

# Supplemental Information for Spouse Beneficiary

# Department of Homeland Security

U.S. Citizenship and Immigration Services

Expires xx/xx/20xx

To be completed by an attorney or accredited representative (if any).							
	Licable)     Attorney or Accredited Representative USCIS ELIS Account Number (if any)						
► START HERE - Type or print in black ink.							
The purpose of this form is to collect additional information for a spouse beneficiary of a Form I-130, Petition for Alien Relative. If your spouse is a U.S. citizen, lawful permanent resident, or non-citizen U.S. national who is filing Form I-130 on your behalf, you must complete and sign Form I-130A, Supplemental Information for Spouse Beneficiary, and submit it with the Form I-130 filed by your spouse. If you reside overseas, you still must complete Form I-130A, but you do not need to sign the form.							
Part 1. Information About You (Spouse Beneficiary)	5.a. Date From (mm/dd/yyyy)						
1. Alien Registration Number (A-Number) (if any)	<b>5.b.</b> Date To (mm/dd/yyyy)						
► A-	Physical Address 2						
2. USCIS ELIS Account Number (if any)	6.a. Street Number and Name						
	6.b. Apt. Ste. Flr.						
Your Full Name	6.c. City or Town						
3.a. Family Name (Last Name)	6.d. State 6.e. ZIP Code						
<b>3.b.</b> Given Name (First Name)	6.f. Province						
3.c. Middle Name	6.g. Postal Code						
Address History	6.h. Country						
Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current	7.a. Date From (mm/dd/yyyy)						
address first. If you need extra space to complete this section, use the space provided in <b>Part 7. Additional Information</b> .	<b>7.b.</b> Date To (mm/dd/yyyy)						
Physical Address 1	Last Physical Address Outside the United States						
<b>4.a.</b> Street Number and Name	Provide your last address outside the United States of more than one year (even if listed above).						
<b>4.b.</b> Apt. Ste. Flr.	8.a. Street Number and Name						
<b>4.c.</b> City or Town	8.b. Apt. Ste. Flr.						
4.d. State 4.e. ZIP Code	8.c. City or Town						
4.f. Province	8.d. Province						
4.g. Postal Code	<b>8.e.</b> Postal Code						
4.h. Country	<b>8.f.</b> Country						

Part 1.	<b>Information Abo</b>	ut You	(The	Spouse
Benefic	iary)			

- **9.a.** Date From (mm/dd/yyyy)
- **9.b.** Date To (mm/dd/yyyy)

## Information About Your Mother

Your Mother's Full Name 10.

## Part 2. Information About Your Employment

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in Item Number 1. below. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.

## **Employment History**

#### **Employer 1**

	Family Name (Maiden Name)	<b>1.</b> Name of Employer/Company			
	Given Name (First Name)				
	Middle Name	2.a.	Street Number and Name		
11.	Date of Birth (mm/dd/yyyy)	2.b.	Apt. Ste. Flr.		
12.	City/Town/Village of Birth	2.c.	City or Town		
13.	Country of Birth	2.d.	State 2.e. ZIP Code		
		2.f.	Province		
14.	City/Town/Village of Residence	2.g.	Postal Code		
15		2.h.	Country		
15.	Country of Residence	3.	Your Occupation		
Info	ormation About Your Father				
16.	Your Father's Full Name	<b>4.a</b> .	Date From (mm/dd/yyyy)		
	Family Name (Last Name)	4.b.	Date To (mm/dd/yyyy)		
	Given Name (First Name)		loyer 2		
	Middle Name	5.	Name of Employer/Company		
17.	Date of Birth (mm/dd/yyyy)				
18.	City/Town/Village of Birth	6.a.	Street Number and Name		
10		6.b.	Apt. Ste. Flr.		
19.	Country of Birth	6.c.	City or Town		
20.	City/Town/Village of Residence	6.d.	State 6.e. ZIP Code		
		6.f.	Province		
21.	Country of Residence	6.g.	Postal Code		
		_	Country		

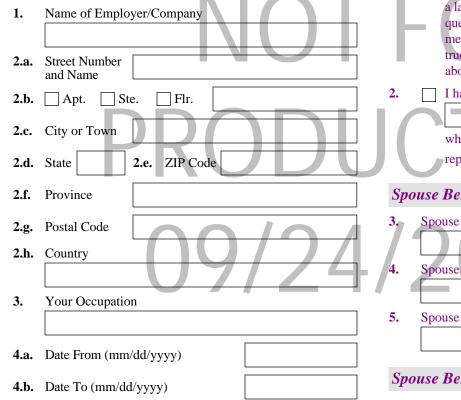
# **Part 2. Information About Your Employment** (continued)

#### Employer 2 (continued)

- 7. Your Occupation
- **8.a.** Date From (mm/dd/yyyy)
- **8.b.** Date To (mm/dd/yyyy)

#### Part 3. Information About Your Employment Outside the United States

Provide your last occupation outside the United States if not shown above. If you never worked outside the United States, provide this information in the space provided in **Part 7**. Additional Information.



