

**TABLE OF CHANGES – FORM**  
**Form I-929, Petition for Qualifying Family Member of a U-1 Nonimmigrant**  
**OMB Number: 1615-0106**  
**05/18/2020**

**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

Current Page Number and Section	Current Text	Proposed Text
New		<p>[page x]</p> <p><b>Part 3. Your Alien Relative’s Biographic Information</b></p> <p><b>1. Ethnicity (Select only one box)</b>  Hispanic or Latino  Not Hispanic or Latino</p> <p><b>2. Race (Select all applicable boxes)</b>  White  Asian  Black or African American  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander</p> <p><b>3. Height</b></p> <p>Feet  Inches</p> <p><b>4. Weight</b></p> <p>Pounds</p> <p><b>5. Eye Color (Select only one box)</b></p> <p>Black  Blue  Brown  Gray  Green  Hazel  Maroon  Pink  Unknown/Other</p>

		<b>6. Hair Color (Select <b>only one</b> box)</b>  Bald (No hair) Black Blond Brown Gray Red Sandy White
<b>Pages 4-6, Part 3. Information About Your Alien Relative's Children</b>	[page 4]  <b>Part 3. Information About Your Alien Relative's Children</b>  ...	[page 4]  <b>Part 4. Information About Your Alien Relative's Children</b>  ...
<b>Page 7, Part 4. Processing Information</b>	[page 7]  <b>Part 4. Processing Information</b>  ...	[page 7]  <b>Part 5. Processing Information</b>  ...
<b>Page 7, Part 5. Signature</b>	[page 7]  <b>Part 5. Signature</b>  ...	[page 7]  <b>Part 6. Signature</b>  ...
<b>Page 7, Part 6. Preparer's Information, If Other Than Person Signing Above</b>	[page 7]  <b>Part 6. Preparer's Information, If Other Than Person Signing Above</b>  ...	[page 7]  <b>Part 7. Preparer's Information, If Other Than Person Signing Above</b>  ...