

G-325R, Biographic Information (Registration) Department of Homeland Security

USCIS Form G-325R OMB No. 1615-0166 Expires 08/31/25

U.S. Citizenship and Immigration Services

Pa	rt 1. Information About You				
1. Full Legal Name (Do not provide a nickname)					
	Family Name (Last Name)	Given Name (First Name)		Mi	ddle Name (if applicable)
	Moore	Deirdre		Ar	nn
2.	Current Physical Address				
	Street Number and Name		Apt. Ste	. Flr.	Number
	3538 HUMAN RD				
	City or Town		State		ZIP Code
	SANBORN		NY		14132-9436
	Date From (mm/dd/yyyy) 05/05/2025 Date	e To PRESENT			
3.	Current Mailing Address or Safe Address (if applic	cable)			
	In Care Of Name (if any)				
	Julianne Taylor				
	Street Number and Name		Apt. Ste	. Flr.	Number
	3538 HUMAN RD				
	City or Town		State		ZIP Code
	SANBORN		NY		14132-9436
4.	Date of Birth (mm/dd/yyyy) 09/28/1965	ctro			C
5.	USCIS Online Account Number (if any) 6.	Alien Registration Number (A	A-Number)	(if any)	
	>	► A-			
7.	All Other Names Used (include names by previous	marriages)			
	NOTE: Provide all other names you have ever use assumed names. If extra space is needed to comple			_	
	Family Name (Last Name) Given	ven Name (First Name)	1	Middle N	Vame
	Jak	dee		Sea Ca	e
8.	City or Town of Birth	9. Country of Birth	_		
	Ottawa	Canada			
10.	Country of Citizenship or Nationality	/ 1 1 1)			
	Canada				

Part 1. Information About You (continued)

Your Prior Residences

11. Please list your previous addresses for the last five years excluding your current physical address.

Street Name and Number	City	Province or State	ZIP Code/ Postal Code	Country	From (mm/dd/yyyy)	To (mm/dd/yyyy)
6135 Culp Street	Niagara Falls	Ontario	L2G 2B6	Canada	09/30/2023	12/01/2023
215 Montreal Road	Ottawa	Ontario	K1L6C8	Canada	10/20/2020	08/01/2022
	Paradise	Newfoundland and Labrador		Canada	08/15/2022	09/01/2023

rour	Most Recent Entry into the United States				
Pleas	e provide the following information regarding your most recent e	ntry into the United States.			
12.a.	Date You Entered the United States, On or About (mm/dd/yyyy	05/05/2025			
12.b.	Location at Which You Last Entered the United States	NIA			
12.c.	Immigration Status at the Time of Entry into the United States (status)	for example, H-2 temporary worker, H-1B temporary worker, no			
	EWI				
12.d.	Date Status Expires/Expired (mm/dd/yyyy)				
13.a.	Form I-94 Arrival-Departure Record Number 13.b.	Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy)			
 Since entry, in what activities have you been engaged? Continued to whistleblow on government corruption, organized crime & taxpayer fraud in the capital of Carlo Continued to expose Canada involvement in World Economic Forum initiatives 					
	- Began whistleblowing on insurance company/Medicaid frau				
15.	In what activities do you intend to engage between now and your expected date of departure?				
	Same as above. However, I intend to seek whistleblower protection from State of Florida as soon as possible; as well as seek political asylum due to relentless persecution and fear of returning to Canada (as my research/whistleblowing has led to the exposure of Canada involvement in malicious United Nations/World Health Organization/Chinese initiatives).				
16.	How long do you expect to remain in the United States?				
	The duration of my stay depends upon U.S. willingness to prowhere I also have citizenship by birthright. With newly placed continued ties to the World Economic Forum), it is not safe for				
17.	What is your expected date of departure (if any)? (mm/dd/yyyy)				
Infor	mation About Your Mother				
•	Family Name (Last Name) Given Name (First Name) 19. Date of Birth (mm/dd/yyyy)			
	Moore Kathleen				
20.	City or Town of Birth (if known) 21. (Country of Birth (if known)			
	Belfast	Northern Ireland			
22.	Current City or Town of Residence (if living) 23.	Current Country of Residence (if living)			
	Morrisburg	Canada			

Par	t 1. Information About You (continued)				
	rmation About Your Father				
24.	Family Name (Last Name)	Given 1	Name (First Name)	25.	Date of Birth (mm/dd/yyyy)
	Moore	Charle	25		
26.	City or Town of Birth (if known)		27. Country of Birth (if known)		
	Dublin		Ireland		
28.	Current City or Town of Residence (if living)		29. Current Country of Residence	e (if living	g)
			Unknown		
Info	rmation About Your Current Husband or Wife				
-	Are you currently married?				× Yes No
	Family Name (Last Name)	Given 1	Name (First Name)	32.	Date of Birth (mm/dd/yyyy)
	Kiska	Jonatl			09/28/1960
Plac	e of Birth	Jonati	itati		03/20/1300
	. City or Town		33.b. Country		
	Hamilton		Canada		
Plac	e of Marriage				
34.a	. City or Town 34.b. Stat	e or Prov	vince 34.c. Country		
	Ottawa	ntario	CAN		
35.	Date of Marriage				
	07/22/2000				
Dav	4.2 Diagnaphia Information				
Par 1.	et 2. Biographic Information Sex			_	
1.		71		1/	
	Male × Female	,		-	
2.	Ethinicity (Select only one box)			1	
•	Hispanic or Latino X Not Hispanic or	Latino			
3.	Race (Select all applicable boxes)		D1		
	American Indian or Alaska Native Asi		Black or African American		
4	Native Hawaiian or Other Pacific Islander				
4.	Height Feet 5 Inches 10 5. Weight Pounds	1150			
6.	Eye Color (Select only one box)		71 1 1		
	Black X Blue Brown Gra	ny	Green Hazel Maroon	P	Pink
	Unknown/Other				
7.	Hair Color (Select only one box)				
	Bald (No hair) Black Blond	Bı	rown Karay Red	Sano	dy White
	Unknown/Other)]	nly		