#### Part 4. Spouse Beneficiary's Statement, Contact Information, Certification, and Signature

**NOTE:** Read the information on penalties in the **Penalties** section of the Form I-130A Instructions before completing this part.

#### Spouse Beneficiary's Statement

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.** 

- **1.a.** I can read and understand English, and have read and understand every question and instruction on this form, as well as my answer to every question.
- **1.b.** The interpreter named in **Part 5.** has read to me every question and instruction on this form, as well as my answer to every question, in

a language in which I am fluent. I understand every question and instruction on this form as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.

2. I have requested the services of and consented to

who is is not an attorney or accredited representative, preparing this form for me.

#### Spouse Beneficiary's Contact Information



#### Spouse Beneficiary's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

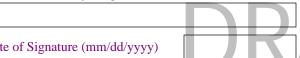
I furthermore authorize release of information contained in this form, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

#### Part 4. Spouse Beneficiary's Statement, Contact Information, Certification, and Signature (continued)

I certify under penalty of perjury, that the information in this form, my responses to each question, and any document submitted with this form were provided by me and are complete, true, and correct.

#### Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature



**6.b.** Date of Signature (mm/dd/yyyy)

NOTE TO ALL SPOUSE BENEFICIARIES: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-130 filed on your behalf.

#### Part 5. Interpreter's Contact Information, **Certification, and Signature**

Provide the following information about the interpreter you used to complete Form I-130A if he or she is different from the interpreter used for completion of the Form I-130 filed on your behalf.

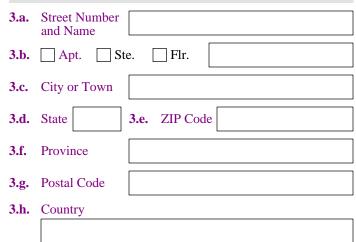
# Interpreter's Full Name

**1.a.** Interpreter's Family Name (Last Name)

**1.b.** Interpreter's Given Name (First Name)

Interpreter's Business or Organization Name (if any) 2.

# **Interpreter's Mailing Address**



# **Interpreter's Contact Information**

- 4. Interpreter's Daytime Telephone Number
- 5. Interpreter's Email Address (if any)

#### Interpreter's Certification

#### I certify that:

I am fluent in English and

which is the same language provided in Part 4., Item Number 1.b.:

I have read to this spouse beneficiary every question and instruction on this form, as well as the answer to every question, in the language provided in Part 4., Item Number 1.b.; and

The spouse beneficiary has informed me that he or she understands every instruction and question on the form, as well as the answer to every question, and the spouse beneficiary verified the accuracy of every answer.

## Interpreter's Signature

6.a. Interpreter's Signature



### Part 6. Contact Information, Statement, **Certification, and Signature of the Person Preparing this Petition, If Other Than the Spouse Beneficiary**

Provide the following information about the preparer you used to complete Form I-130A if he or she is different from the preparer used to complete of the Form I-130 filed on your behalf.

#### **Preparer's Full Name**

- 1.a. Preparer's Family Name (Last Name)
- **1.b.** Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name (if any)

# Part 6. Contact Information, Statement, Certification, and Signature of the Person Preparing this Petition, If Other Than the Spouse Beneficiary (continued)

#### **Preparer's Mailing Address**

#### Street Number 3.a. and Name **3.b.** Apt. Ste. Flr. City or Town **3.c. Preparer's Signature 3.d.** State 3.e. ZIP Code Preparer's Signature 8.a. **3.f.** Province **8.b.** Date of Signature (mm/dd/yyyy) 3.g. Postal Code **3.h.** Country **Preparer's Contact Information** 4. Preparer's Daytime Telephone Number Preparer's Fax Number 5. 6. Preparer's Email Address (if any) **Preparer's Statement** I am not an attorney or accredited representative but 7.a. have prepared this form on behalf of the spouse beneficiary and with the spouse beneficiary's consent. **7.b.** I am an attorney or accredited representative and my representation of the spouse beneficiary in this case extends does not extend beyond the preparation of this form.

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this form, you must submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

### **Preparer's Certification**

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of the spouse beneficiary. I completed this form based only on responses the spouse beneficiary provided to me. After completing the form, I reviewed it and all of the spouse beneficiary's responses with the spouse beneficiary, who agreed with every answer on the form. If the spouse beneficiary supplied additional information concerning a question on the form, I recorded it on the form.

Part 7. Additional Information	5.a.	Page Number	5.b.	Part Number	5.c.	Item Number
If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the <b>Page Number</b> , <b>Part Number</b> , and <b>Item Number</b> to which your answer refers; and sign and date each sheet.	5.d.					
1.a. Family Name   (Last Name)	]		_			
1.b. Given Name (First Name)		EТ				
1.c. Middle Name		Г †				
2. A-Number (if any) ► A-						
3.a. Page Number 3.b. Part Number 3.c. Item Number	6.a.	Page Number	6.b.	Part Number	6.c.	Item Number
3.d.	6.d.		R			,
PRODU	J(	T		16		
4.a.   Page Number   4.b.   Part Number   4.c.   Item Number	7.a.	Page Number	7.b.	Part Number	7.c.	Item Number
4.d.	<b>7.d.</b>					
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