



Application for Travel Document

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

EXPEDITE
AFGHAN NATIONAL

USCIS
Form I-131
OMB No. 1615-0013
Expires 04/30/2022

For USCIS Use Only	Receipt	Action Block	To Be Completed by an Attorney/ Representative, if any. <input checked="" type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.
	<input type="checkbox"/> Document Hand Delivered By: _____ Date: ____/____/____		
	Document Issued <input type="checkbox"/> Re-entry Permit (Update "Mail To" Section) <input type="checkbox"/> Refugee Travel Document (Update "Mail To" Section) <input type="checkbox"/> Single Advance Parole <input type="checkbox"/> Multiple Advance Parole Valid Until: ____/____/____	Mail To (Re-entry & Refugee Only) <input type="checkbox"/> Address in Part 1 <input type="checkbox"/> US Consulate at: _____ <input type="checkbox"/> Intl DHS Ofc at: _____	Attorney State License Number: _____

► **Start Here.** Type or Print in Black Ink

Part 1. Information About You

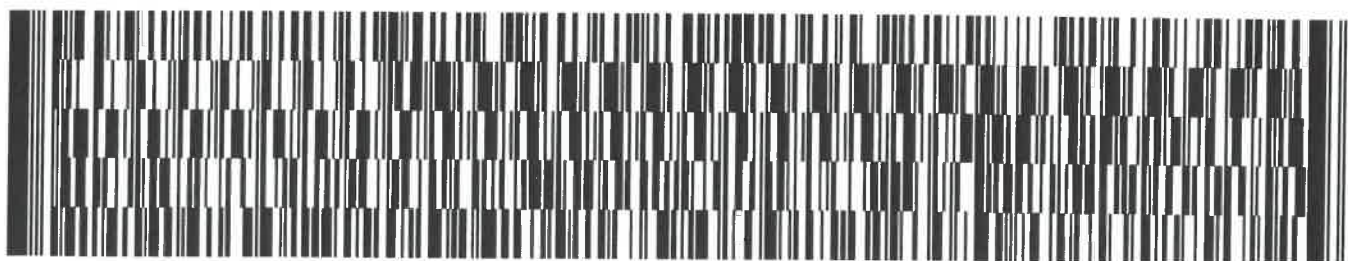
- 1.a. Family Name (Last Name) **PETITIONER INFO**
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Physical Address

- 2.a. In Care of Name
- 2.b. Street Number and Name
- 2.c. Apt. ☐ Ste. ☐ Flr. ☐
- 2.d. City or Town
- 2.e. State 2.f. ZIP Code
- 2.g. Postal Code
- 2.h. Province
- 2.i. Country

Other Information

3. Alien Registration Number (A-Number)
► A- _____
4. Country of Birth
5. Country of Citizenship
6. Class of Admission
7. Gender ☐ Male ☐ Female
8. Date of Birth (mm/dd/yyyy) ►
9. U.S. Social Security Number (if any)
►



Part 2. Application Type

- 1.a. ☐ I am a permanent resident or conditional resident of the United States, and I am applying for a reentry permit.
- 1.b. ☐ I now hold U.S. refugee or asylee status, and I am applying for a Refugee Travel Document.
- 1.c. ☐ I am a permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.
- 1.d. ☐ I am applying for an Advance Parole Document to allow me to return to the United States after temporary foreign travel.
- 1.e. ☐ I am outside the United States, and I am applying for an Advance Parole Document.
- 1.f. ☒ I am applying for an Advance Parole Document for a person who is outside the United States.

If you checked box "1.f." provide the following information about that person in 2.a. through 2.p.

- 2.a. Family Name (Last Name) **Name of Beneficiary**
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 2.d. Date of Birth (mm/dd/yyyy) ▶

2.e. Country of Birth

2.f. Country of Citizenship

2.g. Daytime Phone Number () -

Physical Address (If you checked box 1.f.)

