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

Expires 09/30/2021Edition 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 LatinoNot Hispanic or Latino**2.** Race (Select **all applicable** boxes)WhiteAsianBlack or African AmericanAmerican Indian or Alaska NativeNative Hawaiian or Other Pacific Islander**3.** HeightFeetInches**4.** WeightPounds**5.** Eye Color (Select **only one** box) BlackBlueBrownGrayGreenHazelMaroonPinkUnknown/Other **6.** Hair Color (Select **only one** box) Bald (No hair)BlackBlondBrownGrayRedSandyWhite |
| **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****…** |