



# Supplemental Information for Spouse Beneficiary

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

USCIS  
Form I-130A

OMB No. 1615-0012

Expires 02/28/2027

To be completed by an attorney or accredited representative (if any).

<input type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) <input type="text"/>	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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## ► START HERE - Type or print in black ink.

The purpose of this form is to collect additional information for a spouse beneficiary of Form I-130, Petition for Alien Relative. If your spouse is a U.S. citizen, lawful permanent resident, or non-citizen U.S. national who is filing Form I-130 on your behalf, you must complete and sign Form I-130A, Supplemental Information for Spouse Beneficiary, and submit it with the Form I-130 filed by your spouse. If you reside overseas, you still must complete Form I-130A, but you do not need to sign the form.

## Part 1. Information About You (Spouse Beneficiary)

1. Alien Registration Number (A-Number)

► A-

2. USCIS Online Account Number (if any)

►

## Your Full Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

## Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

### Physical Address 1

4.a. Street Number and Name

4.b.  Apt.  Ste.  Flr.

4.c. City or Town

4.d. State  4.e. ZIP Code

4.f. Province

4.g. Postal Code

4.h. Country

5.a. Date From (mm/dd/yyyy).

5.b. Date To (mm/dd/yyyy).

PRESENT

## Physical Address 2

6.a. Street Number and Name

6.b.  Apt.  Ste.  Flr.

6.c. City or Town

6.d. State  6.e. ZIP Code

6.f. Province

6.g. Postal Code

6.h. Country

7.a. Date From (mm/dd/yyyy).

7.b. Date To (mm/dd/yyyy).

## Last Physical Address Outside the United States

Provide your last address outside the United States of more than one year (even if listed above).

8.a. Street Number and Name

8.b.  Apt.  Ste.  Flr.

8.c. City or Town

8.d. Province

8.e. Postal Code

8.f. Country

## Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy)

9.b. Date To (mm/dd/yyyy)

## Information About Parent 1

### Full Name of Parent 1

10.a. Family Name  
(Last Name)

10.b. Given Name  
(First Name)

10.c. Middle Name

11. Date of Birth (mm/dd/yyyy)

12. Sex  Male  Female

13. City/Town/Village of Birth

14. Country of Birth

15. City/Town/Village of Residence

16. Country of Residence

## Information About Parent 2

### Full Name of Parent 2

17.a. Family Name  
(Last Name)

17.b. Given Name  
(First Name)

17.c. Middle Name

18. Date of Birth (mm/dd/yyyy)

19. Sex  Male  Female

20. City/Town/Village of Birth

21. Country of Birth

22. City/Town/Village of Residence

23. Country of Residence

## Part 2. Information About Your Employment

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in Item Number 1. below. If you need extra space to complete this section, use the space provided in Part 7. Additional Information.

## Employment History

### Employer 1

1. Name of Employer/Company

2.a. Street Number  
and Name

2.b.  Apt.  Ste.  Flr.

2.c. City or Town

2.d. State  2.e. ZIP Code

2.f. Province

2.g. Postal Code

2.h. Country

3. Your Occupation

4.a. Date From (mm/dd/yyyy)

4.b. Date To (mm/dd/yyyy)  PRESENT

### Employer 2

5. Name of Employer/Company

6.a. Street Number  
and Name

6.b.  Apt.  Ste.  Flr.

6.c. City or Town

6.d. State  6.e. ZIP Code

6.f. Province

6.g. Postal Code

6.h. Country

## Part 2. Information About Your Employment (continued)

7. Your Occupation

8.a. Date From (mm/dd/yyyy)

8.b. Date To (mm/dd/yyyy)

## Part 3. Information About Your Employment Outside the United States

Provide your last occupation outside the United States if not shown above. If you never worked outside the United States, provide this information in the space provided in **Part 7**.

### Additional Information.

1. Name of Employer/Company

2.a. Street Number and Name

2.b.  Apt.  Ste.  Flr.

2.c. City or Town

2.d. State

2.e. ZIP Code

2.f. Province

2.g. Postal Code

2.h. Country

3. Your Occupation

4.a. Date From (mm/dd/yyyy)

4.b. Date To (mm/dd/yyyy)

## Part 4. Spouse Beneficiary's Statement, Contact Information, Certification, and Signature

**NOTE:** Read the **Penalties** section of the Form I-130 and Form I-130A Instructions before completing this part.

### Spouse Beneficiary's Statement

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a.  I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.

1.b.  The interpreter named in Part 5. read to me every question and instruction on this form and my answer to every question in

a language in which I am fluent, and I understood everything.

