**TABLE OF CHANGES – Form**

**Form** **I-864EZ, 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   Expiration date: 10/31/2021  Edit Date:10/15/2019 |

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| --- | --- | --- |
| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 2,**  **Part 3. Information About You (Sponsor)** | **[page 2]**  **…**  ***Military Service***  **15.**I am currently on **active duty** in the United States Armed Forces or U.S. Coast Guard. | **[page 2]**  **…**  ***Military Service***  **15.**I am currently on **active duty** in the United States Armed Forces or U.S. Coast Guard.  **Sponsor’s Biographic Information**  **16. Ethnicity** (Select only one box) Hispanic or Latino Not Hispanic or Latino  **17. Race** (Select all applicable boxes) White Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander  **18. Height** Feet Inches  **19. Weight** Pounds  **20. Eye Color** (Select only one box) Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other  **21. Hair Color** (Select only one box) Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other |