

# Supplemental Information for Spouse Beneficiary

**Department of Homeland Security** 

U.S. Citizenship and Immigration Services

To be completed by an attorney or accredited representative.			
Select this box if Form G-28 is attached.     Volag Number     Attached	orney State Bar Number Attorney or Accredited Representative USCIS Online Account Number		
► START HERE - Type or print in black ink.			
your spouse is a U.S. citizen, lawful permanent resident, or must complete and sign Form I-130A, Supplemental Inform	on for a spouse beneficiary of Form I-130, Petition for Alien Relative. If r non-citizen U.S. national who is filing Form I-130 on your behalf, you nation for Spouse Beneficiary, and submit it with the Form I-130 filed by st complete Form I-130A, but you do not need to sign the form.		
<b>Part 1. Information About You</b> (Spouse Beneficiary)	5.a. Date From (mm/dd/yyyy)		
1. Alien Registration Number (A-Number)	<b>5.b.</b> Date To (mm/dd/yyyy)		
2. USCIS Online Account Number	Physical Address 2         6.a. Street Number and Name         6.b. Apt. Ste. Flr.		
Your Full Name	<b>6.c.</b> City or Town		
3.a. Family Name (Last Name)	6.d. State 6.e. ZIP Code		
3.b. Given Name (First Name)	6.f. Province		
<b>3.c.</b> Middle Name	6.g. Postal Code		
Address History	6.h. Country		
Provide your physical addresses for the last five years, wheth 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 <b>Part 7. Additional Information</b> .	<b>7.a.</b> Date From (mm/dd/yyyy)		
Physical Address 1	Last Physical Address Outside the United States		
4.a. Street Number and Name	Provide your last address outside the United States of more than		
<b>4.b.</b> Apt. Ste. Flr.	one year (even if listed above).       8.a. Street Number		
<b>4.c.</b> City or Town	and Name		
4.d. State   4.e. ZIP Code	8.c. City or Town		
4.f. Province			
<b>4.g.</b> Postal Code	8.d. Province		
4.h. Country	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 Parent 1**

Full N	Name of Parent 1		
10.a.	Family Name (Maiden Name)		
10.b.	Given Name (First Name)		
10.c.	Middle Name		
11.	Date of Birth (m	m/dd/yyyy)	
12.	Sex N	Iale Female	
13.	City/Town/Villa	ge of Birth	
14.	Country of Birth		
15.	City/Town/Village of Residence		
		$\frown$	
16.	Country of Resid	lence	
		UU	/ U4

#### **Information About Parent 2**

Full Name of Parent 2 17.a. Family Name

	(Last Name)		
17.b.	Given Name (First Name)		
17.c.	Middle Name		
18.	Date of Birth (m	m/dd/yyyy)	
19.	Sex N	Male Female	
20.	City/Town/Villa	ge of Birth	
21.	Country of Birth	1	
22.	City/Town/Villa	ge of Residence	
23.	Country of Resid	dence	

### 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**

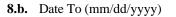
#### **Employer 1**

1. Name of Employer/Company

	2.a.	Street Number and Name	
	2.b.	Apt. Ste. Flr.	
	2.c.	City or Town	
l	2.d.	State 2.e. ZIP Code	
	2.f.	Province	
	2.g.	Postal Code	
	2.h.	Country	
	3.	Your Occupation	
	<b>4.</b> a.	Date From (mm/dd/yyyy)	
	4.b.	Date To (mm/dd/yyyy)	
	Emp	loyer 2	
	Emp 5.	loyer 2 Name of Employer/Company	
	Emp	loyer 2	
	Emp 5.	loyer 2 Name of Employer/Company Street Number	
	Emp] 5. 6.a. 6.b.	loyer 2 Name of Employer/Company Street Number and Name	
	Emp] 5. 6.a. 6.b.	loyer 2    Name of Employer/Company    Street Number    and Name    Apt.    Ste.	
	Emp) 5. 6.a. 6.b. 6.c.	loyer 2   Name of Employer/Company   Street Number   and Name   Apt.   Ste.   Flr.   City or Town	
	Emp) 5. 6.a. 6.b. 6.c. 6.d. 6.f.	loyer 2         Name of Employer/Company         Street Number and Name         Apt.         Ste.         Flr.         City or Town         State         6.e.         ZIP Code         Province	
	Emp) 5. 6.a. 6.b. 6.c. 6.d. 6.f. 6.g.	loyer 2   Name of Employer/Company   Street Number   and Name   Apt.   Ste.   Flr.   City or Town   State   6.e.   Province   Postal Code	
	Emp) 5. 6.a. 6.b. 6.c. 6.d. 6.f.	loyer 2         Name of Employer/Company         Street Number and Name         Apt.         Ste.         Flr.         City or Town         State         6.e.         ZIP Code         Province	