2.  At my request, the preparer named in **Part 6.**,

prepared this form for me based only upon information I provided or authorized.

### Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number

4. Spouse Beneficiary's Mobile Telephone Number (if any)

5. Spouse Beneficiary's Email Address (if any)

### Spouse Beneficiary's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek

I further authorize release of information contained in this form, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in this form, I understand all of the information contained in, and submitted with, my form, and that all of this information is complete, true, and correct.

### Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature (sign in ink)



6.b. Date of Signature (mm/dd/yyyy)

**NOTE TO ALL SPOUSE BENEFICIARIES:** If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-130 filed on your behalf.

## **Part 5. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter you used to complete Form I-130A if he or she is different from the interpreter used to complete the Form I-130 filed on your behalf.

### **Interpreter's Full Name**

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

### **Interpreter's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

### **Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

### **Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and ,

which is the same language provided in **Part 4., Item Number 1.b.**, and I have read to this spouse beneficiary in the identified language every question and instruction on this form and his or her answer to every question. The spouse beneficiary informed me that he or she understands every instruction, question, and answer on the form, including the **Spouse Beneficiary's Certification**, and has verified the accuracy of every answer.

### **Interpreter's Signature**

7.a. Interpreter's Signature (sign in ink)

7.b. Date of Signature (mm/dd/yyyy)

## **Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary**

Provide the following information about the preparer you used to complete Form I-130A if he or she is different from the preparer used to complete the Form I-130 filed on your behalf.

### **Preparer's Full Name**

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

### **Preparer's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

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## **Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary (continued)**

### ***Preparer's Contact Information***

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)

### ***Preparer's Statement***

- 7.a.  I am not an attorney or accredited representative but have prepared this form on behalf of the spouse beneficiary and with the spouse beneficiary's consent.
- 7.b.  I am an attorney or accredited representative and my representation of the spouse beneficiary in this case  extends  does not extend beyond the preparation of this application.

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this form, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

### ***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the spouse beneficiary. The spouse beneficiary then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the **Spouse Beneficiary's Certification**, and that all of this information is complete, true, and correct. I completed this form based only on information that the spouse beneficiary provided to me or authorized me to obtain or use.

### ***Preparer's Signature***

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)

## Part 7. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number(if any) ► A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d.   
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4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d.   
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5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d. \_\_\_\_\_  
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6.a. Page Number  6.b. Part Number  6.c. Item Number

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7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d.   
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# Application for Replacement Naturalization/Citizenship Document

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

USCIS  
Form N-565  
OMB No. 1615-0091  
Expires 02/28/2027

For USCIS Use Only	Returned	Fee Stamp	Action Block
	Resubmitted		
	Relocated Sent		
	Relocated Received		
	<input type="checkbox"/> Applicant <input type="checkbox"/> Declaration of Interviewed    Intention Verified by: _____ <input type="checkbox"/> Citizenship Verified by: _____		
Remarks			

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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► START HERE - Type or print in black ink.

## Part 1. Information From Current Certificate or Declaration

### 1. Your Full Name

Provide your full name exactly as it is printed on the certificate or declaration.

Family Name (Last Name)

Given Name (First Name)

Middle Name

### 2. Date of Birth on Certificate or Declaration

(mm/dd/yyyy)

### 3. Country of Former Citizenship or Nationality

### 4. Certificate or Declaration Number

### 5. Alien Registration Number (A-Number)

► A-

### 6. Certificate or Declaration Issuance

Provide information about who issued your last certificate or declaration along with the date it was issued.

U.S. Citizenship and Immigration Services (USCIS) Office or Name of Court

Date (mm/dd/yyyy)

## Part 2. Current Information About You

### 1. Your Full legal Name ( Do not provide a nickname)

Family Name (Last Name)

Given Name (First Name)

Middle Name

## Part 2. Current Information About You (continued)

### 2. Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 12. Additional Information**.

Family Name (Last Name)

Given Name (First Name)

Middle Name




### 3. Current Mailing Address

In Care Of Name

--

Street Number and Name

Apt. Ste. Flr. Number

--

--

City or Town

State

ZIP Code

--

--

Province

Postal Code

Country

--

### 4. Has your marital status changed since your last document was issued?

Yes    No

**NOTE:** If you answered "Yes" to **Item Number 4.**, provide your current marital status in **Item Number 5.** and attach a copy of your marriage certificate, annulment decree, divorce decree, or spouse's death certificate.

