**TABLE OF CHANGES – FORM**

**Form I-929, Petition for Qualifying Family Member of a U-1 Nonimmigrant**

**OMB Number: 1615-0106**

**05/18/2020**

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| --- |
| **Reason for Revision: Biometrics Rule**  **Project Phase:** NPRM  Legend for Proposed Text:   * Black font = Current text * Red font = Changes   Expires 09/30/2021  Edition Date 09/17/2019 |

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| --- | --- | --- |
| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **New** |  | **[page x]**  **Part 3. Your Alien Relative’s Biographic Information**  **1.** Ethnicity(Select **only one** box)  Hispanic or Latino  Not Hispanic or Latino  **2.** Race (Select **all applicable** boxes)  White  Asian  Black or African American  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  **3.** Height  Feet  Inches  **4.** Weight  Pounds  **5.** Eye Color (Select **only one** box)  Black  Blue  Brown  Gray  Green  Hazel  Maroon  Pink  Unknown/Other  **6.** Hair Color (Select **only one** box)  Bald (No hair)  Black  Blond  Brown  Gray  Red  Sandy  White |
| **Pages 4-6,**  **Part 3. Information About Your Alien Relative's Children** | **[page 4]**  **Part 3. Information About Your Alien Relative's Children**  **…** | **[page 4]**  **Part 4. Information About Your Alien Relative's Children**  **…** |
| **Page 7,**  **Part 4. Processing Information** | **[page 7]**  **Part 4. Processing Information**  **…** | **[page 7]**  **Part 5. Processing Information**  **…** |
| **Page 7,**  **Part 5. Signature** | **[page 7]**  **Part 5. Signature**  **…** | **[page 7]**  **Part 6. Signature**  **…** |
| **Page 7,**  **Part 6. Preparer's Information, If Other Than Person Signing Above** | **[page 7]**  **Part 6. Preparer's Information, If Other Than Person Signing Above**  **…** | **[page 7]**  **Part 7. Preparer's Information, If Other Than Person Signing Above**  **…** |