

Supplement-1

Attach to Form I-129 when more than one person is included in the petition. (List each person separately. Do not include the person you named on the form).

Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security No.		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
	Current Nonimmigrant Status	Expires on (month/day/year)	
Country where passport issued	Expiration Date (month/day/year)	Date Started with group	
Family Name	Given Name	Middle Initial	Date of Birth (month/day/year)
Country of Birth	Social Security No.		A#
IF IN THE U.S.	Date of Arrival (month/day/year)	I-94#	
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