**TABLE OF CHANGES – FORM**

**Form G-325A, Biographic Information 9for Deferred Action)**

**OMB Number: 1615-0008**

**03/29/2021**

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| **Reason for Revision: PRA Review**Legend for Proposed Text:* Black font = Current text
* Red font = Changes

Expires 09/30/2022Edition Date 09/17/2019 |

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1** | **[Page 1]**Family NameFirst NameMiddle NameMale FemaleDate of Birth *(mm/dd/yyyy)*Citizenship/NationalityFile NumberAll Other Names Used (include names by previous marriages)City and Country of BirthU.S. Social Security No. *(if any)*FatherFamily NameFirst NameDate of Birth *(mm/dd/yyyy)*City, and Country of Birth *(if known)*City and Country of ResidenceMotherFamily Name (Maiden Name)First NameDate of Birth *(mm/dd/yyyy)*City, and Country of Birth *(if known)*City and Country of ResidenceCurrent Husband or Wife (If none, so state)Family Name (For wife, give maiden name)First NameDate of Birth *(mm/dd/yyyy)*Date and Place of MarriageDate and Place of Termination of Marriage**Applicant’s residence last five years. List present address first.****[Table 5 entries]****Street Name and Number****City****Province or State****Country****From Month Year****To Month Year [“Present Time” in 1st entry]****Applicant’s last address outside the United States of more than 1 year.****Street Name and Number****City****Province or State****Country****From Month Year****To Month Year****Applicant’s employment last five years. (If none, so state.) List present employment first.****[Table 5 entries]****Full Name and Address of Employer****Occupation (Specify)****From Month Year****To Month Year [“Present Time” in 1st entry]****Last occupation abroad if not shown above. (Include all information requested above.)**This form is submitted in connection with an application for:NaturalizationStatus as Permanent ResidentOther (Specify):**Signature of Applicant****Date**If your native alphabet is in other than Roman letters, write your name in your native alphabet below:[Fillable field]**Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.****Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.****Complete This box (Family Name)****(Given Name)****(Middle Name)****(Alien Registration Number)** | **[Page 1]**[no change]This form is submitted for:Deferred Action Request[delete][delete][no change] |