**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:** NPRMLegend for Proposed Text:* Black font = Current text
* Red font = Changes

Expiration date: 10/31/2021Edit 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 |