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

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| **Current Page Number and Section** | **Current Text** | **Proposed Text** |
| **Page 1** | **[Page 1]**  Family Name  First Name  Middle Name  Male Female  Date of Birth *(mm/dd/yyyy)*  Citizenship/Nationality  File Number  All Other Names Used (include names by previous marriages)  City and Country of Birth  U.S. Social Security No. *(if any)*  Father  Family Name  First Name  Date of Birth *(mm/dd/yyyy)*  City, and Country of Birth *(if known)*  City and Country of Residence  Mother  Family Name (Maiden Name)  First Name  Date of Birth *(mm/dd/yyyy)*  City, and Country of Birth *(if known)*  City and Country of Residence  Current Husband or Wife (If none, so state)  Family Name (For wife, give maiden name)  First Name  Date of Birth *(mm/dd/yyyy)*  Date and Place of Marriage  Date 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:  Naturalization  Status as Permanent Resident  Other (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] |