2.h. In Care of Name

Beneficiary

2.i. Street Number and Name **Address (or no fixed address)**

2.j. Apt. ☐ Ste. ☐ Flr. ☐

2.k. City or Town

2.l. State 2.m. ZIP Code

2.n. Postal Code

2.o. Province

2.p. Country

Part 3. Processing Information

1. Date of Intended Departure (mm/dd/yyyy) ▶ **ASAP**
2. Expected Length of Trip (in days) **N/A**
- 3.a. Are you, or any person included in this application, now in exclusion, deportation, removal, or rescission proceedings? ☐ Yes ☐ No
- 3.b. If "Yes", Name of DHS office:

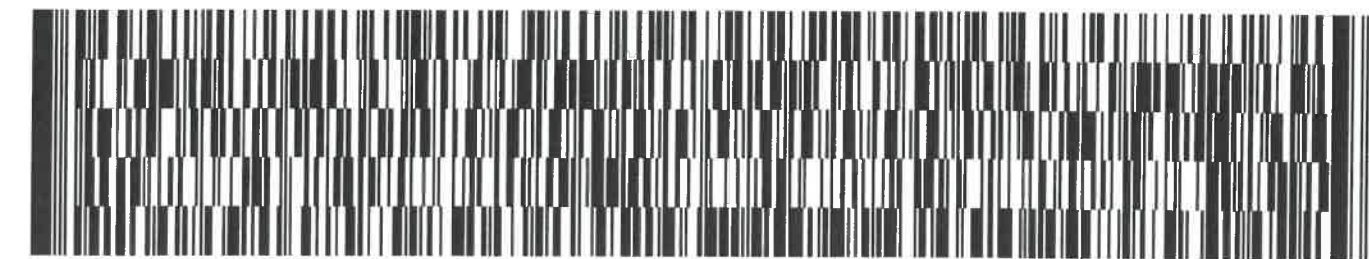
4.a. Have you ever before been issued a reentry permit or Refugee Travel Document? (If "Yes" give the following information for the last document issued to you):

☐ Yes ☐ No

4.b. Date Issued (mm/dd/yyyy) ▶

4.c. Disposition (attached, lost, etc.):

If you are applying for a non-DACA related Advance Parole Document, skip to Part 7; DACA recipients must complete Part 4 before skipping to Part 7.



Part 3. Processing Information (continued)

Where do you want this travel document sent? (Check one)

5. ☒ To the U.S. address shown in Part 1 (2.a through 2.i.) of this form.

6. ☐ To a U.S. Embassy or consulate at:

6.a. City or Town

6.b. Country

7. ☐ To a DHS office overseas at:

7.a. City or Town

7.b. Country

If you checked "6" or "7", where should the notice to pick up the travel document be sent?

8. ☐ To the address shown in Part 2 (2.h. through 2.p.) of this form.

9. ☐ To the address shown in Part 3 (10.a. through 10.i.) of this form.:

10.a. In Care of Name

10.b. Street Number and Name

10.c. Apt. ☐ Ste. ☐ Flr. ☐

10.d. City or Town

10.e. State

10.f. ZIP Code

10.g. Postal Code

10.h. Province

10.i. Country

10.j. Daytime Phone Number () -

Part 4. Information About Your Proposed Travel

1.a. Purpose of trip. (If you need more space, continue on a separate sheet of paper.)

Urgent need to evacuate Afghanistan due to security risk. Please see attached supporting documentation.

1.b. List the countries you intend to visit. (If you need more space, continue on a separate sheet of paper.)

United States

Part 5. Complete Only If Applying for a Re-entry Permit

Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less) how much total time have you spent outside the United States?

1.a. ☐ less than 6 months

1.b. ☐ 6 months to 1 year

1.c. ☐ 1 to 2 years

1.d. ☐ 2 to 3 years

1.e. ☐ 3 to 4 years

1.f. ☐ more than 4 years

2. Since you became a permanent resident of the United States, have you ever filed a Federal income tax return as a nonresident or failed to file a Federal income tax return because you considered yourself to be a nonresident? (If "Yes" give details on a separate sheet of paper.)

