



SECRETARÍA DE GOBERNACIÓN  
DIRECCIÓN GENERAL DE SERVICIOS MIGRATORIOS

EXPEDIENTE

FM I

DECLARACIÓN DEL EXTRANJERO AL C. SECRETARIO DE GOBERNACIÓN

SELLO DE ANTECEDENTES EN EL R.N.E.

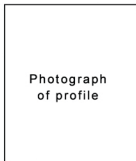
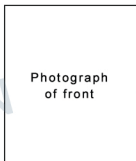
PLACE AND DATE  
PERSONAL DATA PROVIDED UNDER OATH BY FOREIGNER TO OFFICIAL REPRESENTATIVE OF MEXICO

PERSONAL DATA

FATHER'S FAMILY NAME		MOTHER'S FAMILY NAME		GIVEN NAME(S)		
BIRTHPLACE AND BIRTHDATE				DATE		
CITY		STATE	COUNTRY	DAY	MONTH	YEAR
NATIONALITY		NATIVE LANGUAGE		OTHER LANGUAGES SPOKEN		

PHYSICAL DESCRIPTION

HEIGHT: _____		AGE: _____		PHYSICAL BUILD: <input type="checkbox"/> SLENDER <input type="checkbox"/> STOUT <input type="checkbox"/>	
				<input type="checkbox"/> MEDIUM <input type="checkbox"/>	
SKIN COLOR: <input type="checkbox"/> WHITE <input type="checkbox"/> LIGHT BROWN <input type="checkbox"/>		HAIR: <input type="checkbox"/> DARK BROWN <input type="checkbox"/> LIGHT BROWN <input type="checkbox"/>		<input type="checkbox"/> BLACK <input type="checkbox"/> GRAYING <input type="checkbox"/> GRAY <input type="checkbox"/>	
<input type="checkbox"/> DARK BROWN <input type="checkbox"/> COLOR: <input type="checkbox"/>		<input type="checkbox"/> RED <input type="checkbox"/> ALBINO <input type="checkbox"/>		<input type="checkbox"/> TINTED <input type="checkbox"/> BLONDE <input type="checkbox"/>	
FOREHEAD: <input type="checkbox"/> NARROW <input type="checkbox"/> WIDE <input type="checkbox"/>		EYEBROWS: <input type="checkbox"/> NARROW <input type="checkbox"/> BROWN <input type="checkbox"/> BLACK <input type="checkbox"/>		<input type="checkbox"/> BUSHY <input type="checkbox"/> BLUE <input type="checkbox"/> GREEN <input type="checkbox"/>	
<input type="checkbox"/> MEDIUM <input type="checkbox"/>		<input type="checkbox"/> TWEEZED <input type="checkbox"/> GRAY <input type="checkbox"/>			
NOSE: <input type="checkbox"/> CONCAVE <input type="checkbox"/> CONVEX <input type="checkbox"/>		MOUTH: <input type="checkbox"/> SMALL <input type="checkbox"/> LARGE <input type="checkbox"/>		<input type="checkbox"/> STRAIGHT <input type="checkbox"/> WIDE <input type="checkbox"/>	
		<input type="checkbox"/> MEDIUM <input type="checkbox"/>			
CHIN: <input type="checkbox"/> OVAL <input type="checkbox"/> SQUARE <input type="checkbox"/>		MOUSTACHE: <input type="checkbox"/> SCARCE <input type="checkbox"/> THICK <input type="checkbox"/>		<input type="checkbox"/> ROUND <input type="checkbox"/>	
		<input type="checkbox"/> TRIMMED <input type="checkbox"/> NONE <input type="checkbox"/>			
BEARD: <input type="checkbox"/> SCARCE <input type="checkbox"/> THICK <input type="checkbox"/>		BIRTHMARKS:		<input type="checkbox"/> TRIMMED <input type="checkbox"/> NONE <input type="checkbox"/>	



SEX		MARITAL STATUS				RELIGION	
<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOW/ED	<input type="checkbox"/> FREE UNION	<input type="checkbox"/> MINOR
PLACE AND COUNTRY OF RESIDENCE (City, State, Country)							
PLACE AND COUNTRY OF ORIGIN (City, State, Country)							
HIGHEST LEVEL OF SCHOOLING			MAIN OCCUPATION			CAN YOU READ AND WRITE?	
						YES <input type="checkbox"/> NO <input type="checkbox"/>	



RESIDENCE DATA

YOUR RESIDENTIAL ADDRESS IN MEXICO							
NAME OF THE COMPANY, EMPLOYER, OFFICIAL, OR INDIVIDUAL WHO MAY OR MAY NOT PAY YOU FOR WORK YOU PERFORM IN MEXICO							
ADDRESS OF THIS COMPANY OR PERSON							
WHY DO YOU WISH TO MOVE TO MEXICO							



PERSONAL REFERENCES

FATHER'S NAME		NATIONALITY	LIVING
MOTHER'S NAME		NATIONALITY	LIVING
SPOUSE'S NAME		NATIONALITY	LIVING
IN CASE OF DIVORCE, NAME OF FORMER SPOUSE		NATIONALITY	LIVING

CONTACTS IN MEXICO WHO CAN GIVE REFERENCE ABOUT YOU		
NAME	ADDRESS	RELATIONSHIP
NAME	ADDRESS	RELATIONSHIP
PLACE, DATE, AND TIME YOU ENTERED INTO MEXICO		
APPLICANT'S SIGNATURE (UNDER 15 YEARS OF AGE, PARENT OR GUARDIAN SIGN)		

R.N.E. No.	NOMBRE	CONTROL
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