

**Attachment-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 I-129.)**

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth (mm/dd/yyyy)	Gender	U.S. Social Security Number (if any)	A-Number (if any)
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	A- <input type="text"/>

*All Other Names Used* (include aliases, maiden name and names from previous marriages)

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Address in the United States Where You Intend to Live* (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

*Foreign Address* (Complete Address)

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Country of Birth	Country of Citizenship or Nationality			
<input type="text"/>	<input type="text"/>			

**IF IN THE UNITED STATES:**

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	Passport or Travel Document Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Passport or Travel Document Issued (mm/dd/yyyy)	Date Passport or Travel Document Expires (mm/dd/yyyy)	Country of Issuance for Passport or Travel Document
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Nonimmigrant Status	Date Status Expires or D/S (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	
Student and Exchange Visitor Information System (SEVIS) Number (if any)	Employment Authorization Document (EAD) Number (if any)	
<input type="text"/>	<input type="text"/>	