☐ Yes ☐ No

Part 6. Complete Only If Applying for a Refugee Travel Document

1. Country from which you are a refugee or asylee:

If you answer "Yes" to any of the following questions, you must explain on a separate sheet of paper. Include your Name and A-Number on the top of each sheet.

2. Do you plan to travel to the country named above? ☐ Yes ☐ No

Since you were accorded refugee/asylee status, have you ever:

- 3.a. Returned to the country named above? ☐ Yes ☐ No

- 3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit of that country?

☐ Yes ☐ No

- 3.c. Applied for and/or received any benefit from such country (for example, health insurance benefits)?

☐ Yes ☐ No

Since you were accorded refugee/asylee status, have you, by any legal procedure or voluntary act:

- 4.a. Reacquired the nationality of the country named above? ☐ Yes ☐ No

- 4.b. Acquired a new nationality? ☐ Yes ☐ No

- 4.c. Been granted refugee or asylee status in any other country? ☐ Yes ☐ No

Part 7. Complete Only If Applying for Advance Parole

On a separate sheet of paper, explain how you qualify for an Advance Parole Document, and what circumstances warrant issuance of advance parole. Include copies of any documents you wish considered. (See instructions.)

1. How many trips do you intend to use this document?

☒ One Trip ☐ More than one trip

If the person intended to receive an Advance Parole Document is outside the United States, provide the location (City or Town and Country) of the U.S. Embassy or consulate or the DHS overseas office that you want us to notify.

- 2.a. City or Town

Kabul (safest alternative)

- 2.b. Country

Afghanistan

If the travel document will be delivered to an overseas office, where should the notice to pick up the document be sent?:

3. ☐ To the address shown in Part 2 (2.h. through 2.p.) of this form.

4. ☒ To the address shown in Part 7 (4.a. through 4.i.) of this form.

- 4.a. In Care of Name

Petitioner or attorney address

- 4.b. Street Number and Name

- 4.c. Apt. ☐ Ste. ☐ Flr. ☐

- 4.d. City or Town

- 4.e. State

- 4.f. ZIP Code

- 4.g. Postal Code

- 4.h. Province

- 4.i. Country

- 4.j. Daytime Phone Number () -

Part 8. Signature of Applicant (Read the information on penalties in the Form instructions before completing this Part.) If you are filing for a Re-entry Permit or Refugee Travel Document, you must be in the United States to file this application.

- 1.a. I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it is all true and correct. I authorize the release of any information from my records that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking.

Signature of Applicant



1.b. Date of Signature (mm/dd/yyyy) ▶

2. Daytime Phone Number () -

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, your application may be denied.

Part 9. Information About Person Who Prepared This Application, If Other Than the Applicant

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

Preparer's Full Name

Provide the following information concerning the preparer:

