## I-130A Continuation Sheet - Supplemental Information for Spouse Beneficiary Given Name (First Name) Family (Last) Name A-Number (if any) Middle Name **Part Number Item Number Page Number Prior Employment History Recent Prior Employment Recent Prior Employment** Name of Employer/Company Name of Employer/Company Street Number and Name Street Number and Name Apt Suite Floor **Secondary Address** Floor **Secondary Address** Apt Suite City/Town/Village City/Town/Village State/Province/Territory/Prefecture/Parish State/Province/Territory/Prefecture/Parish ZIP Code/Postal Code ZIP Code/Postal Code Country Country **Your Occupation Your Occupation** From То From То

Date

Signature