



## Declaration of Financial Support

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

USCIS  
Form I-134  
OMB No. 1615-0014  
Expires 07/31/2023

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

### Part 1. Basis for Filing

1. I am filing this form on behalf of:  Myself as the beneficiary.  Another individual who is the beneficiary.

### Part 2. Information about the Beneficiary

Complete **Part 2.** regardless of whether you are filing this form on behalf of yourself as the beneficiary or on behalf of another individual who is the beneficiary.

1. Beneficiary's Current Legal Name (**Do not** provide a nickname.)

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Other Names Used

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information.**

Family Name (Last Name)

Given Name (First Name)

Middle Name

  
  
  

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

4. Gender

Male  Female

5. Alien Registration Number (A-Number) (if any)

▶ A-

6. Place of Birth

City or Town

State or Province

Country

7. Country of Citizenship or Nationality

8. Marital Status

Single, Never Married  Married  Divorced  Widowed  Legally Separated  Marriage Annulled

Other (Explain):