**TABLE OF CHANGES – Form**

**Form I-864, Affidavit of Support Under Section 213A of the INA**

**OMB Number: 1615-0075**

**05/12/2020**

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| **Reason for Revision: Biometrics Rule**  **Project Phase:** NPRM  Legend for Proposed Text:   * Black font = Current text * Red font = Changes   Expires 10/31/2021  Edition Date 10/15/2019 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 3,**  **Part 4. Information About You (Sponsor)** | **Part 4. Information About You (Sponsor)**  …  Military Service (To be completed by petitioner sponsors only.)  **14.** I am currently on **active duty** in the U.S. Armed Forces or U.S. Coast Guard. Yes No | **Part 4. Information About You (Sponsor)**  **…**  Military Service (To be completed by petitioner sponsors only.)  **14.** I am currently on **active duty** in the U.S. Armed Forces or U.S. Coast Guard. Yes No  **Sponsor’s Biographic Information**  **15.** Ethnicity (Select only one box) Hispanic or Latino Not Hispanic or Latino  **16.** Race (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  **17.** Height Feet Inches  **18.** Weight Pounds  **19.** Eye Color (Select only one box) Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other  **20.** Hair Color (Select only one box) Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other |