### 5. Your Current Marital Status

Single    Married    Divorced    Widowed    Marriage Annulled

### 6. Since becoming a U.S. citizen, have you lost or renounced your U.S. citizenship in any manner?

Yes    No

**NOTE:** If you answered "Yes" to **Item Number 6.**, provide an explanation in **Part 12. Additional Information** or attach a separate sheet of paper.

## Part 3. Type of Application

### 1. I am applying for a (select **only one** box):

- A.  New Certificate of Citizenship
- B.  New Certificate of Naturalization
- C.  New Certificate of Repatriation

- D.  New Declaration of Intention
- E.  Special Certificate of Naturalization to Obtain Recognition of My U.S. Citizenship by a Foreign Country

**NOTE:** If you selected **Item E.**, skip the **Basis for My Application** section below and go to **Part 8**

### Basis for My Application

Select **all applicable** boxes and provide explanations where requested.

- 2. A.  My certificate or declaration was lost, stolen, or destroyed.
- B. Provide an explanation of when, where, and how this happened.

**NOTE:** If you selected Item A. in **Item Number 2.**, go to **Part 9.** and attach a copy of the certificate or declaration (if available), police report, and/or sworn statement

### Part 3. Type of Application (continued)

3.  My certificate or declaration is mutilated.

**NOTE:** If you selected **Item Number 3.**, go to **Part 9.** and attach the original certificate or declaration.

4.  My certificate or declaration is incorrect due to a typographical or clerical error by USCIS.

**NOTE:** If you selected **Item Number 4.**, go to **Part 4.** and attach the original certificate or declaration.

5.  My name has legally changed.

**NOTE:** If you selected **Item Number 5.**, go to **Part 5.** and attach the original certificate or declaration and evidence of the name change.

6.  My date of birth has legally changed through a court order or U.S. Government-issued document, and I am applying for a replacement Certificate of Citizenship.

**NOTE:** If you select **Item Number 6.**, go to **Part 6.** and attach the original certificate and evidence of the date of birth change.

7.  I am seeking to change the gender listed on my document.

**NOTE:** If you selected **Item Number 7.**, go to **Part 7.** and attach the original certificate or declaration and evidence of the gender change.

8. A.  My reason for applying for a new document is not listed above.

B. Provide an explanation

**NOTE:** If you selected **Item A.** in **Item Number 8.**, go to **Part 9.** and attach the original certificate or declaration and any evidence documents.

### Part 4. Complete If Applying to Correct Your Document Due to a USCIS Typographical or Clerical Error

**NOTE:** After completing this section, go to **Part 9.**

1. What was the typographical or clerical error in your document that needs to be corrected? (select **all applicable** boxes)

Name     Date of Birth     Gender     Other

2. Provide an explanation of what is incorrect on your current certificate or declaration and attach copies of any documents supporting your request.

## Part 5. Complete If Applying for a New Document Because of a Name Change

NOTE: After completing this section, go to **Part 9**. If you are applying to correct your document due to a USCIS error, use **Part 4**.

1. My name changed through (select **only one** box):

A.  Marriage, Divorce, or Annulment      B.  Court Order

Date of Event (mm/dd/yyyy)

Date of Court Order(mm/dd/yyyy)

NOTE: If you selected **Item A.**, attach a copy of your marriage certificate, annulment decree, or divorce decree. If you selected **Item B.**, attach a copy of either the original or certified court document

2. My new legal name is:

Family Name (Last Name)

Given Name (First Name)

Middle Name

## Part 6. Complete If Applying for a New Certificate of Citizenship Because of an Official Date of Birth Change

NOTE: After completing this section, go to **Part 9**. If you are applying to correct your document due to a USCIS error, use **Part 4**.

1. My date of birth changed through (select **all applicable** boxes):

A.  Court Order

Date of Court Order  
(mm/dd/yyyy)

B.  U.S. Government-Issued Document

Date of U.S. Government-Issued  
Document (mm/dd/yyyy)

NOTE: If you selected **Item A.**, attach a copy of either the original or certified court document. If you selected **Item B.**, attach a copy of the document (for example, birth certificate, certificate recognizing the foreign birth, certificate of birth abroad, or other similar vital records issued by the U.S. state where the child resided when the document was issued).

2. My new date of birth is (as shown in the court order or U.S. Government-issued document): (mm/dd/yyyy)

## Part 7. Complete If Applying for a New Document Because of an Official Change in Gender

NOTE: After completing this section, go to **Part 9**. If you are applying to correct your document due to a USCIS error, use **Part 4**.