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

Attorney/representative information

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

2. Preparer's Business or Organization Name

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. Postal Code

- 3.g. Province

- 3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Phone Number

Extension

() -

5. Preparer's E-mail Address (if any)

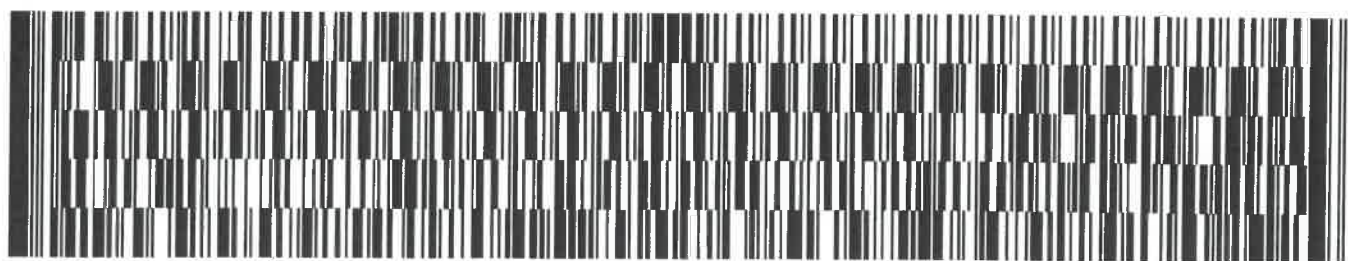
Declaration

To be completed by all preparers, including attorneys and authorized representatives: I declare that I prepared this benefit request at the request of the applicant, that it is based on all the information of which I have knowledge, and that the information is true to the best of my knowledge.

- 6.a. Signature of Preparer

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

NOTE: If you require more space to provide any additional information, use a separate sheet of paper. You must include your Name and A-Number on the top of each sheet.





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

USCIS
Form I-134
OMB No. 1615-0014
Expires 02/28/2021

► **START HERE - Type or print in black ink.**

Part 1. Information About You (the Sponsor)

Your Full Name

1.a. Family Name (Last Name)
1.b. Given Name (First Name)
1.c. Middle Name

Other Names Used

List 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 7. Additional Information.**

2.a. Family Name (Last Name)
2.b. Given Name (First Name)
2.c. Middle Name

Sponsor's Mailing Address

3.a. In Care Of Name
3.b. Street Number and Name
3.c. ☐ Apt. ☐ Ste. ☐ Flr.
3.d. City or Town
3.e. State 3.f. ZIP Code
3.g. Province
3.h. Postal Code
3.i. Country

4. Are your mailing address and physical address the same?
☐ Yes ☐ No

If you answered "No" to **Item Number 4.**, provide your physical address in **Item Numbers 5.a. - 5.h.**

Sponsor's Physical Address

5.a. Street Number and Name
5.b. ☐ Apt. ☐ Ste. ☐ Flr.
5.c. City or Town
5.d. State 5.e. ZIP Code
5.f. Province
5.g. Postal Code
5.h. Country

Other Information

6. Date of Birth (mm/dd/yyyy)
7.a. Town or City of Birth
7.b. Country of Birth
8. Alien Registration Number (A-Number) (if any)
► A-
9. U.S. Social Security Number (if any)
►
10. USCIS Online Account Number (if any)
►

Citizenship or Residency or Status

If you are not a U.S. citizen based on your birth in the United States, or a non-citizen U.S. national based on your birth in American Samoa (including Swains Island), answer the following as appropriate:

11.a. ☐ I am a U.S. citizen through naturalization. My Certificate of Naturalization number is
11.b. ☐ I am a U.S. citizen through parent(s) or marriage. My Certificate of Citizenship number is

Part 1. Information About You (the Sponsor)
(continued)

- 11.c. ☐ I derived my U.S. citizenship by another method.
(Provide an explain in **Part 7. Additional Information**.)
- 11.d. ☐ I am a lawful permanent resident of the United States. My A-Number is
▶ A-
- 11.e. ☐ I am a lawfully admitted nonimmigrant. My Form I-94, Arrival-Departure Record Number is
▶
12. I am years of age and have resided in the United States since (Date) (mm/dd/yyyy)

Part 2. Information About the Beneficiary

This affidavit is executed on behalf of the following person:

- 1.a. Family Name (Last Name) **Beneficiary information**
- 1.b. Given Name (First Name)
- 1.c. Middle Name
2. Date of Birth (mm/dd/yyyy)
3. Gender ☐ Male ☐ Female
4. A-Number (if any)
▶ A-
5. Country of Citizenship or Nationality
Afghanistan
6. Marital Status
☐ Single or Single, Never Married
☐ Married
☐ Divorced
☐ Widowed
☐ Legally Separated
☐ Marriage Annulled
☐ Other
7. Relationship to Sponsor

