unit/Suite Number:
City/Town:	State/province:
Zip code/Postal code:	Country:
Relative's Children Information	
Child (1)	
First Name:	Middle Name:
Last Name:	Date of Birth:
Place of Birth:	Country of Nationality:
Alien Number (if any):	Passport Number ( if any):
Child's Residence Address:	
Street Number:	Unit/Suite:
City, State, Zip code:	

Child (2)	
First Name:	Middle Name:
Last Name:	Date of Birth:
Place of Birth:	Country of Nationality:
Alien Number (if any):	Passport Number ( if any):
Child's Residence Address: Street Number: Unit/Suite: City, State, Zip code:	
Child (3)	
First Name:	Middle Name:
Last Name:	Date of Birth:
Place of Birth:	Country of Nationality:
Alien Number (if any):	Passport Number ( if any):
Child's Residence Address: Street Number: Unit/Suite: City, State, Zip code:	
Child (4)	
First Name:	Middle Name:
Last Name:	Date of Birth:
Place of Birth:	Country of Nationality:
Alien Number (if any):	Passport Number ( if any):
Child's Residence Address: Street Number: Unit/Suite: City, State, Zip code:	
Child (5)	
First Name:	
Last Name:	
Place of Birth:	
Alien Number (if any):	
Child's Residence Address: Street Number: Unit/Suite: City, State, Zip code:	
Biographic Information for Relative	
Ethnicity: Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/>	
Height:	Feet: <input type="text"/> Inches: <input type="text"/>
Weight:	(Pound)
Eye color:	Hair:

Race: (Put X next to one applies to you)	<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

**Please Note:** There may be additional questions that you must answer to complete your forms, including criminal and arrest records. You will be asked later.