

I-130A Continuation Sheet - Supplemental Information for Spouse Beneficiary

Family (Last) Name

Given Name (First Name)

Middle Name

A-Number (if any)

Page Number

Part Number

Item Number

Beneficiary's Prior Physical Address(es)

Recent Prior Physical Address

Street Number and Name

Apt Suite Floor

City/Town/Village

State/Province/Territory/Prefecture/Parish

ZIP Code/Postal Code

Country

From

To

Recent Prior Physical Address

Street Number and Name

Apt Suite Floor

City/Town/Village

State/Province/Territory/Prefecture/Parish

ZIP Code/Postal Code

Country

From

To

Recent Prior Physical Address

Street Number and Name

Apt Suite Floor

City/Town/Village

State/Province/Territory/Prefecture/Parish

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From

To

Recent Prior Physical Address

Street Number and Name

Apt Suite Floor

City/Town/Village

State/Province/Territory/Prefecture/Parish

ZIP Code/Postal Code

Country

From

To

Signature _____ Date _____