Part 3. Police and Criminal Record

For **Item Numbers 1. - 5.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 1. - 5.**, provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended). You may, if you choose, submit certified police and court records for any criminal charges, arrests, or convictions you may have, as well as any evidence of a pardon, amnesty, rehabilitation decree, or other act of clemency.

evi	dence of a pardon, amnesty, rehabilitation decree, or other act of elemency.
1.	Have you EVER been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States? Provide an explanation
	My husband has criminal accomplices that are positioned in law enforcement. I have endured multiple without-grounds arrests and detentions that have been used to rob me of all my possessions, my career and my children. There are about 10,000 pages linked to outdated documentary outline called The Darkumentary at www.twb.rocks/the-darkumentary
2.	Have you EVER committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)?
	Provide an explanation
3.	Have you EVER pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of elemency)? Provide an explanation
4.	Have you EVER been ordered punished by a judge or had conditions imposed on you that restrained your No liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or

I have been subject to multiple detentions, release orders, non-communication orders and one illegally-obtained, unlawful probation order to which I agreed under duress so I could flee the city: that charge was Unlawfully in Dwelling. The dwelling was my own house (of which I still own half) to attempt to protect my children from my husband.

alcohol treatment, rehabilitative programs or classes, probation, or community service)?

Provide an explanation

Part	3. Police and Criminal Record (continued)		
5.	Have you EVER violated (or attempted or conspired to violate) any controlled substance law or regulation ofYes a state, the United States, or a foreign country?		
	Provide an explanation		
Part	4. Registrant's Contact Information, Certification, and Signature		
Regis	strant's Contact Information		
Provid	de your daytime telephone number, mobile telephone number (if any), and email address (if any).		
1.	Registrant's Daytime Telephone Number 2. Registrant's Mobile Telephone Number (if any)		
3.	Registrant's Email Address (if any)		
	ascjak@outlook.com		
Regi	strant's Certification and Signature		
my registration, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Getting Started, understood, all of the responses and information contained in, and submitted with, my registration, and that all of the responses and the information are complete, true, and correct. I understand that USCIS will require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at this time, I will be required to sign an oath reaffirming that: 1. I reviewed and provided or authorized all of the information in my registration; 2. I understood all of the information contained in, and submitted with, my registration; and 3. All of this information is complete, true and correct at the time of filing. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law. XI have read and agree to the registrant's statement 4. Registrant's Signature Date of Signature (mm/dd/yyyy)			
.,	Deirdre Ann Moore 06/11/2025		
Dart	5. Interpreter's Contact Information, Certification, and Signature		
rart	5. Interpreter's Contact Information, Certification, and Signature		
Inter	preter's Full Name		
1.	Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)		
2.	Interpreter's Business or Organization Name (if any)		

Inter	preter's Contact Information			
3.	Interpreter's Daytime Telephone Number	4.	Interpreter's Mobile Telephone	Number (if any)
5.	Interpreter's Email Address (if any)		L	
Inter	preter's Certification and Signature			
I certi	fy, under penalty of perjury, that I am fluent in English ε	and		, and I have
	reted every question on the registration and Instructions e registrant informed me that he or she understood every			
6.	Interpreter's Signature			Date of Signature (mm/dd/yyyy)
\Rightarrow				
Part	6. Contact Information, Certification, and Sig	ngture	of the Person Prenaring Th	nis Request if
	r Than the Registrant	,iiatui C	or the reison rreparing ri	ns request, n
Prep	arer's Full Name			
1.	Preparer's Family Name (Last Name)	Prep	parer's Given Name (First Name)	
•	Preparer's Business or Organization Name			
2.	Freparet's Business of Organization Name		•	
Prep	arer's Contact Information			
3.	Preparer's Daytime Telephone Number	4.	Preparer's Mobile Telephone Nu	umber (if any)
5.	Preparer's Email Address (if any)			
Prep	arer's Certification and Signature			
that al	fy, under penalty of perjury, that I prepared this registrat I of the responses and information contained in and sub- information provided by the registrant. The registrant revistands the responses and information in or submitted with	mitted with	th the registration are complete, to responses and information and it	rue, and correct and reflects
6.	Preparer's Signature			Date of Signature (mm/dd/yyyy)
→		1	ly	

Evidence Submitted

File Name	Document Category
IMG_0022.jpeg	Other
IMG_0004.jpeg	Other
IMG_0131.jpeg	Other
IMG_0063.jpeg	Other
IMG_0062.jpeg	Other

Electronic Form Only