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

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



Part 3.	<b>Information About You</b>	ur Employment
Outside	e 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	
<b>4.</b> 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 **Penalties** section of the Form I-130 and 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 I have read and understand every question and instruction on this form and my answer to every question.

**1.b.** The interpreter named in **Part 5.** read to me every question and instruction on this form and my answer to every question in

a language in which I am fluent, and I understood everything.

At my request, the preparer name in **Part 6.**,

prepared this form for me based only upon information I provided or authorized.

# 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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further 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.

I certify, under penalty of perjury, that I provided or authorized all of the information in this form, I understand all of the information contained in, and submitted with, my form, and that all of this information is complete, true, and correct.

# Spouse Beneficiary's Signature

**6.a.** <u>Spouse Beneficiary's Signature (sign in ink)</u>

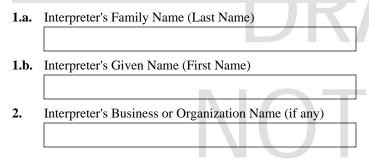
**6.b.** Date of Signature (mm/dd/yyyy)

**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.

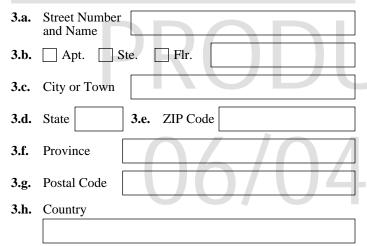
### Part 5. Interpreter's Contact Information, Certification, and Signature

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

#### Interpreter's Full Name



#### Interpreter's Mailing Address



## Interpreter's Contact Information

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

## Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

which is the same language provided in **Part 4.**, **Item Number 1.b.**, and I have read to this spouse beneficiary in the identified language every question and instruction on this form and his or her answer to every question. The spouse beneficiary informed me that he or she understands every instruction, question, and answer on the form, including the **Spouse Beneficiary's Certification**, and has verified the accuracy of every answer.

#### Interpreter's Signature

- 7.a. Interpreter's Signature (sign in ink)
- 7.b. Date of Signature (mm/dd/yyyy)

#### Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, 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 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)

#### **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

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary (continued)

#### **Preparer's Contact Information**

- 4. Preparer's Daytime Telephone Number
- 5. Preparer's Mobile Telephone Number (if any)
- 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 may be obliged to 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, under penalty of perjury, that I prepared this form at the request of the spouse beneficiary. The spouse beneficiary then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the **Spouse Beneficiary's Certification**, and that all of this information is complete, true, and correct. I completed this form based only on information that the spouse beneficiary provided to me or authorized me to obtain or use.

#### **Preparer's Signature**

8.a. Preparer's Signature (sign in ink)

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

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Form I-130A 02/13/19

Part 7. Additional Information	5.a.	Page Number <b>5.b.</b> Part Number <b>5.c.</b> 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	5.d.	
paper. Type or print your name and A-Number at the top of each sheet; indicate the <b>Page Number</b> , <b>Part Number</b> , and <b>Item</b> <b>Number</b> to which your answer refers; and sign and date each sheet.		FT
1.a. Family Name (Last Name)		
1.b. Given Name (First Name)		
1.c. Middle Name		
2. A-Number ► A-		
<b>3.a.</b> Page Number <b>3.b.</b> Part Number <b>3.c.</b> Item Number	6.a.	Page Number 6.b. Part Number 6.c. Item Number
3.d.	6.d.	
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<b>4.a.</b> Page Number <b>4.b.</b> Part Number <b>4.c.</b> Item Number	7.a.	Page Number <b>7.b.</b> Part Number <b>7.c.</b> Item Number
4.d.	7.d.	