

**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: NPRM**

Legend for Proposed Text:

- Black font = Current text
- **Red font** = Changes

Expires 10/31/2021

Edition Date 10/15/2019

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