**TABLE OF CHANGES – FORM**

**Form I-730, Refugee/Asylee Relative Petition**

**OMB Number: 1615-0037**

**05/13/2020**

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| **Reason for Revision:** Biometrics Rule  **Project Phase:** NPRM  Legend for Proposed Text:   * Black font = Current text * Red font = Changes   Expires 5/31/2019  Edition Date 5/30/2017 |

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| --- | --- | --- |
| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Pages 1-2,**  **Part 1. Information About You, the Petitioner** | [Page 1]  **Part 1. Information About You, the Petitioner**  **…**  U.S. Social Security Number (If applicable):  **[Page 2]**  **Part 1. Information About You, the Petitioner (Continued)**  **[New]**  Other Names Used (Including maiden name)  **…** | **[Page 1]**  [no change]  Your Biographic Information  Ethnicity (Select **only one** box)  Hispanic or Latino  Not Hispanic or Latino  Race (Select **all applicable** boxes)  White  Asian  Black or African American  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  Height  Feet  Inches  Weight  Pounds  Eye Color (Select **only one** box)  Black  Blue  Brown  Gray  Green  Hazel  Maroon  Pink  Unknown/Other  Hair Color (Select **only one** box)  Bald (No hair)  Black  Blond  Brown  Gray  Red  Sandy  White  Unknown/Other  [no change] |
| **Pages 1-3,**  **Part 2. Information About Your Alien Relative, the Beneficiary** | **[Page 1]**  **Part 2. Information About Your Alien Relative, the Beneficiary**  **…**  U.S. Social Security Number (If applicable):  **[Page 2]**  **Part 2. Information About Your Alien Relative, the Beneficiary (Continued)**  **[New]**  Other Names Used (Including maiden name)  If married, Name of Spouse, Date (mm/dd/yyyy), and Place of Present Marriage  If previously married, names of prior spouses:  **…** | **[page 2]**  **[no change]**  Beneficiary’s Biographic Information  Ethnicity (Select **only one** box)  Hispanic or Latino  Not Hispanic or Latino  Race (Select **all applicable** boxes)  White  Asian  Black or African American  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  Height  Feet  Inches  Weight  Pounds  Eye Color (Select **only one** box)  Black  Blue  Brown  Gray  Green  Hazel  Maroon  Pink  Unknown/Other  Hair Color (Select **only one** box)  Bald (No hair)  Black  Blond  Brown  Gray  Red  Sandy  White  Unknown/Other  [no change] |
| **Page 3,**  **Part 4. Warning** | **[page 3]**  **Part 4. Warning**  ***WARNING: Any beneficiary who is in the United States illegally is subject to removal if Form I-730 is not granted by USCIS. Any information provided in completing this petition may be used as a basis for the institution of, or as evidence in, removal proceedings, even if the petition is later withdrawn. Unexcused failure by the beneficiary to appear for an appointment to provide biometrics (such as fingerprints and photographs) and biographical information within the time allowed may result in denial of Form I-730. Information provided on this form and biometrics and biographical information provided by the beneficiary may also be used in producing an Employment Authorization Document if the beneficiary is granted derivative refugee or asylee status.*** | **[page 3]**  **Part 4. Warning**  ***WARNING: Any beneficiary who is in the United States illegally is subject to removal if Form I-730 is not granted by USCIS. Any information provided in completing this petition may be used as a basis for the institution of, or as evidence in, removal proceedings, even if the petition is later withdrawn. Unexcused failure by the beneficiary to appear for an appointment to provide biometrics and biographical information within the time allowed may result in denial of Form I-730. Information provided on this form and biometrics and biographical information provided by the beneficiary may also be used in producing an Employment Authorization Document if the beneficiary is granted derivative refugee or asylee status.*** |
| **Page 4,**  **Part 5. Petitioner’s Statement, Contact Information, Declaration, Certification, and Signature** | **[page 4]**  **Part 5. Petitioner’s Statement, Contact Information, Declaration, Certification, and Signature**  **…**  I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.    I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:  **1)** I provided or authorized all of the information contained in, and submitted with, my petition;  **2)** I reviewed and understood all of the information in, and submitted with, my petition; and  **3)** All of this information was complete, true, and correct at the time of filing.  I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.  **…** | **[page 4]**  **Part 5. Petitioner’s Statement, Contact Information, Declaration, Certification, and Signature**  **…**  I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.    [deleted]  I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.  **…** |
| **Page 5,**  **Part 6. Beneficiary's Statement, Contact Information, Declaration, Certification, and Signature if in the United States** | **[page 5]**  **Part 6. Beneficiary's Statement, Contact Information, Declaration, Certification, and Signature if in the United States**  **…**  I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:  **…** | **[page 5]**  **Part 6. Beneficiary's Statement, Contact Information, Declaration, Certification, and Signature if in the United States**  **…**  I understand that USCIS may require me to appear for an appointment to take my biometrics and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:  **…** |