**TABLE OF CHANGES – Form**

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

**OMB Number: 1615-0075**

**05/12/2020**

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

Expires 10/31/2021Edition Date 10/15/2019 |

|  |  |  |
| --- | --- | --- |
| **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 |