1. My gender officially changed through (select **all applicable** boxes):

A.  Court Order      B.  Government-Issued Document Reflecting the Gender Change

C.  Licensed Health Care Professional's Certification of Gender

NOTE: If you selected **Item A.**, attach a copy of either the original or certified court document. If you selected **Item B.**, attach a copy of the document. If you selected **Item C.**, attach the certification letter

2. My current gender designation is:  Male  Female

## **Part 8. Complete If Applying for a Special Certificate of Recognition as a Citizen of the United States to the Government of a Foreign Country**

### **1. Name of Foreign Country**

### **2. Information About Foreign Official**

**Provide the following information about the official of a foreign country who has requested this certificate (if known).**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Official Title

Name of Government Agency

### **3. Foreign Official's Address**

Street Number and Name

Apt. Ste. Flr. Number

  

City or Town

State

ZIP Code

Province

Postal Code

Country

## ***USCIS or Consular Official's Certification***

**NOTE:** The USCIS or consular official's certification will be completed after USCIS adjudicates your Form N-565, if it is approved. You **do not** need to obtain this signature before filing this application

### **4. USCIS or Consular Official's Certification**

USCIS or Consular Official's Signature

Date of Signature (mm/dd/yyyy)

## **Part 9. Applicant's Statement, Contact Information, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form N-565 Instructions before completing this section.

By signing this application, you state under penalty of perjury (28 U.S.C. section 1746) that all information and documentation submitted with this application is complete, true, and correct. You also authorize the release of any information from your records that USCIS may need to determine your eligibility for the immigration benefit you are seeking and consent to USCIS verifying such information.

The Department of Homeland Security (DHS) has the authority to verify any information you submit to establish eligibility for the immigration benefit you are seeking at any time. USCIS' legal authority to verify this information is in 8 U.S.C. sections 1103 and 1454 and 8 CFR parts 103 and 338. To ensure compliance with applicable laws and authorities, USCIS may verify information before or after your case is decided.

## ***Applicant's Statement***

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

### **1. Applicant's Statement Regarding the Interpreter**

- A.  I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question

## **Part 9. Applicant's Statement, Contact Information, Certification, and Signature (continued)**

- B.  The interpreter named in **Part 10.** read to me every question and instruction on this application and my answer to every question in [redacted], a language in which I am fluent, and I understood everything.
2. Applicant's Statement Regarding the Preparer
- At my request, the preparer named in **Part 11.**, [redacted], prepared this application for me based only upon information I provided or authorized.

### **Applicant's Contact Information**

3. Applicant's Daytime Telephone Number [redacted]
4. Applicant's Mobile Telephone Number (if any) [redacted]
5. Applicant's Email Address (if any) [redacted]

### **Applicant's Certification**

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics and, if I am required to appear, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my application;
- 2) I understood all of the information contained in, and submitted with, my application; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

### **Applicant's Signature**

6. Applicant's Signature [redacted] Date of Signature (mm/dd/yyyy) [redacted]

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

## **Part 10. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

### **Interpreter's Full Name**

1. Interpreter's Family Name (Last Name) [redacted] Interpreter's Given Name (First Name) [redacted]
2. Interpreter's Business or Organization Name (if any) [redacted]



**Part 11. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)**

***Preparer's Mailing Address***

<input type="text"/> City or Town <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	State <input type="text"/> ZIP Code <input type="text"/> <input type="text"/>
Province <input type="text"/>	Postal Code <input type="text"/>	Country <input type="text"/>

### ***Preparer's Contact Information***

**4. Preparer's Daytime Telephone Number**

**ANSWER**

**5. Preparer's Mobile Telephone Number (if any)**

**ANSWER**

**6. Preparer's Email Address (if any)**

**ANSWER**

### *Preparer's Statement*

7. A.  I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

B.  I am an attorney or accredited representative and my representation of the applicant in this case  
 extends    does not extend beyond the preparation of this application.

**NOTE:**If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative with this application.

### ***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

*Preparer's Signature*

**8. Signature of Preparer**

Date of Signature (mm/dd/yyyy)

[View Details](#) [Edit](#) [Delete](#)

## Part 12. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/> <input type="text"/> <input type="text"/>		
2. A-Number (if any) ► A-	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3. A. Page Number	B. Part Number	C. Item Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
D.	<hr/> <hr/> <hr/> <hr/>	
4. A. Page Number	B. Part Number	C. Item Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
D.	<hr/> <hr/> <hr/> <hr/>	
5. A. Page Number	B. Part Number	C. Item Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
D.	<hr/> <hr/> <hr/> <hr/>	
6. A. Page Number	B. Part Number	C. Item Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
D.	<hr/> <hr/> <hr/> <hr/>	