



Supplemental Information for Spouse Beneficiary

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-130A
OMB No. 1615-NEW
Expires xx/xx/20xx

To be completed by an attorney or accredited representative (if any).

<input type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) <input type="text"/>	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS ELIS Account Number (if any) <input type="text"/>
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▶ **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)

1. Alien Registration Number (A-Number) (if any)

▶ A-

2. USCIS ELIS Account Number (if any)

▶

5.a. Date From (mm/dd/yyyy)

5.b. Date To (mm/dd/yyyy)

Physical Address 2

6.a. Street Number and Name

6.b. ☐ Apt. ☐ Ste. ☐ Flr.

6.c. City or Town

6.d. State

6.e. ZIP Code

6.f. Province

6.g. Postal Code

6.h. Country

Your Full Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

Physical Address 1

4.a. Street Number and Name

4.b. ☐ Apt. ☐ Ste. ☐ Flr.

4.c. City or Town

4.d. State

4.e. ZIP Code

4.f. Province

4.g. Postal Code

4.h. Country

7.a. Date From (mm/dd/yyyy)

7.b. Date To (mm/dd/yyyy)

Last Physical Address Outside the United States

Provide your last address outside the United States of more than one year (even if listed above).

8.a. Street Number and Name

8.b. ☐ Apt. ☐ Ste. ☐ Flr.

8.c. City or Town

8.d. Province

8.e. Postal Code

8.f. Country

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy)

9.b. Date To (mm/dd/yyyy)

Information About Your Mother

10. Your Mother's Full Name

Family Name
(Maiden Name)

Given Name
(First Name)

Middle Name

11. Date of Birth (mm/dd/yyyy)

12. City/Town/Village of Birth

13. Country of Birth

14. City/Town/Village of Residence

15. Country of Residence

Information About Your Father

16. Your Father's Full Name

Family Name
(Last Name)

Given Name
(First Name)

Middle Name

17. Date of Birth (mm/dd/yyyy)

18. City/Town/Village of Birth

19. Country of Birth

20. City/Town/Village of Residence

21. Country of Residence

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

1. Name of Employer/Company

2.a. Street Number
and Name

2.b. ☐ Apt. ☐ Ste. ☐ Flr.

2.c. City or Town

2.d. State

2.e. ZIP Code

2.f. Province

2.g. Postal Code

2.h. Country

3. Your Occupation

4.a. Date From (mm/dd/yyyy)

4.b. Date To (mm/dd/yyyy)

Employer 2

5. Name of Employer/Company

6.a. Street Number
and Name

6.b. ☐ Apt. ☐ Ste. ☐ Flr.

6.c. City or Town

6.d. State

6.e. ZIP Code

6.f. Province

6.g. Postal Code

6.h. 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.

1. Name of Employer/Company

2.a. Street Number and Name

2.b. ☐ Apt. ☐ Ste. ☐ Flr.

2.c. City or Town

2.d. State

2.e. ZIP Code

2.f. Province

2.g. Postal Code

2.h. Country

3. Your Occupation

4.a. Date From (mm/dd/yyyy)

4.b. Date To (mm/dd/yyyy)

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

3. Spouse Beneficiary's Daytime Telephone Number

4. Spouse Beneficiary's Mobile Telephone Number (if any)

5. Spouse Beneficiary's Email Address (if any)

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)

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

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State

3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

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

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

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

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State **3.e.** ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

6. Preparer's Email Address (if any)

Preparer's Statement

- 7.a.** ☐ I am not an attorney or accredited representative but 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.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

Part 7. Additional Information

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 **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ► A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.