



**Form I-9 Supplement,
Section 1 Preparer and/or Translator Certification**

**Department of Homeland Security
U.S. Citizenship and Immigration Services**

**USCIS
Form I-9
Supplement**
OMB No. 1615-0047
Expires 08/31/2019

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|-----------------------|----------------------------------|----------------------------------|----------------|
| Employee Name: | Last Name (<i>Family Name</i>) | First Name (<i>Given Name</i>) | Middle Initial |
|-----------------------|----------------------------------|----------------------------------|----------------|

Instructions: This supplement may be used if extra spaces are required to document more than one preparer and/or translator assisting an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided. Each preparer or translator must complete, sign and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|---|--------------|------------------------------------|----------|
| Signature of Preparer or Translator | | Today's Date (<i>mm/dd/yyyy</i>) | |
| Last Name (<i>Family Name</i>) | | First Name (<i>Given Name</i>) | |
| Address (<i>Street Number and Name</i>) | City or Town | State | ZIP Code |

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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