

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

USCIS Form I-9 **Supplement**

Department of Homeland Security

U.S. Citizenship and Immigration Services

OMB No. 1615-0047 Expires 10/31/2022

Employee Name:	Last Name (Family Name)		First Name (Given Name)				Middle Initial
assisting an employee in c the spaces provided. Each retain completed supplement	ement may be used if extra spaces a ompleting Section 1 of Form I-9. The preparer or translator must completent sheets with the employee's complete the space of	The preete, sign	parer and/or translator n and date a separate c Form I-9.	must en ertification	ter the er	nployee's Employe	s name in rs must
I attest, under penalty of p knowledge the informatio	perjury, that I have assisted in the n is true and correct.	comple	tion of Section 1 of th	is form a	ind that t	to the be	st of my
Signature of Preparer or Translator			Date (mm/dd/yyyy)				
Last Name (Family Name)			First Name (Given Name)				
Address (Street Number and Name)		City or Town			State	ZIP Code	
I attest, under penalty of μ knowledge the informatio	perjury, that I have assisted in the n is true and correct.	comple	tion of Section 1 of th	is form a	ınd that t	to the be	st of my
Signature of Preparer or Translator				Date (mm/dd/yyyy)			
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Signature of Preparer or Translator				Date (mm/dd/yyyy)			
Last Name (Family Name)			First Name (Given Name)				
Address (Street Number and Name)		City or Town			State	ZIP Code	;
I attest, under penalty of μ knowledge the informatio	perjury, that I have assisted in the n is true and correct.	comple	tion of Section 1 of th	is form a	ınd that t	to the be	st of my
Signature of Preparer or Translator				Date (mm/dd/yyyy)			
Last Name (Family Name)			First Name <i>(Given Name)</i>				
Address (Street Number and Name)		City or Town			State	ZIP Code	;
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