

**TABLE OF CHANGES – Form
Form I-864EZ, 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

Expiration date: 10/31/2021

Edit Date: 10/15/2019

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