Beneficiary's Physical Address

- 8.a. Street Number and Name
- 8.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 8.c. City or Town
- 8.d. State 8.e. ZIP Code
- 8.f. Province
- 8.g. Postal Code
- 8.h. Country

Beneficiary's Spouse (accompanying or following to join beneficiary)

- 9.a. Family Name (Last Name)
- 9.b. Given Name (First Name)
- 9.c. Middle Name
10. Date of Birth (mm/dd/yyyy)
11. Gender ☐ Male ☐ Female

Beneficiary's Children

Child 1

- 12.a. Family Name (Last Name)
- 12.b. Given Name (First Name)
- 12.c. Middle Name
13. Date of Birth (mm/dd/yyyy)
14. Gender ☐ Male ☐ Female

Child 2

- 15.a. Family Name (Last Name)
- 15.b. Given Name (First Name)
- 15.c. Middle Name
16. Date of Birth (mm/dd/yyyy)
17. Gender ☐ Male ☐ Female

If you need additional space to complete this section, use the space provided in **Part 7. Additional Information**.

Part 3. Other Information About the Sponsor

Employment Information

I am currently:

1.a. ☐ Employed as a/an

1.a.1. Name of Employer (if applicable)

1.b. ☐ Self employed as a/an

Current Employer Address (if employed)

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

Income and Asset Information

3. My annual income is \$

(If self-employed, I have attached a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. See Instructions for nature of evidence of net worth to be submitted.)

4. Balance of all my savings and checking accounts in United States-based financial institutions \$

5. Value of my other personal property \$

6. Market value of my stocks and bonds \$

I have listed my stocks and bonds in **Part 7. Additional Information** (or attached a list of them), which I certify to be true and correct to the best of my knowledge and belief.

7.a. I have life insurance in the sum of \$

7.b. With a cash surrender value of \$

Real Estate Information

8.a. I own real estate valued at \$

8.b. I have mortgages or other debts amounting to \$

My real estate is located at:

9.a. Street Number and Name

9.b. ☐ Apt. ☐ Ste. ☐ Flr.

9.c. City or Town

9.d. State 9.e. ZIP Code

Dependents' Information

The following persons are dependent upon me for support. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

10.a. Family Name (Last Name) if applicable

10.b. Given Name (First Name)

10.c. Middle Name

11. Relationship to Me:

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

13. This person is:
☐ Wholly Dependent On Me For Support
☐ Partially Dependent On Me For Support

14.a. Family Name (Last Name)

14.b. Given Name (First Name)

14.c. Middle Name

15. Relationship to Me:

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

Part 3. Other Information About the Sponsor
(continued)

17. This person is:

- ☐ Wholly Dependent On Me For Support
☐ Partially Dependent On Me For Support

18.a. Family Name (Last Name)

18.b. Given Name (First Name)

18.c. Middle Name

19. Relationship to Me:

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

21. This person is:

- ☐ Wholly Dependent On Me For Support
☐ Partially Dependent On Me For Support

I have previously submitted affidavit(s) of support for the following person(s). (If none, write "None" in the space for name below.)

22.a. Family Name (Last Name) if none write None

22.b. Given Name (First Name)

22.c. Middle Name

23. Date Submitted (mm/dd/yyyy)

24.a. Family Name (Last Name)

24.b. Given Name (First Name)

24.c. Middle Name

25. Date Submitted (mm/dd/yyyy)

I have submitted a visa petition(s) to U.S. Citizenship and Immigration Services on behalf of the following persons. (If none, write "None" in the space for name below.)

