

CONTROLLED UNCLASSIFIED INFORMATION  
Foreign National Contact Information

Complete a Foreign National Contact (FNC) Information Form for:

- Any non-U.S. citizen relative by blood or marriage, who resides in the US or overseas, including US Legal Permanent Residents (LPR) green card holder registered with the Immigration and Naturalization Service (INS).
- All personal or professional non U.S. citizen contacts living inside or outside the United States, that you maintain continuous contact or confided personal information;
- Other non-U.S. citizens living inside or outside the United States, made during your foreign travel or foreign residence, with whom you had or maintain continuous contact or confided personal information.
- If you have additional information that does not fit in space provided, please enter on reverse side or supplemental pages.
- Include Naturalized family members.

**It is important that all information is legible, detailed, complete, and accurate. Please submit a separate form for each person (e.g., wife, husband, children, etc.). Reproduce the form as required and return all forms with your application.**

Note: DO NOT contact the foreign national to obtain requested information unless it can be obtained in a non-alerting manner and without indicating governmental interest. Complete the form to the best of your ability.

If this form is NOT APPLICABLE check the box, sign and date.

1. FULL NAME: Underline family name (if applicable). Please ensure that all parts of the name are included. Include maiden name if applicable. Include Ideograms and/or Tele-codes {if applicable to the language}.
2. Other names used: (include aliases, nicknames, previous legal names, etc.) Include dates/circumstances regarding name use.
3. DATE OF BIRTH: (Month/Day/Year or approximate age).

PLACE OF BIRTH: Male Female

4. CURRENT CITIZENSHIP(S): (Include dual) (US naturalization certificate number or INS LPR registration number)

- Past citizenship(s) including dates:

5. Tribal, clan, and sub.-clan affiliation, if applicable:

6. ADDRESS/PHONE/E-MAIL: Provide dates of residence as well as prior country (ies) of residence & dates.
  - Addresses {current first and in reverse chronological order}

Print/type your name & Sign above your Name:

SSN:

Date:

- Phone Number(s): (Include landlines, cell, work, home or other phone numbers known to you.)

- Email Addresses(s) or known social networking addresses or identities:

7. OCCUPATION AND EMPLOYER: (if retired, occupation and employer prior to retirement).

- Current occupation: (include employer name and address if known)

- All known previous occupations/employers including approx. dates and country:

8. LENGTH OF RELATIONSHIP/Date of First Contact:

9. DESCRIPTION OF RELATIONSHIP {i.e., social, business, intimate, brother-in-law, etc.}; DEGREE OF ASSOCIATION; and CIRCUMSTANCES OF MEETING; Who introduced you, etc.;

10. DATE OF LAST CONTACT; PLANS FOR FUTURE CONTACT: (correspondence, periodic visits, etc.)

11. DESCRIBE ANY GOVERNMENT, POLITICAL, SECURITY SERVICE, MILITARY OR INTELLIGENCE AFFILIATION:

- If yes, please describe any task or service you have been asked to perform by this individual or their associates:

12. DESCRIBE ANY KNOWN PARTICIPATION OR FINANCIAL SUPPORT TO ORGANIZATIONS THAT SEEK TO CHANGE US GOVERNMENT POLICY BY FORCE OR VIOLENCE:

13. DOES THIS PERSON KNOW OF YOUR (PROPOSED) EMPLOYMENT: If so, please describe circumstances and approximate date:

14. OTHER NOTEWORTHY INFORMATION or ADDITIONAL INFORMATION KEYED TO QUESTIONS 1-14 (use additional pages if necessary):

15. On rare occasion, the employer may prohibit continued contact with certain foreign nationals. Are you willing to cease contact with this individual if directed to do so? (Circle one below)

Yes            or No

No (provide reason):

Print/type your name & Sign above your Name:

SSN:

Date: