



# 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

<b>Employee Name:</b>	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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