



# Supplemental Information for Spouse Beneficiary

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

USCIS  
Form I-130A  
OMB No. 1615-0012  
Expires 02/28/2027

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

☐ Select this box if Form G-28 is attached.

Volag Number  
(if any)

Attorney State Bar Number  
(if applicable)

Attorney or Accredited Representative  
USCIS Online 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 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 Online Account Number (if any)

▶

## 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

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

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) 06/15/2015

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

**Information About Parent 1**

Full Name of Parent 1

10.a. Family Name (Maiden Name) Perez

10.b. Given Name (First Name) Ramon

10.c. Middle Name Antonio

11. Date of Birth (mm/dd/yyyy) 07/01/1950

12. Sex ☒ Male ☐ Female

13. City/Town/Village of Birth

Santiago

14. Country of Birth

Dominican Republic

15. City/Town/Village of Residence

Santiago

16. Country of Residence

Dominican Republic

**Information About Parent 2**

Full Name of Parent 2

17.a. Family Name (Last Name) Vasquez

17.b. Given Name (First Name) Elba

17.c. Middle Name Altagracia

18. Date of Birth (mm/dd/yyyy) 01/22/1964

19. Sex ☐ Male ☒ Female

20. City/Town/Village of Birth

Santiago

21. Country of Birth

Dominican Republic

22. City/Town/Village of Residence

Santiago

23. Country of Residence

Dominican Republic

**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

MultiClips Services SRL

2.a. Street Number and Name C Pedro Frco Guzman No 26

2.b. ☐ Apt. ☐ Ste. ☐ Flr.

2.c. City or Town Santiago

2.d. State 2.e. ZIP Code

2.f. Province Santiago

2.g. Postal Code 51000

2.h. Country

Dominican Republic

3. Your Occupation

Manager

4.a. Date From (mm/dd/yyyy) 05/12/2023

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

**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)

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 **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.

2. ☐ At my request, the preparer named 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

8299666676

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

8299666676

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

delbaperez1802@gmail.com

### 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. Spouse Beneficiary's Signature (sign in ink)

→ Delba Perez

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

04/21/2025

**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

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 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)



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) **Perez Vasquez**

1.b. Given Name (First Name) Delba

1.c. Middle Name	Altagracia
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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.

