

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

Prior Employment History

Recent Prior Employment

Name of Employer/Company

Street Number and Name

Apt Suite Floor Secondary Address

City/Town/Village

State/Province/Territory/Prefecture/Parish

ZIP Code/Postal Code

Country

Your Occupation

From

To

Recent Prior Employment

Name of Employer/Company

Street Number and Name

Apt Suite Floor Secondary Address

City/Town/Village

State/Province/Territory/Prefecture/Parish

ZIP Code/Postal Code

Country

Your Occupation

From

To

Signature _____ Date _____