

## Part A.II. Information About Your Spouse and Children

**Your spouse** ☐ I am not married. (Skip to **Your Children** below.)

<b>1.</b> Alien Registration Number (A-Number) (if any)	<b>2.</b> Passport/ID Card Number (if any)	<b>3.</b> Date of Birth (mm/dd/yyyy)	<b>4.</b> U.S. Social Security Number (if any)
<b>5.</b> Complete Last Name	<b>6.</b> First Name	<b>7.</b> Middle Name	<b>8.</b> Other names used (include maiden name and aliases)
<b>9.</b> Date of Marriage (mm/dd/yyyy)	<b>10.</b> Place of Marriage	<b>11.</b> City and Country of Birth	
<b>12.</b> Nationality (Citizenship)		<b>13.</b> Race, Ethnic, or Tribal Group	<b>14.</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>15.</b> Is this person in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location): _____			
<b>16.</b> Place of last entry into the U.S.	<b>17.</b> Date of last entry into the U.S. (mm/dd/yyyy)	<b>18.</b> I-94 Number (if any)	<b>19.</b> Status when last admitted (Visa type, if any)
<b>20.</b> What is your spouse's current status?	<b>21.</b> What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	<b>22.</b> Is your spouse in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>23.</b> If previously in the U.S., date of previous arrival (mm/dd/yyyy)
<b>24.</b> If in the U.S., is your spouse to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

**Your Children.** List **all** of your children, regardless of age, location, or marital status.

☐ I do not have any children. (Skip to Part A.III., **Information about your background.**)

☐ I have children. Total number of children: \_\_\_\_\_.

(NOTE: Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)

<b>1.</b> Alien Registration Number (A-Number) (if any)	<b>2.</b> Passport/ID Card Number (if any)	<b>3.</b> Marital Status (Married, Single, Divorced, Widowed)	<b>4.</b> U.S. Social Security Number (if any)
<b>5.</b> Complete Last Name	<b>6.</b> First Name	<b>7.</b> Middle Name	<b>8.</b> Date of Birth (mm/dd/yyyy)
<b>9.</b> City and Country of Birth	<b>10.</b> Nationality (Citizenship)	<b>11.</b> Race, Ethnic, or Tribal Group	<b>12.</b> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>13.</b> Is this child in the U.S. ? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
<b>14.</b> Place of last entry into the U.S.	<b>15.</b> Date of last entry into the U.S. (mm/dd/yyyy)	<b>16.</b> I-94 Number (If any)	<b>17.</b> Status when last admitted (Visa type, if any)
<b>18.</b> What is your child's current status?	<b>19.</b> What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21.</b> If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			