26.a. Family Name (Last Name)

26.b. Given Name (First Name)

26.c. Middle Name

27. Relationship to Me:

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

29. Date of Filing (mm/dd/yyyy)

30.a. Family Name (Last Name)

30.b. Given Name (First Name)

30.c. Middle Name

31. Relationship to Me:

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

33. Date of Filing (mm/dd/yyyy)

34.a. Family Name (Last Name)

34.b. Given Name (First Name)

34.c. Middle Name

35. Relationship to Me:

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

37. Date of Filing (mm/dd/yyyy)

38. I ☐ intend ☐ do not intend to make specific contributions to the support of the person(s) named in Part 2.

(If you select "intend," indicate the exact nature and duration of the contributions you intend to make in Part 7. Additional Information. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in U.S. dollars and whether it is to be given in a lump sum, weekly or monthly, and for how long.)

Part 4. Sponsor's Statement, Contact Information, Certification, and Signature

NOTE: Read the Penalties section of the Form I-134 Instructions before completing this part.

Sponsor'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 affidavit and my answer to every question.

1.b. ☐ The interpreter named in **Part 5.** read to me every question and instruction on this affidavit 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.,**

Preparer name

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

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number

4. Sponsor's Mobile Telephone Number (if any)

5. Sponsor's Email Address (if any)

Sponsor's Certification

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

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

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my affidavit;
- 2) I understood all of the information contained in, and submitted with, my affidavit; 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 affidavit, I understand all of the information contained in, and submitted with, my affidavit, and that all of this information is complete, true, and correct.

That this affidavit is made by me to assure the U.S. Government that the person named in **Part 2.** will not become a public charge in the United States.

That I am willing and able to receive, maintain, and support the person named in **Part 2.** I am ready and willing to deposit a bond, if necessary, to guarantee that such persons will not become a public charge during his or her stay in the United States, or to guarantee that the above named persons will maintain his or her nonimmigrant status, if admitted temporarily, and will depart prior to the expiration of his or her authorized stay in the United States.

That I understand that Form I-134 is an "undertaking" under section 213 of the Immigration and Nationality Act, and I may be sued if the persons named in **Part 2.** become a public charge after admission to the United States.

That I understand that Form I-134 may be made available to any Federal, State, or local agency that may receive an application from the persons named in **Part 2.** for Food Stamps, Supplemental Security Income, or Temporary Assistance to Needy Families.

That I understand that if the person named in **Part 2.** does apply for Food Stamps, Supplemental Security Income, or Temporary Assistance for Needy Families, my own income and assets may be considered in deciding the person's application. How long my income and assets may be attributed to the persons named in **Part 2.** is determined under the statutes and rules governing each specific program.

I acknowledge that I have read the section entitled **Sponsor and Beneficiary Liability** in the Instructions for this affidavit, and am aware of my responsibilities as a sponsor under the Social Security Act, as amended, and the Food Stamp Act, as amended.

Sponsor's Signature

6.a. Sponsor's Signature

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

NOTE TO ALL SPONSORS: If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS or the Department of State may deny your affidavit.

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

Provide the following information about the interpreter.

Complete c) needed

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 sponsor in the identified language every question and instruction on this affidavit and his or her answer to every question. The sponsor informed me that he or she understands every instruction, question, and answer on the affidavit, including the **Sponsor's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

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

Part 6. Contact Information, Statement, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

Provide the following information about the preparer.

Preparer's Full Name

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

attorney or representative

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

Part 6. Contact Information, Statement, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Fax Number

6. Preparer's Email Address (if any)

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this affidavit on behalf of the sponsor and with the sponsor's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the sponsor in this case
☒ extends ☐ does not extend beyond the preparation of this affidavit.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this affidavit, you may be obliged 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 affidavit at the request of the sponsor. The sponsor then reviewed this completed affidavit and informed me that he or she understands all of the information contained in, and submitted with, his or her affidavit, including the **Sponsor's Certification**, and that all of this information is complete, true, and correct. I completed this affidavit based only on information that the sponsor 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 affidavit, 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 affidavit or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; type or print the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.

Your Full Name

1.a. Family Name (Last Name) Sponsor information

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. I intend to make the following financial contributions to the beneficiary...

examples: provide room and board, provide food

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

4.d.

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

[illegible]

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

[illegible]

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

[illegible]