

I-134 Continuation Sheet - Affidavit of Support

Family (Last) Name

Given Name (First Name)

Middle Name

A-Number (if any)

Page Number

Part Number

Item Number

Beneficiary's Children

Child 1

Given Name (First name)

Middle Name (Do Not Abbreviate)

Family Name/Last Name/Surname

Date of Birth

Male

☐

Female

☐

Child 2

Given Name (First name)

Middle Name (Do Not Abbreviate)

Family Name/Last Name/Surname

Date of Birth

Male

☐

Female

☐

Child 3

Given Name (First name)

Middle Name (Do Not Abbreviate)

Family Name/Last Name/Surname

Date of Birth

Male

☐

Female

☐

Child 4

Given Name (First name)

Middle Name (Do Not Abbreviate)

Family Name/Last Name/Surname

Date of Birth

Male

☐

Female

☐

Child 5

Given Name (First name)

Middle Name (Do Not Abbreviate)

Family Name/Last Name/Surname

Date of Birth

Male

☐

Female

☐

Child 6

Given Name (First name)

Middle Name (Do Not Abbreviate)

Family Name/Last Name/Surname

Date of Birth

Male

☐

Female

☐

Signature _____ Date _____