



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

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

USCIS
Form I-9
Supplement
OMB No. 1615-0047
Expires 10/31/2022

Employee Name:	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
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Instructions: This supplement may be used if extra spaces are required to document more than one preparer and/or translator assisting an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided. Each preparer or translator must complete, sign and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)	
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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