**TABLE OF CHANGES – FORM**

**Form I-129F, Petition for Alien Fiancé(e)**

**OMB Number: 1615-0001**

**05/13/2020**

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| **Reason for Revision:** Biometrics Rule**Project Phase:** NPRMLegend for Proposed Text:* Black font = Current text
* Red font = Changes

Expires 11/30/2020Edition Date 11/07/2018 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page X,****Part 2. Your Biographic Information** | [moved up from **Part 4.**] | **[page 4]****Part 2. Your Biographic Information****1.** Ethnicity (Select **only one** box)Hispanic or LatinoNot Hispanic or Latino**2.** Race (Select **all applicable** boxes)American Indian or Alaska NativeAsianBlack or African AmericanNative Hawaiian or Other Pacific IslanderWhite**3.** HeightFeet\_\_Inches \_\_**4.** WeightPounds \_ ­\_ \_**5.** Eye Color (Select **only one** box)BlackBlueBrownGrayGreenHazelMaroonPinkUnknown/Other**6.** Hair Color (Select **only one** box)Bald (No hair)BlackBlondBrownGrayRedSandyWhiteUnknown/Other |
| **Pages 4-8,****Part 2. Information About Your Beneficiary** | **[page 4]****Part 2. Information About Your Beneficiary** **…****[page 8]**If you answered "No," explain your reasons for requesting an exemption from the in person meeting requirement in **Item Number 54.** and provide evidence that you should be exempt from this requirement. Refer to **Part 2.**, **Item Numbers 53.** - **54.** of the **Specific Instructions** section of the Instructions for additional information about the requirement to meet. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.**…** | **[page 5]****Part 3. Information About Your Beneficiary** **…****[page 8]**If you answered "No," explain your reasons for requesting an exemption from the in person meeting requirement in **Item Number 54.** and provide evidence that you should be exempt from this requirement. Refer to **Part 3.**, **Item Numbers 53.** - **54.** of the **Specific Instructions** section of the Instructions for additional information about the requirement to meet. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.**…** |
| **Pages 8-9,****Part 3. Other Information** | **[page 8]****Part 3. Other Information** **…****2.a.** Domestic violence, sexual assault, child abuse, child neglect, dating violence, elder abuse, stalking or an attempt to commit any of these crimes? (See **Part 3. Other Information**, **Item Numbers 1. - 3.c.** of the Instructions for the full definition of the term "domestic violence.") Y/N**…**Refer to **Part 3. Types of Waivers** in the **Specific Instructions** section of the Instructions for an explanation of the filing waivers.**…** | **[page 9]****Part 4. Other Information** **…****2.a.** Domestic violence, sexual assault, child abuse, child neglect, dating violence, elder abuse, stalking or an attempt to commit any of these crimes? (See **Part 4. Other Information**, **Item Numbers 1. - 3.c.** of the Instructions for the full definition of the term "domestic violence.") Y/N**…****[page 10]**Refer to **Part 4. Types of Waivers** in the **Specific Instructions** section of the Instructions for an explanation of the filing waivers.**…** |
| **Page 9,****Part 4. Biographic Information** | **[page 9]****Part 4. Biographic Information****1.**Ethnicity (Select **only** **one** box)Hispanic or LatinoNot Hispanic or Latino**2.**Race (Select **all** **applicable** boxes)WhiteAsianBlack or African AmericanAmerican Indian or Alaska NativeNative Hawaiian or Other Pacific Islander**3.**HeightFeetInches**4.**Weight Pounds**5.**Eye Color (Select **only one** box) BlackBlueBrownGrayGreenHazelMaroonPinkUnknown/Other**6.**Hair Color (Select **only one** box) Bald (No hair)BlackBlondBrownGrayRedSandyWhiteUnknown/Other | [moved up to **Part 2.**] |
| **Page 10,****Part 5. Petitioner's Statement, Contact Information, Declaration, and Signature**  | **[page 10]****…**I further authorize release of information contained in this petition, in supporting documents, and in my USCIS 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 provided or authorized all of the information contained in, and submitted with, my petition;**2)** I reviewed and understood all of the information in, and submitted with, my petition; and **3)** All of this information was complete, true, and correct at the time of filing.I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct. **…** | **[page 10]****…**I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.[deleted]I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct. **…** |